

Strengthening Health Systems Strengthening

*An analysis of coordination among the Global Fund,
the Global Financing Facility and Gavi (3Gs)*

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Executive summary

The ‘3Gs’ are the three largest global health initiatives that raise and allocate funds to strengthen health systems in low- and middle-income countries. These are the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Global Alliance for Vaccines and Immunizations (Gavi), and the Global Financing Facility (GFF).

The COVID-19 pandemic has once more brought the need for strengthening health systems and close international cooperation to the forefront. Effective coordination between the 3Gs and aligning with country plans increases their impact on global health. The story of coordination among the 3Gs and, more importantly, their alignment with country policies is not new. They have made promising commitments to do so, including in the Global Action Plan for Healthy Lives and Well-being for All (GAP). The time is now to seize the opportunities to move forward.

In this research paper, Cordaid and Wemos recommend ways for the 3Gs to reinforce their approach to strengthen health systems. These identified areas of attention aim to support their efforts to contribute to country-led, sufficiently funded and staffed, gender-transformative and equitable health systems, together with the communities involved. Only harmonised efforts can truly improve the accessibility, coverage, quality and efficiency of health systems.

Our **recommendations** for the 3Gs focus on six key components of a health system: health finance, human resources for health, health data and information systems, supply chain management, community engagement and gender. We also provide suggestions regarding coordination among the 3Gs overall. Strengthening and efficiently coordinating efforts on these components will also result in a stronger, more equitable and inclusive health system as a whole.

Health finance:

- 👏 The 3Gs should be cautious about promoting blended finance and Public-Private Partnerships in healthcare between private-for-profit entities and government bodies – until there is convincing evidence that they are cost-effective and lead to better access to services for all, including those left furthest behind.
- 👏 They should coordinate behind a joint health financing approach based on lessons learned about financing for Universal Health Coverage, and move towards pooling at least health system strengthening grants in national health baskets.
- 👏 They should expand fiscal space for health beyond Public Financial Management and efficiency improvement, e.g. by tackling illicit financial flows and appealing for debt cancellation.
- 👏 It is essential to ensure that approaches to reach hard-to-reach and under-served populations are maintained as we move to domestic national health financing.

Human resources for health:

- 👏 The 3Gs should allow funds to be used more flexibly by easing or eliminating restrictions on their use for recurrent costs (e.g. health worker salaries).

- 👏 They should take the principle of ‘do no harm’ into account sufficiently.
- 👏 They should be open to the potential added value of technology and data for the work environment and in identifying structural solutions for the HRH scarcity.

Health data and information systems:

- 👏 The 3Gs should share lessons learned and jointly address obstacles concerning national processes of data collection, monitoring and evaluation. This should lower transaction costs and ease the burden placed on national authorities handling 3Gs programmes.
- 👏 They should apply an intersectional lens to data and information management systems, to truly leave no one behind due to vulnerable, intersecting identities that lead to marginalisation.

Supply chain management:

- 👏 The 3Gs should evaluate where community service delivery systems can be integrated with supply chain systems.

Community engagement:

- 👏 The 3Gs should ensure that communities and civil society (including local civil society organisations) participate on a broad, representative basis in programme development and implementation.
- 👏 They should assess to what extent plans/budget are responsive to local needs and opportunities, and make sure community activities are not compromised.
- 👏 They should capitalise on their joint potential for co-investment and integrating community service delivery.

Gender:

- 👏 The 3Gs should foster a gender-transformative approach by commissioning routine assessments of their programmes’ and policies’ impacts on gender equality. They should continue to be reviewed by the Global Health 50/50 index.

Concerning **overall coordination** among themselves, we further recommend that the 3Gs:

- 👏 Allow longer funding cycles (of at least five years), creating greater continuity, security and hence planning capacity in the recipient countries. Donors could also consider adopting lighter procedures for developing proposals and reporting, in consultation with country stakeholders.
- 👏 ‘Rethink’ attribution: move away from the need to link every donor’s individual contribution to an outcome.
- 👏 Create strategic indicators on coordination between global health initiatives and alignment with countries’ priorities.

The 3Gs are in an influential position to massively increase resources for health and ultimately improve the lives and well-being of people worldwide. To conclude, there has been much debate in global fora, and the 3Gs are developing new global strategies and making global commitments. However, staying at global level strategies says little about the actual alignment happening at country level with regards to

setting the health priorities and funding and implementation coordination. This work needs to be put into context and take into account factors such as shrinking civic space, different cultural environments, as well as specific operation environments.

Abbreviations

AMC	Advance Market Commitment
BMGF	Bill and Melinda Gates Foundation
CBO	Community-based organisation
CCM	Country coordinating mechanism
CEPI	Coalition for Epidemic Preparedness Innovations
CSCE	Civil Society Community Engagement
COVAX	COVID-19 Vaccines Global Access Facility
CRVS	Civil registration and vital statistics
CSO	Civil society organisation
DRC	Democratic Republic of the Congo
DRM	Domestic resource mobilisation
FIND	Foundation for Innovative New Diagnostics
Gavi	Global Alliance for Vaccines and Immunisation (now known as Gavi, the Vaccine Alliance)
GAP	Global Action Plan for Healthy Lives and Well-being for All
GFF	Global Financing Facility
GHI	Global health initiative
GNI	Gross national income
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HDC	Health Data Collaborative
HMIS	Health management information system
HRH	Human resources for health
HSIS	Health Systems and Immunisation Strengthening Support
HSPF	Health Systems Funding Platform
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IFC	International Finance Corporation
LGBTQAI+	Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual, and Ally community
LMICs	Low- and middle-income countries
MoH	Ministry of Health
MoF	Ministry of Finance
NGO	Non-governmental organisation
PEPFAR	The US President's Emergency Plan for AIDS Relief
PFM	Public financial management
PHC	Primary health care
PPP	Public-private partnership
RBF	Results-based financing

RMNCAH-N	Reproductive, maternal, newborn, child, adolescent health and nutrition
RSSH	Resilient and sustainable systems for health
SDGs	Sustainable Development Goals
SFHA	Sustainable Financing for Health Accelerator
SOGI	Sexual Orientation and Gender Identity
UHC	Universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
USD	United States dollar
WHO	World Health Organization

About the authors

This paper is the joint product of Wemos and Cordaid, two Netherlands-based organisations working in global health. Both organisations are members of the Dutch Communities of Practice for the Global Financing Facility; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and Gavi.

Wemos is an independent civil-society organisation seeking to improve public health worldwide. It analyses Dutch, European and global policies that affect health and proposes changes in them. Wemos holds the Dutch government, the European Union and multilateral organisations accountable for their responsibility to respect, protect and fulfil the right to health.

Cordaid is an international non-governmental organisation that mobilises global networks, resources and knowledge to tackle the root causes of conflict and fragility in some of the most conflict-affected countries. Through its work on health, Cordaid seeks to ensure that everybody has access to quality health care.

1 Introduction

There has been a proliferation of global health initiatives (GHIs) over the past two decades. These aim to raise and disburse funds mainly for combating infectious and non-communicable diseases and strengthening health systems in low- and middle-income countries (LMICs). Such initiatives have massively increased the volume of resources for health. However, despite good intentions, weak mutual cooperation and alignment with national governments may challenge national leadership and disrupt policy and implementation processes in recipient countries. A belief that better cooperation among GHIs is needed and would lead to more efficient fund utilisation, better outcomes and strengthened health systems at country level is not new. The timeline below shows how this understanding has developed.

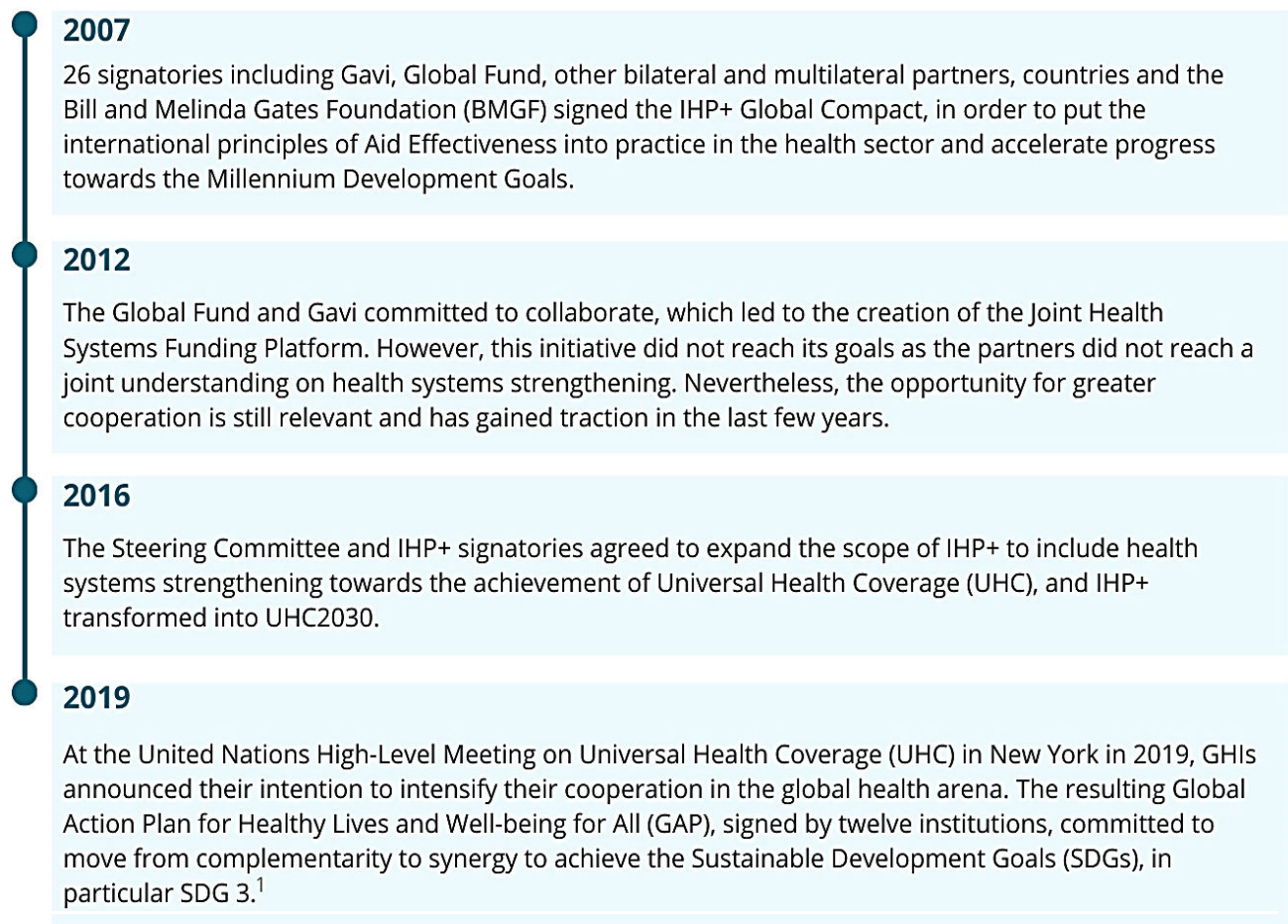


Figure 1: Timeline of global health initiatives' coordination efforts.

The COVID-19 pandemic has demonstrated that the effectiveness of joint efforts is determined by the weakest link in a health system. This has renewed interest in strengthening health systems and advancing international cooperation. This paper reviews three GHIs: the Global Fund to Fight AIDS,

Tuberculosis, and Malaria (henceforth referred to as ‘the Global Fund’); Gavi, the Vaccine Alliance (‘Gavi’); and the Global Financing Facility (‘the GFF’). These are referred to as ‘the 3Gs’.

During the GFF Investors Group meeting in 2019, the 3Gs presented a paper on their positioning within the global health architecture and the opportunities for closer collaboration. In addition to their own mandates, universal health coverage (UHC), health system strengthening, and domestic resource mobilisation (DRM) rank high on the 3Gs’ agenda, as does country ownership through country-led programmes. The Global Fund and Gavi both have seats at the GFF investors group and collaborate on a number of platforms. Following this momentum, at the September 2019 United Nations High-Level Meeting on UHC, Gavi, acting on behalf of the GFF and the Global Fund, declared the 3Gs’ future commitment to closer collaboration in supporting country governments in relation to sustainable health finance under the Sustainable Financing for Health Accelerator (SFHA), one of the GAP’s seven accelerators. The other six are: Primary Health Care (PHC); community and civil society engagement; determinants of health; innovative programming in fragile and vulnerable settings and for disease outbreak responses; research and development, innovation and access; and data and digital health. The 3Gs have signed the GAP¹, with Global Fund, Gavi and the World Bank leading the SFHA.

Discussions around better aligning funding cycles to allow for more coordinated health system strengthening investments started in 2018/19. To sensitise country-facing staff, Gavi, Global Fund and the GFF in collaboration with the other members of the GAP’s SFHA organised a webinar in April 2020 for country teams in partner countries to familiarise themselves with each organisation’s instruments, present best practices/blueprints for collaboration, identify key barriers/levers for alignment and devise joint solutions, build stronger “joint country teams” between the organisations by getting to know each other and discuss opportunities for closer collaboration.

This briefing paper explores how the 3Gs coordinate their activities at global level and identifies areas in which coordination can be improved, as this is key to ‘building back better’. We zoom in on six specific topics:

1. health finance;
2. human resources for health;
3. health data and information systems;
4. supply chain management;
5. community engagement;
6. gender.

¹ The 12 initial signatory agencies to the GAP are Gavi, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank Group, World Food Program and World Health Organization. ILO joined the GAP in January 2021.

1.1 Why produce this paper?

Our aim is to collate the evidence and inform other civil society organisations (CSOs) about cooperation among the 3Gs, and also to enrich our own and their lobby and advocacy work vis-à-vis the Dutch government, governments in other countries, and among the 3Gs themselves.

Our analysis focuses on the 3Gs because they are the largest GHIs and have a common aim, i.e. raising and allocating financial contributions to health in LMICs. We take up this research project at global level with country experiences in our mind, and we plan to use it for country analyses as a next step. Our ultimate goal is to achieve closer coordination among the 3Gs and better alignment with the countries in which they operate, in order to build strong health systems.

This paper will inform development policies in the Netherlands, where the author organisations are based. The Dutch government has invested development resources in the 3Gs and now has a ‘renewed’ interest in health system strengthening.² The Netherlands pledged USD 68 million³ to the GFF in 2018 and another USD 10 million for the GFF’s COVID-19 response in May 2020. The Netherlands contributed USD 177 million⁴ to the Global Fund in 2019. It is the tenth largest public donor to the Global Fund, with a total contribution of USD 1.21 billion to date. Gavi received a total of USD 295.8 million⁵ for the last round of 2016-2020. The Netherlands pledged USD 366 million⁶ at Gavi’s third replenishment conference in June 2020. It has been a key donor since Gavi’s inception.

1.2 How did we produce this paper?

To conduct our research, we designed three main steps to capture the breadth of the current discussions on this topic. The first step in our process included desk research and analysis of publicly available documents of the 3Gs up to and including November 2020. We analysed strategic documents, technical briefings, policy papers, guidelines and communication material of the 3Gs.

In February 2021 we organised a focus group discussion, after finalising a first draft and identifying key areas of attention. This focus group discussion aimed to validate our findings and delve deeper into our recommendations, welcoming feedback on relevance, accuracy, and areas that required additional attention. We invited experts from civil society, academia, and the representatives to the 3Gs from Dutch Ministry of Foreign Affairs, who provided valuable feedback.

² As expressed in webinars (Clingendael, Health Systems Advocacy Partnership and in General Consultations at the Dutch Parliament on 3 September.

³ <https://www.globalfinancingfacility.org/government-netherlands-invests-us68-million-global-financing-facility-accelerate-progress-sexual-and>

⁴ <https://donortracker.org/Netherlands%27-Global-Fund-contributions-decrease-%E2%82%AC10-million>

⁵ <https://www.gavi.org/investing-gavi/funding/donor-profiles/netherlands>

⁶ <https://donortracker.org/Netherlands-Gavi-pledge>

Finally, in February 2021 we shared our draft with the 3Gs. We aimed to receive feedback on any factual inaccuracies and welcomed additional information and sources, as well as information on some of the upcoming plans of the 3Gs that were not yet publicly available. These additions are reflected in the final paper, which now includes a few sources beyond November 2020.

The Global Fund

Organisation	Resources
<p>Created in 2002, the Global Fund is a global public-private multilateral financing mechanism that focuses on accelerating the end of AIDS, tuberculosis and malaria as epidemics. It is structured as a <i>'partnership between developed countries, developing countries, the private sector, civil society and affected communities'</i>.⁷ Its country-led approach provides funding to governments and in-country stakeholders based on proposals and plans submitted by the recipient countries. The proposals are developed through the Country Coordinating Mechanism (CCM), which includes representatives of all sectors involved in the response to the diseases: academic institutions, civil society, faith-based organisations, government, multilateral and bilateral agencies, nongovernmental organisations, civil society, other donors, people living with the three diseases, the private sector, technical agencies and medical experts. Proposals are reviewed by a panel of experts and sent to the Board for approval.⁸</p>	<p>The Global Fund raises and receives voluntary contributions in order to fulfil its mandate.⁹ Approximately 93% of resources come from donor countries and 7% from the private sector and foundations. The Global Fund allocates resources to eligible countries at the beginning of each new three-year funding cycle.¹⁰ The amounts depend on the funds raised during the replenishment cycle and are allocated in accordance with each country's context, disease burden and economic capacity. The Global Fund raised USD 14 billion during the last replenishment in October 2019. For this cycle, USD 12.7 billion is available for country allocations, which is a 23% increase compared with previous cycles.¹¹ The bulk of allocations (63%) goes to governments and other recipients in the highest-burden countries for the three diseases.¹²</p>

⁷ <https://www.cgdev.org/page/overview-global-fund-fight-aids-tuberculosis-and-malaria>

⁸ <https://www.theglobalfund.org/en/overview/>

⁹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32402-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32402-3/fulltext)

¹⁰ <https://www.theglobalfund.org/en/funding-model/before-applying/allocation/>

¹¹ https://www.theglobalfund.org/media/9225/fundingmodel_2020-2022allocations_overview_en.pdf?u=637278308760000000

¹² https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf?u=637066535750000000

Gavi

Organisation	Resources
<p>Created in 2000, Gavi is an international public-private partnership whose mission is to improve access to immunisation for children living in LMICs and accelerate access to new vaccines. Eligible countries may apply for funding through one of Gavi’s ‘funding windows.’ Support comes in the form of vaccine support, the development of vaccine delivery systems, technical assistance and outbreak response funding. Stakeholder coordination at country level takes place through an Inter-Agency Coordinating Committee, which is involved in proposal design and development and monitoring progress.</p>	<p>Gavi held its third Global Vaccine Summit on 4 June 2020. The aim of the summit was to raise USD 7.4 billion¹³ <i>‘to save lives and protect people’s health by increasing equitable and sustainable use of vaccines.’</i>¹⁴ With the COVID-19 pandemic focusing public attention on vaccines and global health security, Gavi exceeded its target and raised USD 8.8 billion for 2021-2025. The majority of Gavi’s support is in vaccines. When it comes to cash grants, 67% are disbursed directly to non-governmental partners, with hybrid financing models used as a means of offsetting fiduciary risk.</p>

GFF

Organisation	Resources
<p>The GFF was launched in July 2015 as a new mechanism for filling the funding gap in relation to reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAH-N). The GFF’s country-led approach uses investment cases developed and costed by individual countries and based on their specific needs and priorities in relation to RMNCAH-N, along with critical health financing and system reforms to accelerate progress toward UHC. The GFF uses its grants as catalysts. The aim is to scale up programmes by leveraging more funds from domestic public resources, the World Bank, donor countries and the private sector, using the funds more efficiently, and improve the efficiency of development assistance for health.</p>	<p>The GFF Trust Fund received over USD 1 billion from a variety of donors during the last 2018 replenishment, including donor countries, the European Union, the private sector and foundations. As of June 2020, USD 602 million in GFF grants was committed in 36 countries, complemented by an additional USD 4.7 billion in the form of IDA/IBRD loans and grants.¹⁵</p>

¹³ <https://www.gavi.org/investing-gavi/resource-mobilisation-process/gavis-3rd-donor-pledging-conference-june-2020>

¹⁴ <https://www.gavi.org/sites/default/files/board/minutes/2019/Gavi%20strategy%202021-2025%20one-pager.pdf>

¹⁵ https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Annual-Report-2019-2020.pdf

1.3 Focus on health system strengthening

Our analysis of the views of the 3Gs on health system strengthening focuses on the following points, inspired in part by the WHO's six building blocks for health systems:¹⁶ health finance, human resources for health (HRH), health data and information systems and supply chain management.

However, we also consider gender and community engagement as these are linked with equity, equality and inclusion. While we undertake a detailed examination of each GHI's policies in relation to the above points, their general approaches and basic philosophies are also key considerations.

The **Global Fund's** current strategy (for 2017-2022) prioritises the building of strong, resilient and sustainable systems for health. The Global Fund's guiding principles for investing in resilient and sustainable systems for health (RSSH), for which it allocates or reserves USD 1 billion a year for RSSH¹⁷ include:

- improving health equity, innovation and evaluation;
- addressing barriers to health services;
- adopting a 'do no harm' approach;
- improving efficiency and effectiveness;
- promoting integrated approaches;
- considering sustainability;
- leveraging digital health technologies;
- encouraging the increase of domestic resources.

One of the top-priority goals of **Gavi's** 2021-2025 Strategy is '*strengthening health systems to increase equity in immunisation*'. Gavi's support for health system strengthening focuses on removing barriers to immunisation delivery and services in order to improve coverage and equity. The amount of expenditure provisionally forecast in its current strategy for implementing its Health Systems and Immunisation Strengthening (HSIS) strategy is USD 1.7 billion¹⁸. Most of Gavi's investments in health system strengthening are directed at improving equity and coverage in the following focus areas:

- demand promotion and community engagement;¹⁹ (this is expressed as demand generation in Gavi's programming guidance)²⁰
- leadership, management and coordination;²¹
- immunisation supply chain;²²

¹⁶ Service delivery, health workforce, health information systems, access to essential medicines, financing, leadership and governance.

¹⁷ <https://www.theglobalfund.org/en/resilient-sustainable-systems-for-health/>

¹⁸ Gavi 5.0--The Alliance's 2021-2025 Strategy. Presentation for Board Meeting, 26-27 June 2019.

¹⁹ <https://www.gavi.org/types-support/health-system-and-immunisation-strengthening/demand-promotion>

²⁰ <https://www.gavi.org/our-support/guidelines/additional>

²¹ <https://www.gavi.org/types-support/health-system-and-immunisation-strengthening/leadership-management-coordination>

²² <https://www.gavi.org/types-support/health-system-and-immunisation-strengthening/immunisation-supply>

- data.²³

One of the **GFF's** objectives is to strengthen systems for achieving UHC. It takes a health system-oriented approach to improving health outcomes for women, children and adolescents and complements the disease-specific and health issue-specific focus of other global health partners. The GFF is designed to help governments ramp up provision of a broad scope of quality, affordable primary health care services critical for improving the health and nutrition of women, children and adolescents—including, but not limited to, family planning services, antenatal care, obstetric care, services to prevent stillbirth, neonatal care, postnatal care, child immunisation, sexual and reproductive health and rights (SRHR) services and other child and adolescent health and nutrition interventions—all of which require an integrated approach to resolve systemic barriers to effective service delivery. The GFF's investment cases are intended to identify financing needs and necessary systemic reforms. The GFF assesses its contribution to UHC by various measures, one of which is the reduction in catastrophic health expenditure and household impoverishment resulting from health expenditure.²⁴ The new GFF Strategy has a specific strategic direction towards building more resilient, equitable and sustainable health financing systems.²⁵

²³ <https://www.gavi.org/types-support/health-system-and-immunisation-strengthening/data>

²⁴ https://www.globalfinancingfacility.org/sites/gff_new/files/images/GFF-IG7-4-Financial-Protection-in-Health.pdf

²⁵ https://www.globalfinancingfacility.org/sites/gff_new/files/GFF-Strategy_2021-2025_EN_FINAL.pdf

2 Health finance

The following section reviews and analyses each initiative's position on health finance and its principles for co-financing, blended finance and efficiency.

Global Fund

Domestic resource mobilisation and co-financing

The Global Fund raised USD 8.9 million in domestic resources in the previous grant cycle (2017-2019) in order to finance the global response to AIDS, tuberculosis and malaria. The mobilisation of domestic resources is one of its stand-alone core objectives. Domestic investment is also a key performance indicator in the Global Fund's 2017-2022 strategy. The Global Fund's policies encourage the formation of national health accounts for tracking domestic and external health and disease programme spending.²⁶ The Global Fund and other donors, such as the WHO and the GFF, also help national health ministries to develop and operationalise comprehensive health finance strategies towards UHC.

In 2020, the Global Fund issued a '**Guidance Note on Sustainability, Transition and Co-financing**' outlining the role of the Global Fund's countries and grant recipients in catalysing domestic resources, with the ultimate aim of fully transitioning from Global Fund support to domestic finance for AIDS, tuberculosis and malaria responses. To support this transitioning, Global Fund investments include a requirement for co-finance from the recipient countries, based on national income levels and disease burdens. Two core requirements are progressive government expenditure on health and a progressive uptake of key programme costs, including those funded by the Global Fund. In addition, as a co-financing incentive, at least 15% of a country's allocation is made available if the country in question makes additional commitments towards disease programmes and/or RSSH activities²⁷. The nature of the recipient country's income group and its national context determines whether it can spend the additional investment on system-strengthening components such as human resources, or whether it needs to invest in disease-specific programmes.

The Global Fund developed a tool kit in 2017 aimed at influencing domestic finance and private investments with the aid of direct measures including donations, debt swaps, results-based financing (RBF), outcome-based financing, and blended finance.²⁸

Finally, the Global Fund has made USD 890 million available for catalytic investments in 2020-2022. These funds are available for priority areas that need more resources than those provided through country allocations and which the Global Fund has identified as being important to the success of the programmes. These investments come in three forms: matching funds, multi-country approaches, and strategic initiatives.

²⁶ https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf

²⁷ https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf

²⁸ GFATM, 40th Board Meeting, 2018, GF/B40/18: A Structured Approach for Innovative Finance – Increasing Financial Innovation.

Efficiency

Value for money and efficiency are key concerns.²⁹ The Global Fund recognises that the fiscal space for domestic resources is limited in most countries, and that raising the health budget would require the reprioritisation of the national budget.³⁰ Against this background, the Guiding Note recommends that countries raise the efficiency of their interventions and address public financial management (PFM). Regarding value for money, the Global Fund concentrates on improved pricing and the delivery of standard quality commodities, better oversight and planning, and improved allocative efficiency, as well as the reprogramming of unused funds. Value for money is a key principle of the Global Fund’s funding cycle. It has developed a “Value for Money Technical Brief”, which provides guiding questions for proposal developments. The brief highlights the importance of maximising the available limited resources to support UHC and SDG3 with equity and sustainability being critical cross-cutting dimensions.³¹

RBF is also a financing mechanism whose objective is, among others, to improve efficiency in service delivery. In some countries the Global Fund allocates a small part of the grant to a variety of RBF schemes depending on the context. For example, in countries like El Salvador and Rwanda, where grant funds are disbursed when certain milestones are achieved. The Global Fund also uses outcome-based financing, which is similar to RBF, except that the donor or private investor provides up-front finance to the programme implementer. The investment is usually repaid if the programme outcomes are achieved. Social impact bonds are an example of this type of finance (the Global Fund has used these in South Africa).³² The Global Fund has examples of coordination and alignment in health financing with other partners - like the World Bank, UNICEF, UNFPA and Gavi - at country level. (Box 1).

Box 1: Early example of coordination and Alignment in the Democratic Republic of Congo (DRC) and Benin

In late 2013, the Global Fund and the World Bank embarked on a new partnership to expand access to essential health services for women and children through RBF. The Global Fund identified opportunities for the inclusion of AIDS, tuberculosis and malaria indicators in RBF projects funded by the World Bank’s IDA and the World Bank-managed Health Results Innovation Trust Fund. It was initiated in Benin and the DRC with support from Gavi, among others³³.

Blended finance

The Global Fund partnered with other partners to develop ‘*innovative financing platforms*’, beyond traditional funding mechanisms, to complement its grant model with investments from development

²⁹ <http://www.oecd.org/dac/peer-reviews/Grant-performance-and-payments-at-the-Global-Fund.pdf>

³⁰ Global Fund’s *Guidance Note on Sustainability, Transition and Co-financing*.

³¹ https://www.theglobalfund.org/media/8596/core_valueformoney_technicalbrief_en.pdf

³² <https://www.theglobalfund.org/en/innovative-finance/>

³³ https://www.theglobalfund.org/media/5955/publication_ierng2015_report_en.pdf

finance organisations. This approach is based on the premise that existing levels of funding are insufficient and that private capital flows to recipient countries have also grown.³⁴ These models aim to make additional grants available from other funding partners, e.g. the private sector.³⁵ These innovative finance partnerships include consumer donations, philanthropic platforms, debt swaps and blended finance. A good example of a blended finance solution is a loan buy-down in India. The Global Fund invested USD40 million to help India secure a USD400 million loan from the World Bank to fight tuberculosis.³⁶

Gavi

Domestic resource mobilisation and co-finance

Gavi operates with a catalytic funding model and considers DRM to form part of its sustainability goal. Its approach is to secure domestic public resources for immunisation and more broadly for PHC, recognising that immunisation services reach children most sustainably when embedded into strong PHC. Gavi's 2021-2025 strategy highlights country leadership as a key principle for achieving the sustainability goal.³⁷

Since 2008, all countries that apply for Gavi support have been required to co-finance part of the cost of vaccines. Gavi's 2015 eligibility and transition policy^{38,39} lists the financial requirements for the purchase of vaccines and equipment for regular immunisation schemes.^{40,41} The contribution that Gavi expects partner countries to make in co-financing vaccines is based on their per capita gross national income (GNI).³⁹ The aim is to encourage governments to invest in new vaccines, increase country ownership and prepare for the phasing out of Gavi support.⁴² While there are no co-financing requirements for one-off immunisation campaigns, these do apply to immunisation campaigns that require periodic follow-up immunisation, i.e. for measles. Countries are required to pay for a percentage of each vaccine dose.

Efficiency

In order to improve country level engagement, Gavi introduced grants efficiency tracking in its 2015 Grant Performance Framework⁴³ and in its Joint Appraisal Reports. Every year, in-country stakeholders⁴⁴ produce a Joint Appraisal Report, which is a review of the implementation and outcomes of Gavi's

³⁴ https://www.theglobalfund.org/media/8103/bm40_18-structuredapproachforinnovativefinance_report_en.pdf?u=637319002843600000

³⁵ https://www.theglobalfund.org/media/8103/bm40_18-structuredapproachforinnovativefinance_report_en.pdf?u=637319002843600000

³⁶ <https://www.theglobalfund.org/en/innovative-finance/>

³⁷ <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025/sustainability-goal>

³⁸ <https://www.gavi.org/sites/default/files/document/gavi-co-financing-policy.pdf>

³⁹ <https://www.gavi.org/sites/default/files/document/gavi-eligibility-and-transition-policy.pdf>

⁴⁰ <https://www.gavi.org/sites/default/files/document/gavi-co-financing-policy.pdf>

⁴¹ Application Guidelines: Gavi's support to countries (for applications in 2020).

⁴² Gavi, The Vaccine Alliance Co-Financing Policy, Version 2.

⁴³ <https://www.gavi.org/our-support/grant-performance-frameworks>

⁴⁴ The stakeholders involved in this process are usually staff from the health ministry, members of the Inter-agency Coordinating Committee (ICC) and Health Sector Coordinating Committee (HSCC), staff from Alliance partners, Gavi Secretariat staff.

support⁴⁵ and the basis for the renewal of Gavi’s support. The Grant Performance Framework uses key metrics agreed up front with recipient governments for monitoring and reporting on grants. This mechanism is designed to improve the monitoring of and reporting on the ‘*performance, financial utilisation and implementation of Gavi grants*’.⁴⁶ The results are used for routine monitoring, analysing grants for health system strengthening, and grant renewal requests. Indicators are country-specific. These progress metrics are designed to be easily accessible for stakeholders through a country portal. Among the elements monitored are:

- service delivery;
- capacity-building of human resources;
- procurement and supply chain management;
- health information systems;
- advocacy, communication and social mobilisation;
- legal, policy and regulatory environments;
- health finance;
- programme management;
- programme support costs.

One critical issue identified by Gavi is that many countries rely on weak information systems.⁴⁷ See the chapter on data for further details.

Blended finance

Approximately 25% of Gavi’s portfolio⁴⁸ is innovative finance for incentivising investments in new vaccines and delivery systems.⁴⁹ This is part of Gavi’s private-sector engagement strategy, which aims to develop predictable funding for countries and deliver private-sector knowledge of immunisation.

Examples of Gavi’s approach include the International Finance Facility for Immunisation (IFFIm),⁵⁰ which issues World Bank-managed vaccine bonds on the capital market against long-term donor pledges. At the June 2020 Vaccine Summit, Gavi asked a number of donors, including the Netherlands, to include IFFIm in their pledges to Gavi. This mechanism was launched in 2006 to increase Gavi’s access to flexible funding and boost the demand for new vaccines by enlarging the market, encouraging more manufacturers to take on production, and reduce vaccine prices. Gavi has also developed a Pneumococcal Advance Market Commitment (AMC)⁵¹ for getting vaccines to low-income countries that would otherwise reach them 10-15 years after reaching high-income countries. The AMC is designed to encourage the development and production of affordable vaccines needed by LMICs, boost the availability of vaccines by guaranteeing initial purchases so as to incentivise manufactures to scale-up

⁴⁵ <https://www.gavi.org/our-support/joint-appraisals>

⁴⁶ <https://www.gavi.org/our-support/grant-performance-frameworks>

⁴⁷ <https://www.gavi.org/sites/default/files/document/review-of-gavi%25e2%2580%2599s-health-systems-strengthening-%28hss%29-support-2019pdf.pdf>

⁴⁸ <https://www.gavi.org/investing-gavi/innovative-financing>

⁴⁹ <https://www.gavi.org/investing-gavi/innovative-financing>

⁵⁰ <https://www.gavi.org/investing-gavi/innovative-financing/iffim>

⁵¹ <https://www.gavi.org/investing-gavi/innovative-financing/pneumococcal-amc>

production, and to secure predictable pricing.⁵² Donors including the Bill and Melinda Gates Foundation (BMGF), Canada and the UK have pledged USD 1.5 billion to the AMC, which first became operational in 2009. The COVAX AMC, which was announced in June 2020 in response to the COVID-19 pandemic will operate on the same lines as the Pneumococcal AMC.

Other approaches include the Gavi Matching Fund,⁵³ which uses public finance (from donor governments) and private finance (from the BMGF) to incentivise private-sector investment in order to improve long-term funding and encourage Gavi countries to introduce new vaccines. The Netherlands contributed EUR 10 million in 2016. Gavi also established a loan buy-down facility⁵⁴ in 2016. This is a three-way financing mechanism for providing low-interest loans to improve coverage in the Sahel region.⁵⁵

GFF

Domestic resource mobilisation

Unlike Global Fund and Gavi, the GFF does not have an explicit co-financing policy. The GFF's business plan set out its intention of bringing about '*smart, scaled and sustainable financing*'. It believes that an increase of domestic resources is urgently needed to fill the massive resource gap in women, children and adolescents' health.⁵⁶ Overall, the goal is to increase the volume and efficiency of public resources for health. Although one of the GFF's main objectives is to raise additional resources from a variety of sources, these additional resources currently consist largely of IDA/IBRD grants and loans.

The GFF encourages governments to develop and implement health finance strategies and increase domestic resources, for example by mobilising tax revenue or prioritising the health budget. Although the development of national health finance strategies was initially one of the GFF's main added-value propositions, it later changed course when it realised that this was a lengthy and politically sensitive process.⁵⁷ The focus shifted towards the implementation of health finance reforms and the alignment of technical assistance, advocacy, capacity-building and financial incentives around the development of reform agendas.

The GFF supports efforts in a number of countries to increase or design sector-specific revenue. Examples include the imposition of taxes on alcohol in Liberia, and taxes on tobacco in Senegal and Sierra Leone. In Uganda, the GFF supports the evaluation of similar taxes and the development of a proposal for taxes on motor vehicle insurance. In other countries, the GFF assists the development of social health insurance schemes.⁵⁸ Kenya built an incentive into the GFF investment case for counties to allocate at least 20% of their budget to health. In Cameroon, reforms to enable more spending on

⁵² <https://www.gavi.org/sites/default/files/document/2020/2019-Pneumococcal-AMC-Annual-Report.pdf>

⁵³ <https://www.gavi.org/investing-gavi/innovative-financing/gavi-matching-fund>

⁵⁴ <https://www.gavi.org/investing-gavi/innovative-financing/loan-buydown>

⁵⁵ It has been applied in Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal.

⁵⁶ GFF Business Plan 2015.

⁵⁷ GFF Approach to Health finance, IG9 background paper:

https://www.globalfinancingfacility.org/sites/gff_new/files/images/GFF_IG_GFF%20Approach%20to%20HF%20background%20paper.pdf

⁵⁸ https://www.globalfinancingfacility.org/sites/gff_new/files/documents/DRM_EN_Web.pdf

primary and secondary healthcare led to health spending being raised from 8% of the national budget in 2017 to 21% in 2019.



Image 1: Female patient in the Democratic Republic of the Congo by Mickael Franci (Cordaid).

The GFF supports a multi-sectoral approach, and the alignment and capacity-building of stakeholders to facilitate national processes to increase domestic resources for health. For instance, working in partnership with the Joint Learning Network, the GFF seeks to build the capacity of health ministries to effectively negotiate their budgets with finance ministries. With the support of the GFF, Cameroon, Côte d'Ivoire, Liberia, Senegal and Uganda attended a course on domestic resource mobilisation in 2018-2019.⁵⁹

The GFF's 2018-2019 Annual Report points to its success in terms of getting

governments to allocate more resources to health and of helping health ministries to stake a claim to a larger share of the government's budget. The report suggests that per capita health expenditure financed by domestic sources increased in 19 of the GFF's 27 beneficiary countries in the period under review (there are now 36 partner countries).⁶⁰ Of course, these changes cannot be firmly linked and attributed to the GFF only, as such decisions are politically driven. Moreover, a recent comparative study suggests that GFF grants did not catalyse many new resources and did not contribute to domestic resource mobilisation in most of the nine countries studied.⁶¹ A diagnostic report commissioned by the GFF to provide input for its current Strategy Refresh process came to the same conclusion.⁶²

Efficiency

The GFF partnered with the World Bank's Governance Global Practice to jointly offer technical assistance on governance and PFM to GFF countries. The GFF supports resource mapping and expenditure tracking and makes proposals to partner countries for increasing efficiency, for example by shifting health spending to primary care, improving the procurement of drugs, shifting public funds to lower levels of government, and improving PFM. In Senegal, for instance, the government made an effort to implement programme-based budgeting after a PFM assessment identified certain challenges in its former practice

⁵⁹ Background Reading Material on Health Finance for Investors Group meeting, 9 November 2019.

⁶⁰ https://www.globalfinancingfacility.org/sites/gff_new/GFF-annual-report-2019/home/

⁶¹ E&K Consultancy, 2020. Comparative Analysis of Selected Global Financing Facility-related Investments. Available here: <https://www.csogffhub.org/wp-content/uploads/2020/06/Comparative-Analysis-of-GFF-Investments-to-Enhance-Civil-Society-Advocacy-OSF-EK-Consulting-Firm-Report.pdf>.

⁶² The diagnostic report is not currently publicly available.

of input-based budgeting.⁶³ Another example involves the GFF's support for the World Bank's Development Policy Operation tool for incentivising policy reforms. In Rwanda, the GFF is supporting this tool for efficiency reforms aimed at financial protection, such as nutrition-sensitive social safety nets.⁶⁴

Blended finance

The GFF business model aims to leverage private resources. It contributed to the design and launch of Sustainable Development Bonds, raising more than USD 2 billion from private capital markets to invest in the health of women, children, and adolescents.⁶⁵ Under this financing model, outcome funders pay investors once certain results have been achieved. The investors get their investments back, plus interest. This investment model is used to incentivise an efficient use of funding.⁶⁶

The GFF sharpened its focus on blended finance in its updated Strategy for 2021-2025. The GFF highlighted the growing importance of private-sector actors (both not-for-profit and for-profit) as key players in delivering its vision, with roles such as commodity production and in-service delivery. The new strategy states that blended finance options should contribute to equity, but there are still no specific indicators.

The GFF's new strategy also intensifies the partnership with the International Finance Corporation, the World Bank's private-sector arm. Through this partnership, GFF grant funds play a 'de-risking' role in enabling the International Finance Corporation and private investors to invest in health, and specifically in PHC. The strategy states that the resources raised with this partnership will be invested via blended finance instruments and aligned with countries' investment cases.⁶⁷

Concluding remarks on health finance

As far as collaboration in health financing is concerned, according to Gavi's June 2018 report to the board, the leadership of Gavi and the Global Fund agreed to collaborate in knowledge-sharing on domestic and external resources and the flow of funds. In addition, in order to improve financial management, the two organisations now share fiduciary oversight mechanisms and, in some cases, even an entire financial management unit, as in the DRC, Kenya and Sierra Leone, for example.⁶⁸

⁶³ GFF Portfolio Update for Investors Group meeting, 10 April 2020.

⁶⁴ Ibid.

⁶⁵ <https://www.globalfinancingfacility.org/world-bank-canadian-dollar-benchmark-bond-highlights-benefits-investing-women-and-young-people>

⁶⁶ The model was first implemented in Cameroon in 2019, with the support of the Canadian government. A Canadian NGO (Grand Challenges Canada) has supplied up-front funding to upgrade health facilities. The Fondation Kangourou Cameroon will use the funding to build infrastructure, purchase equipment and provide staff training. As outcomes are achieved, the Cameroonian government will pay, via the Ministry of Public Health and with the support of the GFF and Nutrition International as outcomes funders, Grand Challenges Canada for each unit of outcome achieved. If the outcomes are aligned with expectations, Grand Challenges Canada will receive its principal plus interest.

⁶⁷ https://www.globalfinancingfacility.org/sites/gff_new/files/images/GFF-IG7-6-Private-Sector-Update.pdf

⁶⁸ Application Guidelines: Gavi's Support to Countries, October 2019.

Cooperation between the 3Gs in health finance has also been a key item of debate at the GFF’s Investors Group meetings since April 2019. As we mentioned in the introduction, the 3Gs co-signed the GAP in September 2019 and committed to working closely on the GAP’s SFHA. This accelerator is based on:

- (a) DRM;
- (b) more value for money, meaning better PFM and efficiency; and
- (c) effective development assistance and innovation.

This has been further developed at the October 2020 Investors Group meeting of the GFF, with agreement on developing a common framework to improve shared accountability for health financing and support countries in building stronger and more equitable health financing systems.

Of all the GAP accelerators, the SFHA was one of those that aroused most international interest, and some cases were presented as successes in the GAP’s first progress report.⁶⁹

The 3Gs emphasise the **need for government co-financing**. They all stress the **importance of DRM** for achieving their objectives and guaranteeing the sustainability of results.

By putting co-financing requirements and agreements in place, Global Fund and Gavi **encourage governments to raise their health budgets**. Ideally, domestic resources are raised for all health programmes and not for specific ones, because there is a risk that resources are simply shifted from other – also essential – health programmes. The GFF refers to the pooling of funds for health and highlights its intention of supporting recipient countries in this area of health finance. Country cases will show how this plays out in reality with concrete examples of improvements in the pooling of fragmented health funds.



Image 2: Health worker in the Democratic Republic of the Congo by Mickael Franci (Cordaid).

We found that DRM is generally linked to improving efficiency, using incentive schemes and leveraging private-sector involvement. For example, the 3Gs suggest efficiency improvements as a strategy and commit to engage in the improvement of PFM, which can improve utilisation and free up resources. However, **we have not been able to find any information on whether this has been successful** and, if so, **whether the freed-up funds have been reinvested in health** (there is no requirement to direct these resources to the health sector). The GFF has indicated that the DRM agenda is only really relevant to countries that experience economic growth, raise decent public revenue and under-prioritise health. However, most LMICs have very limited space to expand their fiscal space for health. Even with an increase of health expenditure to 5% of GDP, no low-income and few middle-income countries will reach a per capita health budget that is sufficient to fund a package of essential health services. There are

⁶⁹ <https://www.who.int/publications/i/item/9789240010277>

other ways to - more significantly - increase fiscal space for social investments, such as promoting progressive taxation, fighting tax avoidance and evasion and illicit financial flows and promoting debt cancellation. The 3Gs are influential and well-positioned to promote such options, which require political will and action at international level.

Moreover, the 3Gs explore **developing and utilising financing mechanisms such as blended finance**. These mechanisms involve the creation of bonds, the use of development finance to incentivise private-sector involvement, loan buy-downs, advanced purchase agreements and so forth. The great reliance on financial mechanisms may be seen as forming part of the widespread financialisation of global health.⁷⁰ Scholars have criticised the high degree of support for private-sector investment as it requires financial deregulation, encourages risky public-private partnerships (PPPs) between private for-profit parties and governments, and raises concerns about democratic ownership and accountability.⁷¹ For example, money raised from donor countries for vaccine bonds flows directly to the pharmaceutical companies producing vaccines. A potentially more effective way to address shortage of manufacturing capacity would be to use these funds to set-up publicly owned production facilities. In order for this to be effective, issues on intellectual property and knowledge transfer regarding vaccine production need to be addressed, e.g. through WHO's *Covid-19 Technology Access Pool* (C-TAP).

⁷⁰ <https://wellcomeopenresearch.org/articles/3-17/v1>

⁷¹ Rowden (2019). From the Washington Consensus to the Wall Street Consensus; Hunter, Benjamin M., and Susan F. Murray. 'Deconstructing the financialization of healthcare.' *Development and Change* 50.5 (2019): 1263-1287.

3 Human resources for health

Global Fund

The Global Fund has a clear policy and well-articulated guidance notes on **'Building Resilient and Sustainable Systems for Health'** (2019) and has also published a Technical Brief entitled **'Strategic Support for Human Resources for Health'**⁷² (2019). The Brief acknowledges the staffing problem, defines HRH as a key investment area, and explains how the Global Fund's resources can fill the gaps. The Global Fund typically supports four main types of HRH investment, but is open to others, provided they are context-appropriate and evidence-based:

- (1) increasing the supply new health workers by means of education;
- (2) supporting the remuneration, deployment, retention and motivation of both current and new health workers;
- (3) in-service training and integrated supportive supervision;
- (4) strengthening capacity for effective policy-making, governance, workforce planning/management, strengthening data systems and supporting HRH performance monitoring.

Global Fund resources may be allocated to the payment of salaries (either in full or in part) where there is evidence that there is a huge demand for health workers, but not enough fiscal space. This requires an assessment of the available domestic and international sources of HRH finance. Before the arrival of COVID-19, the Global Fund had made clear that it would not support salary top-ups as incentives under any circumstances as they could have distortionary effects. However, the pandemic has injected more flexibility into its stance.

Aligning HRH with relevant national strategic plans is one of the Global Fund's main principles on HRH. This includes supporting the development of these plans with HRH stakeholders where required, and taking care not to distort existing HRH systems.⁷³ Ultimately, the Technical Brief states that it is the country context that should inform HRH investments. Funding requests must comply with Global Fund budgeting guidelines and specify how salaries will be funded domestically once Global Fund support has come to an end. At the same time, funding requests must comply with national HRH plans and salary scales. The Global Fund encourages strategic partnerships (with other GHIs, for example) for jointly identifying HRH gaps and ensuring coordination. Current partners include PEPFAR (the US President's Emergency Plan for AIDS Relief) and the WHO, who are undertaking a joint analysis and developing an HRH Inventory Tool in selected countries.

Gavi

Gavi's 2007 guidelines acknowledge that HRH are vital to achieving health objectives and hence need to be addressed. This was endorsed by its 2017 **'Health Systems and Immunisation Strengthening Support**

⁷² https://www.theglobalfund.org/media/8832/core_humanresourcesforhealth_technicalbrief_en.pdf

⁷³ Health workforce issues and the Global Fund to fight AIDS, Tuberculosis and Malaria: an analytical review (2006) <https://link.springer.com/content/pdf/10.1186/1478-4491-4-23.pdf>

(HSIS) Framework, which states that HRH priorities need to be in line with a country's health finance strategy.

Funds from HSIS-specific grants can be invested in health worker capacity-building and also in certain types of remuneration, such as per diem allowances for health workers and supervisors, and for incentive payments to volunteers. Gavi discourages countries from using grants to pay for recurrent HRH costs, except in the poorest / most fragile LICs and where these are part of a strategy to reach unreached children with immunisation.^{74 75} Gavi's guidance note on **'supporting governments' human resources capacity through funding salaries, top-ups, incentives, and related cost recovery mechanisms**⁷⁶ divides activities for funding human resources into two categories:

- (1) funding administrative and management staff;
- (2) funding service delivery staff.



Image 3: COVID-19 testing in Madagascar by World Bank (Flickr Creative Commons).

Gavi has adopted certain requirements to which countries must adhere in order to access HRH funding. For example, they should have adopted national HRH plans that show how they will pay for and sustain HRH-related costs as they move towards transition. Gavi's resources play a catalytic role in this connection. Recurrent investments, for example in health workers' salaries, are generally discouraged but not forbidden.⁷⁷ Areas of low coverage of immunisation have high priority. Countries other than low-income countries may invest in recurrent costs, but only in exceptional circumstances.

⁷⁴ <https://www.gavi.org/sites/default/files/document/gavi-health-system-and-immunisation-strengthening-support-frameworkpdf.pdf>

⁷⁵ <https://www.gavi.org/sites/default/files/document/gavi-eligibility-and-transition-policypdf.pdf>

⁷⁶ <https://www.gavi.org/sites/default/files/document/guidance-on-supporting-countries--hr-capacitypdf.pdf>

⁷⁷ Application Guidelines: Gavi's support to countries (for applications in 2020).

GFF

Most national governments make clear in their GFF investment cases that the supply of sufficient numbers of skilled health workers is a problem in their health system. Some GFF projects involve investments in the training and education of health workers. The GFF's 2015 Business Plan states that Investment Cases may include budget areas such as the size of the workforce, skills, distribution, training and incentives. Nevertheless, the GFF has been reluctant to use its resources for paying for HRH, because neither IDA resources can be used for that. This objection was raised by CSOs after the 2018 replenishment.⁷⁸ For example, the Project Appraisal Documents for Uganda's and Kenya's Investment Case clearly state that the funds are not to be used for paying salaries.

Although the GFF does not have a separate strategy on financing HRH, it seems to have now adopted a more flexible approach. Health workers are now mentioned more explicitly in the GFF Strategy for 2021-2025, in response to suggestions from CSOs. The GFF has provided technical and financial support to countries for deploying front-line workers in the fight against COVID-19. In a letter addressed to CSOs in response to pressure for more support for HRH, the GFF suggested that, looking beyond the COVID-19 crisis, its role is to help resource-constrained governments build and maintain a strong and sustainably financed health workforce – with salaries generally accounting for the biggest share of health budgets.⁷⁹

Concluding remarks on human resources for health

The 3Gs tend to **discourage the funding of recurrent costs**, including staff salaries, particularly for countries in advanced transition, unless absolutely necessary and justifiable by their governments and unless there is a clear HRH transition plan in place. The Global Fund is the most progressive in this respect, as it does allow funds to be used to pay health worker salaries.

Another common aspect is the provision of **pre- and in-service training** as HRH support. Countries seeking Gavi's health system strengthening grants are encouraged to consider innovative HRH training and to invest in capacity strengthening in strategic focus areas, such as data analysis and use, and supply chain management.⁸⁰ The Global Fund prioritises PHC worker training (e.g. primary care doctors, nurses and midwives, community health workers and outreach workers for key population groups) because these are the people who most commonly deliver integrated services for their three focal diseases.⁸¹

Coordination among GHIs is clearly a key issue. The general requirements for HRH-related support listed in Gavi's guidance note on 'supporting governments' human resources capacity through funding salaries, top-ups, incentives, and related cost recovery mechanisms'⁸² state that support should be discussed with local partners and other donors, and that there should be no duplication with funds from other resources. The Global Fund's 2019 Technical Brief entitled 'Strategic Support for Human Resources for

⁷⁸ <https://www.wemos.nl/wp-content/uploads/2018/11/Joint-Open-Letter-to-the-GFF-by-Wemos-and-CSOs-05112018.pdf>

⁷⁹ https://www.wemos.nl/wp-content/uploads/2020/07/20200421-Joint-letter-on-HRH-financing_compressed-for-upload.pdf

⁸⁰ <https://www.gavi.org/sites/default/files/document/gavi-health-system-and-immunisation-strengthening-support-frameworkpdf.pdf>

⁸¹ Global Fund HRH Technical Brief.

⁸² <https://www.gavi.org/sites/default/files/document/guidance-on-supporting-countries--hr-capacitypdf.pdf>

Health' also calls for HRH efforts to be coordinated with other donors, national ministries and other stakeholders. It stresses that the Global Fund is committed to working in strategic partnerships with other agencies.

Back in 2011, a discussion paper published by the World Bank's Health, Nutrition and Population department suggested that there was an opportunity for greater **alignment, coordination and complementarity** of the HRH-related activities performed by the Global Fund, Gavi and the World Bank (the GFF did not exist then). It made clear that a more coordinated strategy would improve the overall impact of HRH financing. The initiatives in operation at the time included the International Health Partnership, which has now been converted into the UHC2030, and the Health Systems Funding Platform, which has been wound up.

Commitments on alignment, coordination and complementarity have now been renewed in the shape of the GAP and other global policies. However, **HRH does not figure prominently in the GAP**, despite being acknowledged as a major hindrance to health system strengthening. Although a number of CSOs pushed for the addition of a separate GAP Accelerator on HRH,⁸³ it was not added in the final document. Instead, the discussion of HRH in the GAP is fragmented and brief, partly under the SFHA and partly under the PHC accelerator.⁸⁴

⁸³ Wemos input with endorsements: https://www.wemos.nl/wp-content/uploads/2019/07/Wemos_Input-for-on-line-consultation-for-the-GAP_-June-2019.pdf

⁸⁴ <https://apps.who.int/iris/bitstream/handle/10665/327841/9789241516433-eng.pdf?sequence=1&isAllowed=y>

4 Health data and information systems

Sound, reliable information is the foundation stone for good decision-making. It is essential for health policy development and implementation, governance and regulation, health research, human resource development, health education and training, service delivery and financing.⁸⁵

A comprehensive health management information system (HMIS) includes different systems for and methods of data collection:

1. periodic surveys for measuring the long-term impact on outcome indicators;
2. censuses for estimating demographic trends;
3. civil registration and vital statistics (CRVS);
4. resource tracking systems, notably for human resources and drug supply and financing (national health accounts);
5. health facility reporting.

Some countries refer to their health facility data reporting systems as HMIS. An HMIS entails a data disaggregation system that identifies subgroups with certain characteristics (age, sex, socio-economic status, disability, etc.) that may require different interventions to secure equitable access to services. Only with the aid of a detailed analysis can governments genuinely target the most vulnerable members of the population.

Health Data Collaborative

The 3Gs are members of the Global Health Initiatives Constituency within the Health Data Collaborative (HDC), a collaborative platform that aims to leverage and align technical and financial resources with country-owned strategies and plans for collecting, storing, analysing and using data.⁸⁶ The platform is currently active in five 'pathfinder' countries, i.e. Kenya, Malawi, Tanzania, Cameroon and Botswana. Gavi is the alternative representative for Global Health Initiatives Constituency within the Health Data collaborative governance. The Global Fund is the only GHI that actually states in policy documents and on its website that it is a member of the HDC. Gavi and the GFF do not refer to the HDC in their strategies. It is only on the HDC website that we learn about their shared commitment to actively participate in the HDC's steering and working groups, and to make collaborative strategic investments in strengthening national HMISs in harmony with other partners.

⁸⁵ Monitoring the building block of health systems, WHO 2010, p. 44.

⁸⁶ <https://www.healthdatacollaborative.org/who-we-are/>

HDC APPROACH

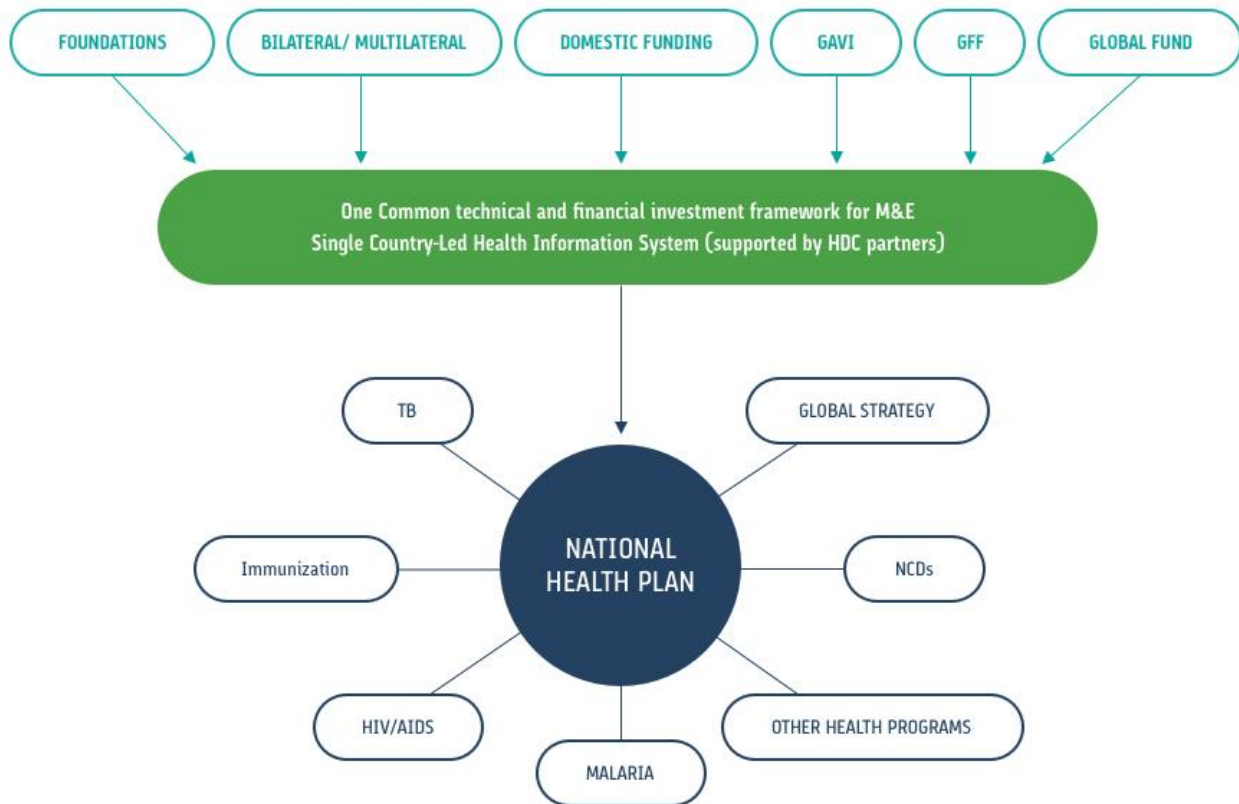


Figure 2: The HDC Approach. Retrieved from: <https://www.healthdatacollaborative.org/who-we-are/>

Global Fund

The Global Fund’s 2017-2022 Strategy highlights the importance of investing in data that can accurately inform effective programmes for key populations.⁸⁷ The Strategic Objective of building RSSH includes an operational objective of strengthening data systems and countries’ capacities for data analysis and use.⁸⁸ The Global Fund also mentions its commitment to the HDC to make **coordinated investments** in national data systems and in practice indeed makes an effort to not create parallel data systems.

The Global Fund encourages governments to invest Global Fund resources in improving disaggregated data collection and analysis. The aim is to obtain a more accurate picture of who has been reached and who has been left behind. The Global Fund’s Strategic Objective 3 mentions the need to improve data

⁸⁷ Strategic Objective 1, Operational Objective 1.

⁸⁸ Strategic Objective 2, Operational Objective 5, p. 25.

systems to enable disaggregation by sex and age as being a step towards promoting and protecting human rights and gender equality.

Investing in health management information systems is one of the eight priority modules⁸⁹ listed in the information note on building RSSH. Countries are strongly encouraged to include a HMIS review plan in their funding requests.⁹⁰ The Global Fund promotes the interoperability of multiple data collection systems and their integration into a single national integrated HMIS, including a logistics management information system.⁹¹ The Global Fund wishes to enhance CRVS on mortality and causes of death reported in health facilities, in order to monitor and better respond to deaths caused by AIDS, tuberculosis or malaria.

Gavi

The principal objective of Gavi’s data strategy is to enable delivery of the strategy by ensuring that good-quality immunisation data is available to improve country immunisation programme performance including strengthening the supply chain. In 2015 the Gavi Board approved the Data Strategic Focus area and support to help countries routinely analyse data on their coverage and equity situation to improve programme performance and address data-related bottlenecks. For example, Gavi supported development of the Immunisation module and roll-out of this in more than 30 countries replacing parallel immunisation data systems towards integration in the routine health information system.⁹²

The 2014 immunisation Supply Chains (iSC) Strategy stresses the importance of data as fundamental for strengthening the performance of immunisation supply chains. Gavi’s immunisation supply chain strategy is presented on a website known as Technet-21. This refers to its *Data for Management (D4M)* approach, which seeks to create a data-driven culture at all levels of the supply chain.⁹³ The aim is to make it easier for health workers and supply chain managers to collect, analyse, visualise and use data for decision-making purposes.

The Equity Goal in the 2021-2025 strategic plan (5.0) is to build a stronger PHC system, including data systems. The current 2016-2020 strategy also mentions support for improving health management information as part of the Systems Goal, stressing that support is driven by national priorities. Hence, Gavi’s support is intended to strengthen existing systems, not to create parallel systems. Gavi makes a link between health data and integrated service delivery in PHC, and ultimately UHC, by claiming that strengthening data systems helps to identify ‘zero-dose’ children (those that have not received any vaccination). Although Gavi does not refer to the HDC on its own website, the HDC website does list as a partner who is committed to collectively improving country data systems and Gavi represents the Global Health Initiatives constituency as part of HDC governance.

⁸⁹ Building Resilient and Sustainable Systems for Health Information Note. The Global Fund, 23 August 2019.

⁹⁰ Ibid., p. 13.

⁹¹ Ibid., p. 14.

⁹² <https://dhis2.org/immunization/>

⁹³ <https://www.technet-21.org/iscstrengthening/en/data-for-management>

GFF

The GFF's 2015 business plan states that inadequate access to quality services is a reflection of *'a failure of the information systems required to understand needs'*.⁹⁴ The GFF prioritises the expansion of CRVS systems. While these are important for studying population trends over time and for public health planning, government have historically underinvested in them. Additional funding of up to USD 10 million from the GFF Trust Fund for CRVS is available for countries that allocate IDA resources to CRVS. The business plan also announces the formation by the GFF of a 'centre of excellence on CRVS'.

The GFF has included a specific intermediate output (no. 4) in its global results framework for CRVS, as *'improved capacity to track progress, particularly through Civil Registration and Vital Statistics systems'*.⁹⁵ The GFF also supports *'complementary forms of data collection'*,⁹⁶ which include data collection systems that provide routine or ongoing data for determining priorities and assessing progress, surveys and health surveillance systems. The GFF stresses the need for disaggregated data.

The GFF 2021-2025 Strategy reconfirms the importance of improved data systems.⁹⁷ Strategic Direction 5 focuses on implementation and results. Here, the GFF makes clear that it will be working to improve existing country data systems, including CRVS, to support decision-making and results reporting, and in doing so wishes to boost transparency and accountability. The GFF seeks to ensure that data on spending and health outcomes is disaggregated by gender, socio-economic status and other indicators and made publicly available, understandable and usable for all citizens. The new strategy identifies the disaggregation of data as a priority action area, and aims to create gender- and equity-responsive data systems.⁹⁸ The GFF encourages data collection directly from the clients to improve quality of care. The GFF proposes that regular national phone surveys of users of RMNCAH-N services should be conducted so as to amplify the voice of the GFF's target groups.⁹⁹

A development that came with the COVID-19 pandemic was the Resource Mapping and Expenditure Tracking (RMET) data collection tool for COVID-19 and for broader national health strategies, jointly designed by the GFF and the WHO.¹⁰⁰

Concluding remarks on health data and information systems

It is promising that the **3Gs are committed to the HDC**. Alongside the 3Gs, at least 33 other institutions have subscribed to the HDC, including UN agencies and donor countries. It is not clear, however, quite how effective this platform is, given that only the Global Fund refers to its partnership with the HDC.

⁹⁴ Business Plan, Global Financing Facility in Support of Every Women Every Child, May 2015, p. 1.

⁹⁵ Annex A35.

⁹⁶ Ibid., p. 10.

⁹⁷ Protecting, Promoting, and Accelerating Health Gains for Women, Children and Adolescents, Global Financing Facility 2021-2025 Strategy (October 2020), p. 15.

⁹⁸ Ibid., p. 30.

⁹⁹ Ibid., p. 32.

¹⁰⁰ https://www.globalfinancingfacility.org/responding-covid-19-while-protecting-essential-services-women-children-and-adolescents?cid=GFF_TT_theGFF_EN_EXT

Members of the HDC subscribe to its mission to ‘align resources with country owned strategies’, which would imply that countries are in the lead to take funding decisions on data systems. Real alignment therefore also means giving away at least part of the decision making power on funding allocation. It’s important to keep in mind that taking country ownership seriously does not mean merely taking the country’s context in consideration but actually shift decision making power to the owner.

Gavi’s main focus in health information management, but not exclusively, is data for the management of the immunisation supply chain, while the GFF is by far the strongest advocate of an integrated country-led data system. The GFF links data not only to decision-making, but also to **greater transparency** and accountability. It is the only GHI that refers to data tools for tracking expenditure on health and hence for boosting transparency in health finance. The GFF is also the only GHI to refer to information that can be collected directly from clients to capture user experiences. The Global Fund and the GFF share a **focus on CRVS systems**.

The 3Gs have a common interest in the **disaggregation of data** and they all have the same reasons for this. First, disaggregated data informs planners about how to allocate resources more efficiently to reach those who need services. Second, data disaggregation is linked to inclusivity, because it unmask the special needs of vulnerable populations that face (human rights) barriers to access services. These are needs that remain hidden in aggregated averages. Without data disaggregation, people run the risk of being left behind, especially if they have intersecting, compounded vulnerabilities. To grasp the concept of intersectionality, one can imagine the intersection of ‘(dis)ability’, ‘sex’ and ‘age’, in which one meets a young, disabled girl. All three identities make her vulnerable.

5 Supply chain management

Global Fund

Approximately 40% of the Global Fund’s support in the next strategy period (2021-2025) is earmarked for procurement and supply chain management of health products for treating AIDS, tuberculosis and malaria. Hence, the strengthening of global and in-country procurement and supply chain systems is one of the objectives set out in the guidance note entitled ‘Building Resilient and Sustainable Systems for Health’. The Global Fund has drafted a Global Fund Strategy for Supply Chain, which serves as a road map detailing how supply-chain capacity-building and coordination with partners will be undertaken to work with in-country partners to assess and identify investments required to strengthen multiple supply chain systems.¹⁰¹ Acknowledging its impact on the shape of the global market, the Global Fund says that it ‘will proactively and deliberately leverage its market position to facilitate healthier global markets for health products’. Its Market Shaping Strategy (2016-2021) sets the following objectives:

- ensure continued availability and affordability;
- promote consistent quality standards;
- support efforts to stimulate innovation;
- accelerate the adoption of new and/or cost-effective products;
- prepare for country transition and long-term market viability;
- strengthen key foundational elements for market shaping.¹⁰²

The Global Fund can offer countries several tools with which they can efficiently and effectively procure life-saving medicines and health products. Implementing partners can choose to procure medicines and health products by joining the Global Fund’s Pooled Procurement Mechanism, by commissioning a procurement service agency to purchase on their behalf, or by acting directly through their own procurement departments. An online procurement platform called WAMBO.ORG provides visibility in pricing and availability, resulting in greater affordability.

The Global Fund regularly hosts a Sourcing Strategic Sourcing Review, bringing together thought leaders and partners in global public health. The participants include Unitaid, the Clinton Health Access Initiative, the BMGF, the UK’s Foreign, Commonwealth and Development Office, PEPFAR, the US President’s Malaria Initiative, large country procurers and other stakeholders. We do not know whether recipient governments officials are also invited to attend. These collaborative meetings facilitate improved sharing and coordination among the Global Fund and partners, resulting in improved strategic capability in improving access to medicines and health commodities.

Gavi

Not surprisingly, Gavi’s policy documents pay considerable attention to the importance of a well-functioning supply chain, as this is pivotal to getting vaccines to beneficiaries. Approximately 30% of Gavi’s health system strengthening investments are in the supply chain. In addition, through the Cold Chain Equipment Optimisation Platform, Gavi has committed USD 250 million for a five year period

¹⁰¹ Investing to End Epidemics: The Global Fund Strategy 2017-2022, p. 25.

¹⁰² <https://www.theglobalfund.org/en/sourcing-management/market-shaping-strategy/>

between 2017-2021 to jointly invest with countries to purchase and install high quality cold chain equipment. In 2014, Gavi's partners devised a Gavi immunisation Supply Chain (iSC) Strategy for strengthening country immunisation supply chains. The strategy is built on five fundamentals essential for strengthening the performance of immunisation supply chains:

1. supply chain leadership;
2. continuous improvement and planning;
3. supply chain data for management;
4. cold chain equipment;
5. supply chain system design.¹⁰³

In both the 2016-2020 strategy (Gavi 4) and the new 2021-2025 strategy (Gavi 5.0), the issue of strengthening supply chain management is approached from two angles:

1. intervening in the international market to promote an uninterrupted supply of quality products at a reduced cost;
2. strengthening country procurement and supply systems.

Gavi claims to make sure that its investments in this area *'work in synergy with those of other partners, such as the Global Fund, USAID and the BMGF.'*¹⁰⁴

GFF

Country investment cases may include the procurement of commodities, capacity-building in forecasting, procurement and logistics, and monitoring the availability and quality of commodities. Supply chain management does not feature as prominently in these documents as other aspects such as the strengthening of health information systems with a special emphasis on CRVS.

As with the 2015 business plan, the new GFF Strategy for 2021-2025 is not elaborate on supply. It states that the GFF will help countries to engage with the private sector in managing the supply chain, and to diversify and improve the sustainability of supplies by investing in local and regional (private) producers of essential health commodities. This need is emphasised by an observation that the COVID-19 pandemic has exposed the danger of countries depending on global supply chains for personal protective equipment, family planning, oxygen and other life-saving commodities.¹⁰⁵

Concluding remarks on supply chain management

The 3Gs are actively and deliberately **shaping the market for health products**, with the aim of securing the uninterrupted **availability** of products, their **affordability** (by negotiating prices), and their **quality**. They also encourage the **development of new products**. Equity is also a keen area of focus in both Gavi and Global Fund's revised supply chain approaches.

¹⁰³ <https://www.technet-21.org/iscstrengthening/index.php/en/>

¹⁰⁴ <https://www.gavi.org/types-support/health-system-and-immunisation-strengthening/immunisation-supply>

¹⁰⁵ Protecting, Promoting, and Accelerating Health Gains for Women, Children and Adolescents, Global Financing Facility 2021-2025 Strategy (October 2020), pp. 31-32.

The Global Fund is the biggest player, offering **pooled procurement services** for many health products. Its online procurement platform offers buying partners transparency on pricing. Gavi's market-shaping influence relates obviously to vaccines and related products (such as syringes and cold chain equipment). Although procurement and supply chain management are not given much prominence in GFF policy documents, the COVID-19 pandemic has revealed the susceptibility of countries who depend on a limited number of global suppliers of life-saving products, and has inspired the GFF to support the **involvement of in-country private-sector producers**. Management capacity is needed not just for the procurement of goods, but also to forecast needs, and store, repackage, administer and dispatch goods from central warehouses to health facilities, including 'last mile delivery'.

The documents published by the Global Fund and Gavi are most pronounced on the need for investing in **capacity-building in relation to supply chain management**. They both want their investments to be 'in synergy' with others, with the Global Fund probably making the strongest case for integrating multiple supply systems into an **integrated supply system**.

6 Community engagement

We have analysed and compared the 3Gs' views on the role of the community from a number of different perspectives:

- programme design (global and country);
- community-based service delivery;
- inclusivity and human rights.

We use a broad definition of 'community', i.e. also including CSOs and community-based organisations (CBOs).

The 3Gs consider communities to be both beneficiaries of, and active stakeholders in programme design and implementation. Communities are represented by CSOs in different stages of the programme cycle. Non-governmental organisations (NGOs, not-for-profit and often faith-based), CSOs and CBOs also play a role in programme implementation, including service delivery, particularly in resource-limited settings. Community health workers – either salaried or volunteer – are community members who have been trained to deliver basic services or to mobilise demand for services in the community. Communities can also play an important role in advocating inclusivity in the 3Gs' interventions and in lobbying for resources for underserved or neglected areas and topics.

Global Fund

The Global Fund's policy documents strongly propagate a commitment to consultation and engagement with partners who represent 'the community'.

Definition

The Global Fund describes communities as formed by people who are connected to each other in *"distinct and varied ways. (...) Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values."* The Global Fund states that it has *"no single or fixed definition"¹⁰⁶*. In the context of a funding proposal, it states that '[the word] 'communities' refers to people who are affected by HIV, tuberculosis and malaria. This includes 'key and vulnerable populations'. Key populations in the context of HIV, tuberculosis and malaria are people who experience increased vulnerability to and high epidemiological impact from one of the diseases, combined with decreased access to services. They are also criminalised or otherwise marginalised.^{107 108}

¹⁰⁶ https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf

¹⁰⁷ Key and vulnerable populations may include male, female and transgender sex workers; gay men and other men who have sex with men; transgender people; people who use drugs; people in prison and other closed settings; people living with HIV, migrants, refugees and internally displaced people and indigenous populations. Others who do not meet the above criteria but who still have heightened risk and reduced access are recognised as vulnerable populations, including people who have increased vulnerabilities in specific contexts, such as adolescent girls and young women, miners, people with disabilities and orphans.

¹⁰⁸ Technical Brief: Community Systems Strengthening, Geneva, October 2019, p. 3.

The Global Fund recognises the critical role played by the community in all aspects of governance, programme design, implementation and oversight. Its Strategic plan for 2017-2022 mentions the word ‘community’ (going beyond key populations) in relation to all the objectives.¹⁰⁹

Programme design (global and country)

The current 2017-2022 strategy, entitled ‘Investing to end epidemics’, is said to be a product of a ‘broadly consultative process that included three regional partnership fora with over 300 participants from 128 countries and a 12-week consultation with 1,200 participants’.¹¹⁰ Consultations for the development of the new Global Fund strategy 2023-2027 have already started, with online surveys among a broad spectrum of CSOs and NGOs, including the current principal recipients, as well as non-implementing CSOs.¹¹¹

The Global Fund Board approved USD 16 million for the Community Rights and Gender Strategic Initiative to strengthen the engagement of community and civil society in Global Fund processes for the 2021 to 2023 implementation period. This follows two previous allocations of USD 15 million in each of the two previous cycles.

Of the 20 voting seats on the Global Fund’s board, three are allocated to community and civil-society representatives. One seat represents NGOs from the ‘developed’ world (sic), one represents NGOs from the ‘developing’ world (sic), and the third seat represents communities living with or affected by the three diseases.¹¹²

At a country level, community engagement is required at different levels of programme design:

- (1) by aligning with and strengthening national health strategies and national disease-specific strategic plans; and
- (2) by creating a CCM,¹¹³ with representatives of all sectors involved in the response to the diseases, including civil society and people living with the diseases selected by their own constituencies.¹¹⁴ Important to note that 15% of CCM funding should be allocated towards implementation of key population and civil society CCM engagement plans.
- (3) by requiring a transparent and inclusive funding request development process, including documented key population engagement

The latest strategy document states that: ‘Investments will be made; and where possible will be based on strong national health strategies and disease control plans in close collaboration with partners to ensure integrated and harmonised approaches.’ ‘Where possible’ is not further explained. We assume this means that alignment is only possible where there is a National Strategic Plan. It remains important

¹⁰⁹ The Global Fund Strategy 2017-2022, *Investing to end epidemics*.

¹¹⁰ The Global Fund Strategy 2017-2022, *Investing to end epidemics*.

¹¹¹ Cordaid and Wemos participated in the survey.

¹¹² <https://www.theglobalfund.org/en/civil-society/>

¹¹³ <https://www.theglobalfund.org/en/funding-model/applying/>

¹¹⁴ <https://www.theglobalfund.org/en/country-coordinating-mechanism/>

to see how the collaboration to ensure integrated and harmonised approaches works out in practice at country level.

Community-based service delivery

The Global Fund differentiates community-led responses from community-based responses.

Community-led responses are defined as being actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organisations, groups, and networks that represent them. Community-led responses are determined by and respond to the needs and aspirations of their constituents.

Community-based responses are defined as responses that are delivered in settings or locations outside of formal health facilities. They can be provided by a range of stakeholders, including community groups and networks, civil society organisations, the government and the private sector.¹¹⁵

Community-based service delivery may include prevention, treatment, care and support. Technically, the term refers to activities undertaken outside a health facility. The actors involved may be health staff from the formal health provider, but equally CSOs and community groups. The Global Fund supports interventions that capacitate community members to deliver these services (responses) by strengthening community health systems. *‘Community systems strengthening’ refers to interventions that support the development and reinforcement of informed, capable, coordinated and sustainable structures, mechanisms, processes and actors through which community members, organisations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities.*¹¹⁶

Inclusivity and human rights

The engagement of the community receives plenty of attention from a human rights and gender perspective. Special interventions are promoted to reach ‘disproportionately affected’ key and vulnerable populations. These groups face barriers to equal access to services due to barriers related to human rights and gender, including criminalisation, religious laws, cultural norms, stigma, discrimination, and violence, both within their communities as well as on the part of health staff. The Global Fund sees the empowerment of this ‘voice of the community’ as necessary for effective advocacy and for increasing the accountability of duty bearers, decision makers and service providers.

Gavi

Definition

CSOs are one of Gavi’s most diverse partner constituencies. Gavi defines ‘civil society’ as community and faith-based organisations, NGOs, professional associations, academic and research institutions and

¹¹⁵https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf?u=63706664629000000

¹¹⁶ Technical Brief: Community Systems Strengthening, Geneva, October 2019, p. 4.

organisations representing key affected population groups which, collectively, are committed to working with governments and partners to achieve Gavi's strategic goals.¹¹⁷

Programme design (global and country)

The new Gavi 5.0 strategy is a result of a consultative process with stakeholders (i.e. three regional meetings with 100+ alliance members), CSO consultations and 1,500 online country, regional and global surveys. Civil society figures explicitly as one of the partners in the 'power of partnership'. CSOs have one seat on Gavi's board and are members of Board committees and task teams to '*help advance our vision of a world where all children are reached with life-saving vaccines*'.¹¹⁸

At a country level, Gavi requires key priorities for funding to be discussed by bringing together stakeholders in a participatory, inclusive and transparent manner. The guidelines on how to apply for funding contain short sections on 'iterative country dialogue' and 'Roles and Responsibilities of stakeholders in planning'.¹¹⁹ The guidelines do not specifically mention the roles played by CSOs or communities as one of the stakeholders in the iterative country dialogue, but it is assumed that they are involved. This can be explored in country specific cases.

In its last two strategies, covering the period from 2011 to 2020, Gavi's approach to strengthening civil-society engagement (with an emphasis on immunisation) has taken place through:

- (i) CSO platform support, involving the setting-up of CSO platforms in countries;
- (ii) support for CSOs through Gavi's health system strengthening grants (formerly known as the Health Systems Funding Platform).

The two mechanisms support different but closely overlapping activities. Platform support focuses more on strengthening CSO participation in national health sector processes, in Gavi-related processes and in support for immunisation service delivery. The health system strengthening grants are more about strengthening CSO activities to improve overall systems for vaccine delivery. In connection with the latter, CSOs can receive Gavi funding through two channels:

- either indirectly, with funding going first to the Ministry of Health or a partner such as UNICEF, and then being transferred to the CSOs; or
- directly from Gavi, but only in exceptional circumstances and in agreement with the government.¹²⁰

Gavi states that, '*if appropriate*', civil society may be included in the joint appraisal process (described in the chapter on health finance), but it does not provide criteria for deciding what is appropriate.¹²¹ In the wake of the COVID-19 pandemic, Gavi issued a paper to promote multi-stakeholder dialogue for planning

¹¹⁷ Gavi Programme Support for Civil-Society Organisations Implementation Framework, 2013. <https://www.gavi.org/sites/default/files/document/cso-implementation-and-results-frameworkpdf.pdf>.

¹¹⁸ <https://www.gavi.org/operating-model/gavis-partnership-model/civil-society>

¹¹⁹ How to request new Gavi support <https://www.gavi.org/sites/default/files/document/support/How-to-request-new-Gavi-support-for-2020.pdf>

¹²⁰ <https://www.gavi.org/sites/default/files/document/evaluation-of-gavi-support-to-cso-2018---itad-final-reportpdf.pdf>

¹²¹ <https://www.gavi.org/our-support/joint-appraisals>, last updated on 13 July 2020.

immunisation. This paper specifically mentions civil society. Next to that, Gavi is developing a new approach to engaging CSOs and communities for its 2021-2025 strategy, which will be considered by its Board in June 2021. This was discussed at the Programme and Policy Committee meeting in October 2020, but the minutes are not publicly available yet.

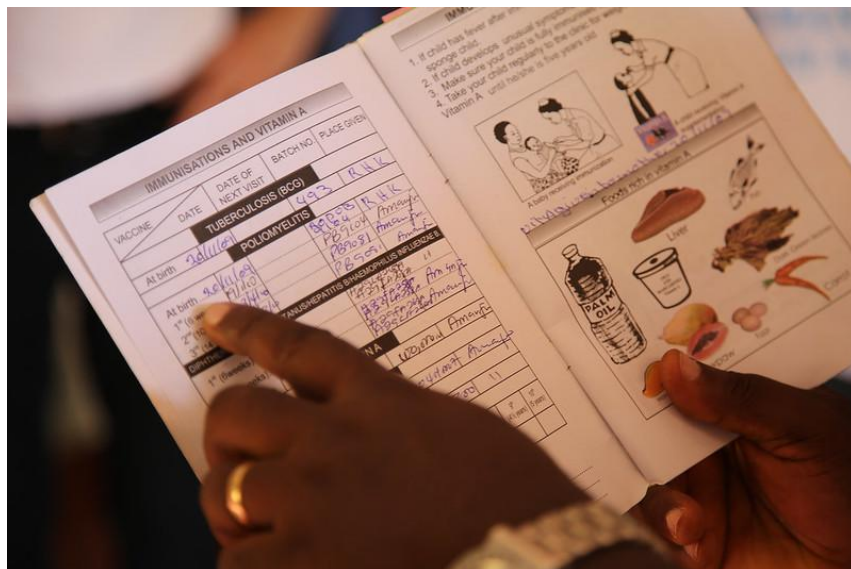


Image 4: Vaccine books by CC Chapman (Flickr Creative Commons).

Community-based service delivery

Official documents point out the important role played by NGOs in reaching marginalised communities, both for promoting demand (i.e. dealing with vaccine 'hesitancy') and for direct service delivery. The 2016-2020 Health Systems Strategic Focus Areas defined 'Demand Promotion and Community Engagement' as one of the areas of support for Health System and Immunisation strengthening.¹²² Gavi has developed programming guidance for demand generation¹²³ that encourages countries to embrace a range of evidence-informed approaches tailored to the local context. These include social and behaviour change communication, political will and advocacy, health workforce capacity development and service quality enhancements, social mobilisation and community engagement activities¹²⁴. Gavi does not explicitly define what community engagement actually entails or what the role is of community members and community health workers.

Inclusivity and human rights

The new Gavi 5.0 strategy has a clear human rights focus, with a high-priority objective under the 'Equity Goal, Strengthen Health Systems' of increasing equity in immunisation.¹²⁵ The ambition is to 'leave no one behind with immunisation' and focus on unreached and under-immunised children, especially 'zero

¹²² <https://www.gavi.org/types-support/health-system-and-immunisation-strengthening/demand-promotion>

¹²³ [programming-guidance---demand-generationpdf.pdf](https://www.gavi.org/sites/default/files/document/programming-guidance---demand-generationpdf.pdf) (gavi.org)

¹²⁴ <https://www.gavi.org/sites/default/files/document/programming-guidance---demand-generationpdf.pdf>

¹²⁵ <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025//equity-goal>

dose children’. A similar objective was set under the ‘Vaccine Goal’ in the 2016-2020 strategy and there is a special policy of offering flexibility and tailored support to countries facing fragility or emergency situations, or hosting refugees.¹²⁶ If transparency and accountability for the correct use of Gavi’s support are seen as being linked to human rights, then CSOs can play an important role in this process. It is therefore surprising that Gavi’s policy on transparency and accountability does not mention CSOs.¹²⁷ However, this role is recognised and currently being elaborated on in Gavi’s new CSO and community engagement approach.

GFF

Definition

Civil society includes the full range of formal and informal, non-governmental and not-for-profit organisations that publicly represent the interests, ideas and values of citizens and their members. CSOs encompass a diverse range of groups such as international NGOs, regional and national advocacy groups, service-delivery organisations, CBOs, youth-led coalitions, professional associations, faith-based groups and service-providers, indigenous groups, charitable organisations, research and academic institutions, and others.¹²⁸

Programme design (global and country)

CSOs are essential to the GFF’s partnership model as they play an important role in advocacy for resources, elevating the voices of affected populations, social mobilisation and campaigning, as well as in accountability and service delivery.¹²⁹ Civil society is represented in the GFF’s governance structure by the two members of the GFF Investor Group who are selected for a two-year term from the GFF Civil Society Coordinating group of approximately 350 members.¹³⁰ There is an independent ‘Civil Society GFF Resource and Engagement Hub’ for amplifying and supporting advocacy CSOs and coalitions in contributing to GFF country-level outcomes.

The ‘Business Plan of the Global Financing Facility in Support of Every Women, Every Child’ (May 2015) was developed as the result of an intensive, multi-stakeholder collaboration which involved 48 individuals from 22 institutions, including Gavi and the Global Fund.¹³¹ Civil society was represented by three international NGOs (Population Council, Results, Save the Children).

The GFF Strategy Refresh for (2021-2025) was developed in consultation with a wide range of stakeholders, including civil society.¹³² The GFF Secretariat designed an online survey to this end, which gained over 200 responses from CSOs. Importantly, in 2020 the GFF revised its CSO-GFF Engagement

¹²⁶ <https://www.gavi.org/programmes-impact/programmatic-policies/fragility-emergencies-and-refugees-policy>

¹²⁷ <https://www.gavi.org/sites/default/files/document/transparency-and-accountability-policy.pdf>

¹²⁸ https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG5-5%20CS%20Engagement%20Strategy.pdf, April 2017.

¹²⁹ https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-CreativeBrief_CSO_EN.pdf

¹³⁰ <https://www.globalfinancingfacility.org/our-partnership/civil-society>

¹³¹ Business Plan, Global Financing Facility in Support of Every Women, Every Child, May 2015.

¹³² Protecting, Promoting, and Accelerating Health Gains for Women, Children and Adolescents, Global Financing Facility 2021-2025 Strategy (October 2020).

Framework, which was developed by a Task Force including civil-society representatives and on the basis of input received *inter alia* from CSOs. The GFF has allocated an initial USD 6 million for the implementation of this framework in the coming two years and will reassess it at the end of this period.

At a country level, countries need to prepare an Investment Case for RMNCAH-N. The GFF operates as a facility that *'maximises the comparative advantages of a broad set of partners'*. These partners engage in a 'country platform' under the leadership of the relevant national government.¹³³ Inclusiveness and transparency are two key principles here. The country platform includes representatives of civil society and affected populations who can play a role in advocacy and social mobilisation, accountability and service delivery. Most countries are likely to use existing structures for the country platforms, such as the sector-wide approach, interagency coordinating committees or working groups within the MoH, which are used to address the RMNCAH+N and health financing implementation agenda.¹³⁴

The GFF Strategy 2021-2025 strongly promotes country leadership and partner alignment and is very explicit in investing in a strong community voice.¹³⁵

Community-based service delivery

The GFF uses the term 'implementation' to refer to the role played by the community in delivering services. The GFF praises the community for linking end users with services, bringing services to hard-to-reach populations, elevating the voices of affected populations and holding decision-makers accountable.¹³⁶

Inclusivity and human rights

The GFF's full name reflects its position on human rights, i.e. the 'Global Financing Facility in Support of Every Woman Every Child'. Equity analysis is said to *'ensure that disadvantaged and vulnerable populations are identified and prioritised'*. The approaches in Country Investment Cases 'are built on a foundation of equity, gender, and rights, which are mainstreamed throughout the GFF's work'.¹³⁷ The GFF also supports efforts by communities to mobilise and to defend their rights.

Equity and inclusion are two of the five guiding principles defined in the new GFF Strategy 2021-2025. The GFF targets the most disadvantaged and vulnerable populations in terms of gender, socio-economic status and other dimensions of equity, and promotes the voice and participation of those populations in designing and monitoring the investments intended to benefit them so that no one is left behind.¹³⁸

¹³³ Business Plan, Global Financing Facility in Support of Every Women, Every Child, May 2015, p. ii.

¹³⁴ <https://www.csogffhub.org/wp-content/uploads/2020/09/Assessment-of-MCPs-small-1.pdf>

¹³⁵ Protecting, Promoting, and Accelerating Health Gains for Women, Children and Adolescents, Global Financing Facility 2021-2025 Strategy (October 2020).

¹³⁶ https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG5-5%20CS%20Engagement%20Strategy.pdf April 2017, p. 6.

¹³⁷ Business Plan. Global Financing Facility in Support of Every Women, Every Child May 2015, Annex 3, A10.

¹³⁸ Protecting, Promoting, and Accelerating Health Gains for Women, Children and Adolescents, Global Financing Facility 2021-2025 Strategy (October 2020), p. 14.

The GFF's Strategy 2021-2025 assigns a 'top priority to encouraging and supporting partner countries to increasing the diversity, equity and inclusion of their country platforms'.

Concluding remarks on community engagement

We compared the 3Gs' policies on community-based care and community engagement from three different perspectives:

1. How do they involve the community in programme design?
2. How do they involve the community in the delivery of health services?
3. How do they involve the community in the advancement of inclusivity and human rights?

We conclude that all the 3Gs actively seek the **involvement of civil society in the development of their global strategies**, by means of an extended consultative processes. Civil society is also represented in their governance structures.

The 3Gs require country-level programme interventions to be designed by coordinating mechanisms or platforms that involve multiple stakeholders. In our opinion, the Global Fund is the most adamant of the 3Gs in demanding that representatives of affected or key populations should have a space in these country dialogues. Gavi is less explicit in its references to CSOs. The voice of civil society is heard in Gavi's annual programme, which will be reviewed as part of the Civil Society Community Engagement (CSCE) approach. In June 2021, the Gavi Board will decide on this. The approach is going to the Board in June 2021 and mentions the key shift to reaching the 'zero dose' child.

The question is whether CSO participation is **meaningful** in these fora. This is only the case if CSOs can express their voice. There is a risk that 'the community' is mostly represented by well-established, well-funded, bigger NGOs that possess knowledge and know how to advocate for their viewpoints. This could stand in the way of meaningful participation, which can be fully achieved only if these organisations connect with and fight for the interests of communities that cannot fight for themselves.

The Global Fund claims that its investments '*where possible will be based on strong national health strategies and disease control plans in close collaboration with partners to ensure integrated and harmonised approaches*'. We assume this means that alignment is only possible where there is a National Strategic Plan, but we are not sure what happens when there is not such a Plan.

The GFF is the only GHI that presents an Investment Case as 'one plan, one budget', with financiers jointly deciding which elements are to be financed by each partner. The GFF recognises that 'efforts to align financing around a common vision can be challenging' (p. 15) but claims that donors will be attracted by the efficiency gain resulting from complementarity and the avoidance of overlaps. The GFF cites the DRC as an example, where Gavi, the Global Fund, UNICEF and the World Bank are harmonising their approaches.

The GFF recognises that the engagement of community stakeholders – although strongly championed on paper – needs **further strengthening in practice**. An 'issues paper' released during the preparatory work for its Strategy Refresh (2021-2025) identified six cross-cutting priority areas for future attention and strengthening, including '*Accountability: The need to ascertain clearer roles and accountability structures that apply to all GFF partners in the investment case development and implementation, including*

*increasing engagement with civil society.*¹³⁹ The activities listed in the updated GFF and CSO engagement framework should put these intentions into practice.

The role of the community in **service delivery** is well recognised. For Gavi, ‘community’ in this sense leans more towards professional health care-delivering NGOs that are able to mobilise communities, enhance acceptance and actually provide vaccinations. Although Gavi speaks about community engagement in the light of demand promotion¹⁴⁰, there is no clarity on what that entails. The new CSCE approach recognises the critical role of CSOs in providing services and communities and community-based organisations in mobilising demand for services and ensuring community-level accountability. The Global Fund is more explicit in stating that community members themselves, i.e. villagers, are the actors involved in delivering services including prevention, treatment and care.

There is a huge **potential** among the 3Gs for **integrating service delivery and co-investment**. This features most prominently at a community level in the Global Fund’s ‘Building RSSH Goal’. The GFF is perhaps the most outspoken in terms of lauding the community’s potential in contributing to the implementation of programmes that affect the health and well-being of women and children.

From an **inclusivity** perspective, it should be avoided that the community is presented as the object of interventions. In other words, the community consists of the key affected populations, i.e. the beneficiaries. There should be equity in that all individuals have the right to the care that they need. The 3Gs believe in the importance of reaching every individual including the ‘disproportionately affected’, the unreached, the disadvantaged and the vulnerable. The 3Gs offer opportunities for requesting funding for strengthening CSOs and networks in advocacy and accountability. The Global Fund sees the empowerment of this ‘voice of the community’ as necessary for effective advocacy and for increasing the accountability of duty bearers, decision makers and service providers and the GFF made diversity in the country platforms one of their priorities.



Image 5: Newborn in the Democratic Republic of the Congo by Mickael Franci (Cordaid).

In addition, a key opportunity for coordination between the 3Gs is the GAP Accelerator on ‘Community and Civil Society Engagement’ which is co-led by the WHO and UNAIDS. The 3Gs, as well as UNDP, UNFPA, UNICEF, and Unitaid are members of the accelerator. Its focus is to support civil society engagement in selected countries, including through supporting ‘inclusion, gender and rights’ GAP working groups locally. This will be done in collaboration with the SFHA, gender, and health determinants accelerators. In addition, the Community and Civil Society Engagement accelerator aims to

¹³⁹ Protecting, Promoting, and Accelerating Health Gains for Women, Children and Adolescents, Global Financing Facility 2021-2025 Strategy (October 2020), p. 23.

¹⁴⁰ <https://www.gavi.org/sites/default/files/document/programming-guidance---demand-generationpdf.pdf>

maintain the linkages between communities, civil society and civil society networks, as well as through UHC2030 and its civil society engagement mechanism.

7 Gender

Due to the many interlinkages between gender, health outcomes and behaviours, gender mainstreaming has been part of the global policy discourse for more than 35 years now.¹⁴¹ The term ‘gender mainstreaming’ refers to a strategy for promoting gender equity through ‘research, legislation, policy development and activities on the ground’.¹⁴²

Global Fund

The Global Fund first adopted its rights-based gender strategy in 2009. Since then, the Global Fund has developed a Sexual Orientation and Gender Identity (SOGI) strategy, emphasising the importance of considering gender identity, its spectrum and social connotations in different contexts as key influencers in AIDS, tuberculosis and malaria.¹⁴³ The Global Fund has included Human Rights and Gender Equality as a key pillar in its 2017-2021 strategy,¹⁴⁴ which aims to address gender-related barriers to health services and access to information. Gender is seen as a direct determinant of the three diseases and therefore as key to controlling epidemics. The Global Fund regards addressing gender inequalities as essential in driving down infection rates and differential access to health services, as well as people’s decision-making power over their own health.¹⁴⁵

The Global Fund understands ‘gender’ as referring to:

‘the roles, behaviours, activities, attributes and opportunities that any society considers is appropriate for girls and boys, women and men. Gender interacts with, but is different from, the binary categories of biological sex’¹⁴⁶

The Global Fund’s gender approach is context-specific and country-led, and includes requirements on the representation of marginalised and affected groups in the CCM.¹⁴⁷ The Global Fund’s gender policies prioritise programmes that explicitly seek to address gender-related risks and barriers to care to achieve goals in AIDS, tuberculosis and malaria. The Global Fund’s information notes and technical briefs encourage the analysis of the way gender influences the dynamics and the effects of each disease programme. For example, by encouraging a focus on how gender norms influence key populations’ experiences and behaviours to each disease. The Global Fund provides support through technical and national partners in developing a gender analysis and designing interventions that target vulnerable groups (vulnerable because of their age, sex or sexual behaviour, for example), so they are included in the criteria for validating national strategies.¹⁴⁸ Finally, the Global Fund’s policies encourage engagement on the CCM with stakeholders and diverse communities that are affected by the three diseases including gender non-conforming and transgender communities, same-sex practicing people, adolescents, people who are marginalized, criminalized, displaced, most at risk, most vulnerable and impacted by GBV, HIV,

¹⁴¹ Hawkes, Buse, Kapilashrami 2017: Gender Blind? An analysis of global public-private partnerships for health.

¹⁴² UN Women. Gender Mainstreaming. <https://www.un.org/womenwatch/osagi/gendermainstreaming.htm>

¹⁴³ https://www.theglobalfund.org/media/1257/core_sexualorientationandgenderidentities_strategy_en.pdf

¹⁴⁴ https://www.theglobalfund.org/media/1309/publication_rssh_focuson_en.pdf?u=637321462646830000

¹⁴⁵ https://www.theglobalfund.org/media/1250/core_genderequality_strategy_en.pdf

¹⁴⁶ https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf

¹⁴⁷ https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf

¹⁴⁸ https://www.theglobalfund.org/media/1250/core_genderequality_strategy_en.pdf

TB and malaria and those seeking SRH services. This includes encouraging equal representation of women and the meaningful engagement of other gender identities and sexual orientations, and other marginalised groups.

The Global Fund's policies support countries in advancing gender equality through health system strengthening, particularly through information systems and community health systems, and introduce a mandatory requirement for using data to better understand gender-related inequities to support gender analysis for design and implementation of programmes and policies. The Global Fund recognises pre-service education as an opportunity for addressing gender imbalances and raising gender-sensitivity in the health workforce, and for improving the human rights and medical ethics competencies of health workers.¹⁴⁹

In terms of gender in its governance structure, the Global Fund has clear guidelines for including gender equality as a principle in operations, boards and committees.¹⁵⁰ The Global Fund acknowledges the challenging nature of achieving gender parity in its board and has taken steps to address this, by including access to gender expertise and requiring all board members to champion gender equality. Finally, the Global Fund is planning to set gender equality as a central measure of success in future evaluations of its programmes and policies.



Image 6: Cameroon UN Women's Gender Road Project by Ryan Brown (Flickr Creative Commons).

¹⁴⁹ HRH Technical Brief 2019:

https://www.theglobalfund.org/media/8832/core_humanresourcesforhealth_technicalbrief_en.pdf

¹⁵⁰ https://www.theglobalfund.org/media/1250/core_genderequality_strategy_en.pdf

Gavi

Gavi first developed a gender policy in 2008 and this has been updated twice. Its third version was approved by the board in June 2020 and took effect on 1 July 2020. The gender policy review included a policy consultation involving feedback from stakeholders. Gender has become one of the nine guiding principles of Gavi's 2021 strategy. For Gavi, identifying and addressing gender-related barriers to equity in immunisation¹⁵¹ are key to reaching the goal of 'leaving no one behind with immunisation'.

The updated gender policy defines 'gender' as *'the roles, norms and behaviours that society considers appropriate for women, men, girls, boys and those with diverse gender identities, such as transgender. These are socially constructed, fluid and vary widely within and across time, cultures, religions, class and ethnicity.'* This is an updated definition which includes diverse gender identities and transgender, which the previous strategies had not explicitly mentioned. Moreover, as part of the definitions used in the gender strategy, Gavi defines 'intersectionality' as the *'overlap between multiple forms of inequality or discrimination which create obstacles for individuals, for example, access and use of health services. Gender identity can intersect with additional factors, including but not limited to age, geographical location, socio-economic status, disability, migration/refugee status, sexual orientation.'*

Gender is one of the core components of Gavi's commitment to equity in immunisation, with a focus on gender-related barriers to access to immunisation services at individual, household, community, health service and institutional levels. Gavi's context-specific evidence shows that, while there is no difference in immunisation rates by gender globally, there is a difference at a sub-national level. In some communities, boys have greater access to vaccines than girls, and the opposite applies in other communities.¹⁵²

Gavi's updated gender policy promotes gender-responsive and transformative programming and broadens the goal to 'contributing to gender equality in society as a whole' and not just in access to immunisation.¹⁵³ Moreover, Gavi's new strategy recognises the challenges of reaching zero-dose children as they are often part of populations that face compounded vulnerabilities. Gavi's aims are to:

- build capacity in countries *'to understand, recognise and address gender-related barriers'*;
- enhance political commitment to gender equality and empowerment;
- strengthen data-based approaches to identifying gender-related barriers;
- promote an integrated approach to gender;
- identify the most relevant approaches to addressing barriers;
- strengthen partnerships *'within and outside the health sector'*.

Gavi focuses on gender-sensitive funding and raising accountability for gender-related results. It also encourages coordinating bodies (including inter-agency coordination committees and health sector coordination committees) to adopt a gender perspective and work with national institutions that work with gender, so as to ensure a context-specific approach.¹⁵⁴ As of November 2020, Gavi does not

¹⁵¹ <https://www.gavi.org/sites/default/files/board/minutes/2019/Gavi%20strategy%202021-2025%20one-pager.pdf>

¹⁵² <https://www.gavi.org/our-alliance/strategy/gender-and-immunisation>

¹⁵³ Gavi Gender Policy 3.

¹⁵⁴ <https://www.gavi.org/programmes-impact/programmatic-policies/gender-policy>

explicitly state whether it engages specifically with local women’s and gender platforms outside government, such as CSOs. Gavi stresses the importance of sex-disaggregated data in tracking trends, identifying gender inequities and better monitoring sub-national coverage. It gears its efforts in part towards strengthening information systems.

Gavi runs a special programme for immunising girls against the human papillomavirus that can cause cervical cancer. During its last replenishment in 2020, vaccine manufacturers pledged to ramp up HPV vaccine supply availability for Gavi-supported countries to protect 84 million girls during the next five-year period.¹⁵⁵

Finally, Gavi’s updated gender policy highlights the importance of gender barriers in HRH and the ways in which these adversely affect the quality of service delivery. These include the unequal representation of women in leadership roles as compared with the percentage of women working as front-line workers; pay gaps; occupational segregation and sexual harassment in the workplace. The Gavi Secretariat has a specific policy on human resource practices aiming for gender balance in recruitment and remuneration.¹⁵⁶ In terms of governance, Gavi aims to attain gender equality in its governing board and committees.¹⁵⁷

GFF

The GFF considers gender equality as being fundamental to the achievement of sustainable results in RMNCAH-N. Its gender focus is country-led, in accordance with its philosophy. Equity and inclusion are the key guiding principles of the GFF’s new Strategy 2021-2025, which was approved in October 2020. The GFF aims to address the *‘most disadvantaged and vulnerable populations’*, including those excluded on account of their socio-economic status, gender, age and other equity factors. The GFF wishes to add the voices of these groups in designing and monitoring the GFF Investment Case, and acknowledges the role of unequal power dynamics in its programmes. Finally, the Strategy refers to the importance of *‘examining people’s intersecting identities that can lead to marginalisation.’*

The GFF has published a ‘Roadmap for Advancing Gender Equality’ further detailing its gender position. The roadmap proposes the following five characteristics of gender equality principles:

1. being country-led;
2. equitable;
3. efficient;
4. results-oriented;
5. complementary.¹⁵⁸

The GFF intends to use the Roadmap to apply a gender focus across all the channels and stages through which it works. The GFF also supports the development of data systems that use gender-disaggregated data and is gender-responsive in its monitoring, as is highlighted by the new Strategy. The Roadmap

¹⁵⁵ <https://www.gavi.org/investing-gavi/resource-mobilisation-process/gavis-3rd-donor-pledging-conference-june-2020>

¹⁵⁶ Gavi Secretariat HR Gender Guidelines.

¹⁵⁷ Guiding Principles on Gender Balance for Board and Committee Nominations.

¹⁵⁸ https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Roadmap-for-Advancing-Gender-Equality_EN.pdf

requires the inclusion of gender equality indicators in Investment Cases to address and measure gender progress and barriers throughout the process.

The role played by women is a key aspect highlighted by the Roadmap, which sees women as both recipients and leaders. It showcases the need for women in leadership to bring their perspectives and gender-specific expertise to bear, and avoid gender-blind laws and policies that have an adverse impact on women and girls. The GFF intends to expand the principles set out in the Roadmap into programmatic and technical guidelines. It has not yet costed the roadmap, as this is part of the operationalisation plan of the Strategy 2021-2025 that has not been developed yet.

Surprisingly, though, neither the Strategy nor the Roadmap contains the GFF’s definition of gender and neither focuses on transgender and other sexual identities, even though the Roadmap recommends a focus on equity and equality. The lack of any deliberate recognition of LGBTQAI+ populations and other vulnerable groups weakens the GFF’s focus on investments in neglected groups that are hard to reach and the challenges they face in accessing health services based on a myriad of social constructs and inequities.

Concluding remarks on gender

Even though the 3Gs acknowledge the influence and importance of gender, the outcomes of the 3Gs’ gender policies and indicators **still need to be assessed**.

Gender equality is a cross-cutting commitment made by all 12 GAP signatories¹⁵⁹. All these organisations were reviewed in the Global Health 50/50 index in 2020, and the seven UN signatories among them also signed up to the UN System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP). See the following table from the progress report on the GAP:

Performance of GAP signatories, Global Health 50/50 Gender and Health Index

	Commitment to gender equality	Definition of gender	Workplace gender equality policy	Workplace diversity and inclusion policy	Board diversity policy	Senior mgmt. gender parity	Gender of CEO	Gender of board chair	Gender-responsive programmatic strategy	M&E Disaggregation
GAVI	G	G	G	A	GW	A1	M	W	5	G
Global Fund	G	G	G	A	G	A	M	M	5	G
GFF	G-P	R	GE	G	R	G	M	M	4W	G

Figure 3: Gender performance of GAP signatories. Retrieved from: <https://www.who.int/publications/i/item/9789240010277>

¹⁵⁹ There are 13 GAP signatories in total, with the addition of ILO as of January 2021.

According to the scoring key,¹⁶⁰ The Global Fund and Gavi are gender-transformative and foster progressive changes in power relationships between men and women, whereas the GFF is gender-specific, noticing and acting on gender.

Although the 3Gs incorporate a **gender perspective** in their programmes and policies, these are based on differing underlying definitions of gender. For example, Gavi's updated gender definition is more inclusive, recognising the fluidity and changeability of gender definitions across contexts, while the GFF has yet to refine its working definition of gender.

Moreover, by including an intersectional perspective in its new gender strategy, Gavi acknowledges the importance of monitoring and counteracting the way in which disparities increase when combined with poverty and other factors of exclusion.¹⁶¹ With intersectionality added as a new factor, the interplay between vulnerabilities can be better addressed by Gavi's strategy, programmes and monitoring mechanisms. However, these intricacies are not fully addressed in the strategy document. Gavi's policy focuses on the differences between two genders as barriers to immunisation, rather than consistently including the principles of inclusivity that intersectionality could bring.

The GFF refers to the importance of understanding people's intersecting identities and how this leads to marginalisation, which is an important element in gaining a broader understanding of vulnerabilities. The Global Fund does have a broader view of gender and has a strong emphasis on the ways vulnerable populations have different experiences and requirements as well, as it has a clear and well-developed SOGI strategy, but it does not make any specific mention of intersectionality.

The three institutions emphasise the importance of encouraging **sex-disaggregated data** in their sponsored interventions, so as to gain a better understanding of health conditions, barriers and opportunities that need to be addressed in a coherent way. This area of coordination could be an important focus, as agreeing on indicators and ways of disaggregating data would help to avoid the duplication of efforts and would foster the sharing of data across platforms. This could potentially create more powerful databases containing more accurate information on the effects of gender and other vulnerabilities on the health of populations. Ultimately, good data and evidence helps GHIs to decide on funding, focus and areas of coordination.

One way of facilitating coordination would be for the 3Gs to routinely **commission research** on the impacts of their programmes and policies on gender equality and their goals. The GFF Roadmap, for example, calls for annual progress updates on its goals. It is critical that changes in policy focus are monitored, so that the 3Gs can respond to positive changes in gender equality and access for key populations.

Finally, while the Global Fund and Gavi highlight the need for the **equal representation** of women on their executive boards, the GFF does not make this an explicit requirement for its Trust Fund Committee. A key element for 3G alignment to further gender equality would be the presence of women on their governing boards.

¹⁶⁰ https://globalhealth5050.org/wp-content/uploads/2020/03/2020-Key_Gender-and-Health-Index_GH5050.pdf

¹⁶¹ <https://www.gavi.org/sites/default/files/document/gavi-alliance-gender-policy.pdf>

8 Challenges and opportunities for coordination created by the COVID-19 pandemic

The COVID-19 pandemic has brought the need for strengthening health systems to the fore, given that close international cooperation is needed in order to collectively contain and defeat the virus. The international community, including the 3Gs, has responded to the pandemic in various ways, and there have been calls for joint action in key areas for an effective pandemic response. CSOs and the 3Gs need to analyse whether COVID-19 has affected their long-term strategies, beyond the immediate need to enhance cooperation.

In a direct response to the pandemic, both Gavi and the Global Fund became founding partners of the Access to COVID-19 Tools Accelerator,¹⁶² which is a global partnership that seeks to accelerate the development and production of, and equitable access to, COVID-19 technologies. The Global Fund co-leads the ‘Diagnostics pillar’ together with FIND (the Foundation for Innovative New Diagnostics), where the focus is on creating equitable access to simple, accurate and affordable tests. Gavi co-leads the ‘Vaccine pillar’ (also known as COVAX) together with CEPI (the Coalition for Epidemic Preparedness Innovations) and the WHO; the aim is to ensure that vaccines are developed safely, as rapidly as possible, at the right volumes, and delivered to those that need them most. The ‘Health Systems connector pillar’, co-led by the Global Fund and the World Bank, is cross-cutting and aims to strengthen health systems and local community networks that are struggling to cope with COVID-19.¹⁶³ The GFF is a supporting partner of this pillar.

The GFF has focused on keeping essential health services running during the pandemic.¹⁶⁴ The GFF has provided additional grants and technical assistance through partnerships with the World Bank and the IFC. These are aimed at maintaining essential services and providing personal protective equipment and other health commodities. The GFF is also planning to make data available on the effects of COVID-19 on family planning, to run webinars for knowledge-sharing on COVID-19, and to publish country briefs with guidance on how to maintain essential services.¹⁶⁵

COVID-19 has also affected fund-raising by both the Global Fund and Gavi. For example, Gavi’s COVAX AMC mechanism was highlighted throughout its 2020 replenishment. Gavi is planning to use this mechanism to supply COVID-19 vaccines to LMICs at the time when high-income countries receive theirs. Gavi made up to USD 200 million available to countries for their initial response to the pandemic and is now working with countries to programme support to maintain, restore and strengthen immunisation in the context of COVID-19.¹⁶⁶ Separately, the Global Fund made more than USD1 billion available to support countries to mitigate the effects of COVID-19 on AIDS, tuberculosis and malaria programmes and

¹⁶² [https://www.who.int/publications/m/item/access-to-covid-19-tools-\(act\)-accelerator](https://www.who.int/publications/m/item/access-to-covid-19-tools-(act)-accelerator)

¹⁶³ <https://www.who.int/initiatives/act-accelerator/faq>

¹⁶⁴ https://www.globalfinancingfacility.org/CoVid19?cid=GFF_TT_theGFF_EN_EXT

¹⁶⁵ https://www.globalfinancingfacility.org/CoVid19?cid=GFF_TT_theGFF_EN_EXT

¹⁶⁶ <https://www.gavi.org/news/media-room/covid-19-gavi-steps-response-pandemic>

respond to the pandemic. The Global Fund has calculated that at least USD 5 additional billion is needed.¹⁶⁷ The Global Fund launched an additional fund-raising campaign in June 2020.¹⁶⁸

While upscaling DRM and co-financing with recipient countries remains a high-priority goal, it is clear that the COVID-19 pandemic is going to affect economies worldwide. The 3Gs have recommended making use of the opportunities for innovative finance (such as debt buy-downs and swaps) and for supporting robust co-financing discussions in-country by financing and sustainability experts, as well as for joint planning and missions with the World Bank.

Moreover, the COVID-19 pandemic response in some countries showed a truly country-led approach to the crisis: governments taking charge of the response and coordinating partners to specific tasks. This is the way forward.

¹⁶⁷ https://www.theglobalfund.org/media/10612/covid19_2021-02-12-situation_report_en.pdf

¹⁶⁸ https://www.theglobalfund.org/media/9819/covid19_mitigatingimpact_report_en.pdf

9 Final conclusions and areas of attention for the 3Gs and their donors

This paper presents, compares and analyses the 3Gs' framing and approach to a number of key components of a health system:

- health finance;
- human resources for health;
- health data and information systems;
- supply chain management;
- community engagement;
- gender.

Each chapter concludes with a detailed examination of the differences and similarities between the 3Gs' policies.

Health financing can be an area for fruitful collaboration for the 3Gs, and their collaboration under the SFHA of that GAP is an important step towards this direction. The 3Gs emphasise the need for country-led planning and **domestic resource mobilisation** in order to sustain health finance. While all three agree on the need to improve efficiency, the GFF appears to have more ambitious goals in terms of the pooling of resources. The 3Gs support private-for-profit sector engagement, in areas ranging from the production of commodities and digitisation to service delivery. The 3Gs also wish to develop innovative financing mechanisms and use blended finance. Bonds and PPP contracts in healthcare that increase reliance on commercial funding, set higher targets for the return on investment (i.e. profit), and reinforce regressive payment systems, are potentially risky for the government's health purse and could hinder progress towards universal, equitable access to healthcare. Moreover, such innovative financing mechanisms raise concerns about transparency, democratic ownership and accountability.

In spite of the good intentions and the progress already achieved, there is still a huge potential for improving coordination among the 3Gs and hence for strengthening the health systems of the countries they support. A system of joint monitoring of results around countries' overall health strategies instead of a focus on individual targets would be a big step in the right direction. A joint approach to financing, which could be directed by the WHO (which has already developed a number of suitable tools) would be a further step.

- 👉 Be cautious about promoting blended finance and PPPs in healthcare between private-for-profit entities and government bodies. Do not encourage such innovative financing mechanisms unless there is convincing evidence that they are more cost-effective than standard public financing and public procurement practices, and that they lead to better access to services for all, including those left furthest behind.
- 👉 Coordinate behind a joint health financing approach based on lessons learned about the do's and don'ts in financing for UHC; move towards pooling at least health system-strengthening grants in national health baskets, based on context-specific lessons learned.

- ✎ Explore means of expanding the fiscal space for health beyond PFM and efficiency improvement. For instance, as influential global actors, the 3Gs are well-positioned to advocate global tax justice, fight illicit financial flows and appeal for debt cancellation.
- ✎ It is essential to ensure that approaches to reach hard-to-reach and under-served populations are maintained as we move to domestic national health financing.

The 3Gs recognise **human resources for health** as an important component of health systems, and this can be an area of fruitful collaboration. Despite this consensus, HRH does not feature prominently in the GAP. The 3Gs accentuate different aspects of HRH. The Global Fund is the most explicit in its willingness to finance recurrent salary costs, having issued specific guidelines on this, whereas Gavi and the GFF do not have separate HRH strategies. We recognise the sustainability issues surrounding recurrent costs. Countries need predictable, reliable, long-term resources in order to fund HRH. By pooling funds nationally around health system strengthening, improving coordination among the 3Gs and other agencies, and aligning with sound national HRH planning, it should be possible to support HRH as a global cooperation priority.

- ✎ Allow funds to be used more flexibly, by easing or eliminating restrictions on their use for recurrent costs, such as salaries for health workers.
- ✎ ‘Do no harm’ needs to be taken into account sufficiently. HRH labour market distortions by external partners (including NGOs) is a huge issue of concern, draining capacity and motivation.
- ✎ Be open to the potential of what technology and better data can bring to improving the work environment and to identifying structural solutions to the strangling scarcity of HRH.

The 3Gs also agree on the value of robust **data for decision-making** and planning. They all promote the disaggregation of data with the aim of increasing equity and reaching people with different needs. The 3Gs recognise that, without this, these groups run the risk of being left behind, especially if they have intersecting, compounded vulnerabilities. Only by undertaking a more detailed multivariate analysis is it possible to genuinely reach the most vulnerable. Although we acknowledge that a number of initiatives for improving this aspect have already been taken, more action is needed to understand the barriers and make progress.

- ✎ Prioritise coordination between the 3Gs and the alignment with national processes of data collection, monitoring and evaluation, by sharing lessons and jointly addressing the obstacles hampering the use of a single tool or method integrated in the national health management information system. In practical terms, this type of approach would lower transaction costs and ease the burden placed on national authorities handling 3G programmes.
- ✎ Apply an intersectional lens to data and information management systems, so that no one is left behind due to their intersecting identities and vulnerabilities that lead to marginalisation. Always respect sensitive information and privacy.

Similarly, the 3Gs agree on **the value of an integrated supply system**, even if they differ in the extent of their advocacy. Gavi’s documents talk about strengthening the immunisation supply chain, rather than the overall supply chain. At the same time, Gavi does state that investments will be undertaken ‘in synergy’ with others. The Global Fund encourages ‘in-country partners to evaluate where multiple systems can be integrated’. The GFF’s new strategy includes the government contracting of non-state

actors (both for profit and not-for-profit) to improve supply chain management, with a particular focus on COVID-19, while also looking through a broader lens.

- 👉 Evaluate where community service delivery systems can be integrated with supply chain systems.

Civil society and communities have a key role to play in moving forward inclusivity and human rights within the aid discourse. The 3Gs place a strong focus on the need to involve CSOs and CBOs in project development and implementation. Some CSOs are indeed represented at the decision-making table. The 3Gs should be consistently alert to, and strive to bring onboard, CSOs that represent the voice and needs of the community. The 3Gs are moving away from perceiving ‘the community’ as the receiver of their services and a useful extension of service delivery, when required. Communities do not have just a role in delivering: they are part of the health systems. There's a spectrum of formal to informal community engagement, this full spectrum is most evolved in Global Fund strategies, the Global Fund framework is relevant for other GHIs.

They tend to view capacity-building through a service-delivery lens, in situations in which the formal system cannot reach difficult-to-reach communities or groups. The 3Gs' policies still fail to ‘move from complementarity to synergy’ in community service delivery.

- 👉 The voice of communities cannot be substituted by voices from global CSOs/NGOs. Ensure that communities and civil society (including local CSOs) participate on a broad, representative basis in programme development and implementation.
- 👉 Assess to what extent plans/budget are responsive to local needs and opportunities and make sure community activities are not compromised, when choices have to be made.
- 👉 Capitalise on the huge potential among the 3Gs for co-investment and integrating community service delivery.

Finally, the 3Gs acknowledge the influence and importance of **gender**. Gender equality is a cross-cutting commitment made by all 12 GAP signatories, including the 3Gs. Gender is central to an intersectional approach, which raises organisational awareness of gender issues and helps organisations to frame them more critically and deeply in their policies and guidelines.

- 👉 Commission routine assessments of the impacts that programmes and policies have on gender equality, so as to foster a gender-transformative approach. The 3Gs should continue to be reviewed by the Global Health 50/50 index.

The story of **coordination** among the 3Gs and, more importantly, their alignment with country policies is not new. It goes a long way back, with the latest tool being the GAP, which promotes a ‘culture shift’ in the global health architecture from complementarity to synergy. The first progress report on the GAP recognises that, although this kind of shift takes time and is challenging, it can be highly sustainable and leads to longer-lasting change. All the GHIs, and the 3Gs in particular, are in a position to massively increase resources for health, and influence national policies and ultimately the lives and well-being of people around the world. A health system strengthening approach could benefit from longer funding cycles and more flexibility in the use of funds, as a large proportion of costs are recurrent, and many

health interventions require multi-year support. Importantly, pooling funds in a country health basket makes the attribution of results more difficult.

- 👉 Allow longer funding cycles (of at least five years), creating greater continuity, security and hence planning capacity in the recipient countries. Donors could also consider the possibility of adopting lighter procedures for developing proposals and reporting, in consultation with country stakeholders.
- 👉 ‘Rethink’ attribution: move away from the need to link every donor’s individual contribution to an outcome.
- 👉 Create strategic indicators on coordination between GHIs and alignment with countries priorities, e.g. indicators on the GAP’s implementation progress.

To conclude, there has been a great deal of debate in global fora and the 3Gs are developing new global strategies and making global commitments. Although we identified certain areas for improvement, it is at a country level that we will be able to assess the added value of the new strategies and renewed commitments for coordination and alignment. And it is the country analyses that will enable us to make sharpened, concrete recommendations to the 3Gs and other donors, within and beyond the areas of attention that we identified. Staying at global level strategies does say very little about the actual alignment happening at country level with regards to setting the health priorities and funding and implementation coordination. This work needs to be put into context and take into account factors such as shrinking civic space, different cultural environments, as well as specific operation environments. This is the next - and much needed – step in this research endeavour, i.e. exploring the topic in more detail with more in-country partners and in dialogue with donors.

To be continued!