

Strengthening Health Systems Strengthening

Analysis of coordination among the Global Fund, the Global Financing Facility and Gavi (the 3Gs)



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. 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 policy brief, Cordaid and Wemos recommend ways for the 3Gs to reinforce their approach to strengthen health systems. These recommendations 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.

What are the 3Gs?

	The Global Fund	Gavi	The GFF
FOCUS	Ending the epidemics of AIDS, tuberculosis and malaria	Increasing access to immunisation for children in LMICs and accelerating access to new vaccines	Improving Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH-N)
COUNTRY-LED APPROACH	<ul style="list-style-type: none"> Funding to governments and/or other in-country recipients Proposals developed by recipient countries through Country Coordinating Mechanism (CCM) CCM includes government, civil society, experts, people affected by the 3 diseases, private sector, other donors Review by panel, approval by Board 	<ul style="list-style-type: none"> Working with countries on proposal design and development Coordination through Inter-Agency Coordinating Committee or Coordination Body 	<ul style="list-style-type: none"> Investment Cases developed by the countries based on their needs and priorities Coordination through multi-stakeholder country platform (MCP) MCP includes government, civil society, other donors
RESOURCES & FUNDING	<ul style="list-style-type: none"> Contributions (93% donor countries, 7% private sector & foundations) Raised USD 14 billion for 2020-2022 USD 12.7 billion is available for country allocations 63% of allocations go to the 15 highest-burden countries for the 3 diseases USD 1 billion annually is reserved for health systems strengthening (HSS) 	<ul style="list-style-type: none"> Direct contributions (77%) and innovative finance (23%) Raised USD 8.8 billion for 2021-2025 67% of grants are directly disbursed to non-governmental partners USD 1.7 billion will be allocated to HSS 	<ul style="list-style-type: none"> Donors are countries, EU, private sector & foundations Raised USD 1 billion in 2018 In 2019, USD 602 million was committed to 36 countries as grants, complemented by an additional USD 4.7 billion in the form of IDA/IBRD loans and grants The GFF is designed to help governments ramp up provision of a broad scope of health care services

Health systems strengthening and the 3Gs

This document explores how the 3Gs frame and approach HSS by zooming in on six key components of HSS:



health finance



human resources for health



health data and information systems



supply chain management



community engagement



gender

HSS components and areas of attention for the 3Gs and their donors



Health finance

The 3Gs emphasise **the need for country-led planning and domestic resource mobilisation (DRM)** in order to sustain health financing.

The Global Fund	Gavi	The GFF
<p>DRM is a core objective and a key performance indicator in the 2017-2022 strategy. The Global Fund encourages governments to raise their health budgets. Regarding value for money, it concentrates on improved pricing and delivery of commodities, better oversight and planning, improved allocative efficiency, and reprogramming of unused funds. The Global Fund has a co-financing incentive (at least 15% of allocation) if a country makes additional commitments towards disease programs and/or health systems.</p>	<p>Gavi operates with a catalytic funding model and considers domestic resource mobilisation part of its sustainability goal, with country leadership as a key principle for sustainability. Its approach is to secure domestic public resources for immunisation and for Primary Health Care (PHC). Countries that apply for Gavi support have to co-finance part of the cost of vaccines. Gavi encourages governments to raise their health budgets and has introduced grants efficiency tracking.</p>	<p>The GFF's goal is to increase the volume and efficiency of public resources for health. The GFF encourages governments to develop and implement health finance strategies and increase domestic resources to fill the gap in RMNCAH-N services. The GFF supports resource mapping and expenditure tracking, supporting countries in increasing efficiency. However, additional resources currently consist largely of IBRD/IDA loans.</p>
<p>All three agree on improving efficiency of Public Financial Management and the importance of DRM. They all support private-for-profit sector engagement, in areas ranging from production of commodities and digitisation, to service delivery. All three emphasise the importance of country leadership and co-financing. The 3Gs also wish to develop innovative financing mechanisms and use blended finance. Health financing is an area where the 3Gs collaborate under the GAP's Sustainable Financing for Health Accelerator.</p>		

Recommendations:

- ☛ Be cautious about promoting blended finance and Public-Private Partnerships 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 Universal Health Coverage; 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 Public Financial Management 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.



Human resources for health

The 3Gs recognise **human resources for health** (HRH) as an important health system component.

The Global Fund	Gavi	The GFF
<p>The Global Fund has a clear policy and well-articulated guidance for HRH, and is the most explicit in financing recurrent salary costs. The Global fund highlights the need of aligning HRH with relevant national strategic plans.</p>	<p>Gavi does not have a separate HRH strategy, but acknowledges the importance of HRH in achieving health objectives and the need to align HRH priorities with a country’s health finance strategy. Gavi focuses on HRH capacity-building. Recurrent investments, for example in health workers’ salaries, are not forbidden but generally discouraged.</p>	<p>The GFF does not have a separate HRH strategy. The GFF has been reluctant to use its resources for paying for HRH salaries as IDA resources cannot be used for this purpose.</p>
<p>The 3Gs have the provision of pre- and in-service training for HRH support. The 3Gs tend to discourage the funding of 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. HRH does not figure prominently in the GAP, despite the acknowledged importance of coordination.</p>		

Recommendations:

- 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 labor 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 improve the work environment and to identify structural solutions to the strangling scarcity of HRH.





Health data and information systems

The 3Gs agree on the value of robust **data for decision-making** and planning.

The Global Fund	Gavi	The GFF
The Global Fund encourages governments to invest Global Fund resources in improving disaggregated data collection and analysis. Investing in health management information systems is one of the eight priority modules.	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.	The GFF 2021-2025 Strategy reconfirms the importance of improved data systems. The GFF will be working to improve existing country data systems, including Civil Registration and Vital Statistics, to support decision-making and results reporting, and in doing so wishes to boost transparency and accountability.
The 3Gs promote the disaggregation of data with the aim to increase equity and reach 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.		

Recommendations:

- 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 3Gs 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.



Supply chain management

The 3Gs' policies agree on the value of an integrated **supply system**, even if they differ in how strongly they advocate it.

The Global Fund	Gavi	The GFF
The Global Fund encourages 'in-country partners to evaluate where multiple systems can be integrated'.	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 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.

Recommendation:

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



Community engagement

Civil society and communities have a key role in moving forward inclusivity and human rights within the aid discourse.

The Global Fund	Gavi	The GFF
<p>The 3Gs place a strong focus on the necessity to involve civil society organisations (CSOs) and community-based organisations (CBOs) in project development and implementation. 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.</p>		

Recommendations:

- ☛ 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 are made.
- ☛ Capitalise on the huge potential among the 3Gs for co-investment and integrating community service delivery.



Gender

The influence and importance of **gender** within the 3Gs is acknowledged.

The Global Fund	Gavi	The GFF
<p>Gender equality is a cross-cutting commitment made by all 12 GAP signatories, including the 3Gs. The outcomes of the 3Gs’ gender policies and indicators still need to be assessed. The 3Gs incorporate a gender perspective in their programmes and policies, these are based on differing underlying definitions of gender. Gender is central in an intersectional approach, which helps to be more acutely aware of gender issues and to frame them more critically and deeply within policies and guidelines.</p>		

Recommendations:

- ☛ 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.

Conclusion

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 lead to long lasting change.

The 3Gs, as other global health initiatives, 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 HSS approach could benefit from longer funding cycles and more flexibility in the use of funds, as a large share of the costs are recurrent, and many health interventions require multi-year support. Importantly, pooling funds in a country health basket makes 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.

Who are the authors?

This document is a joint product developed by Wemos and Cordaid, two Netherlands-based organisations working on global health.

Cordaid is an internationally operating emergency and relief organisation that mobilises global networks, resources and knowledge to tackle root causes of conflict and fragility in some of the most conflict-affected countries. Through our work on health, we want to ensure that everybody has access to quality health care.

Wemos is an independent CSO seeking to improve public health worldwide. Wemos analyses Dutch, European and global policies that affect health and proposes relevant changes. We hold the Dutch government, the European Union and multilateral organisations accountable for their responsibility to respect, protect and fulfil the right to health.

This document is based on a full report. To read the full report click on one of the links below: [on Cordaid's website](#) or [on Wemos' website](#).