



**FRIENDS**  
OF THE GLOBAL FIGHT

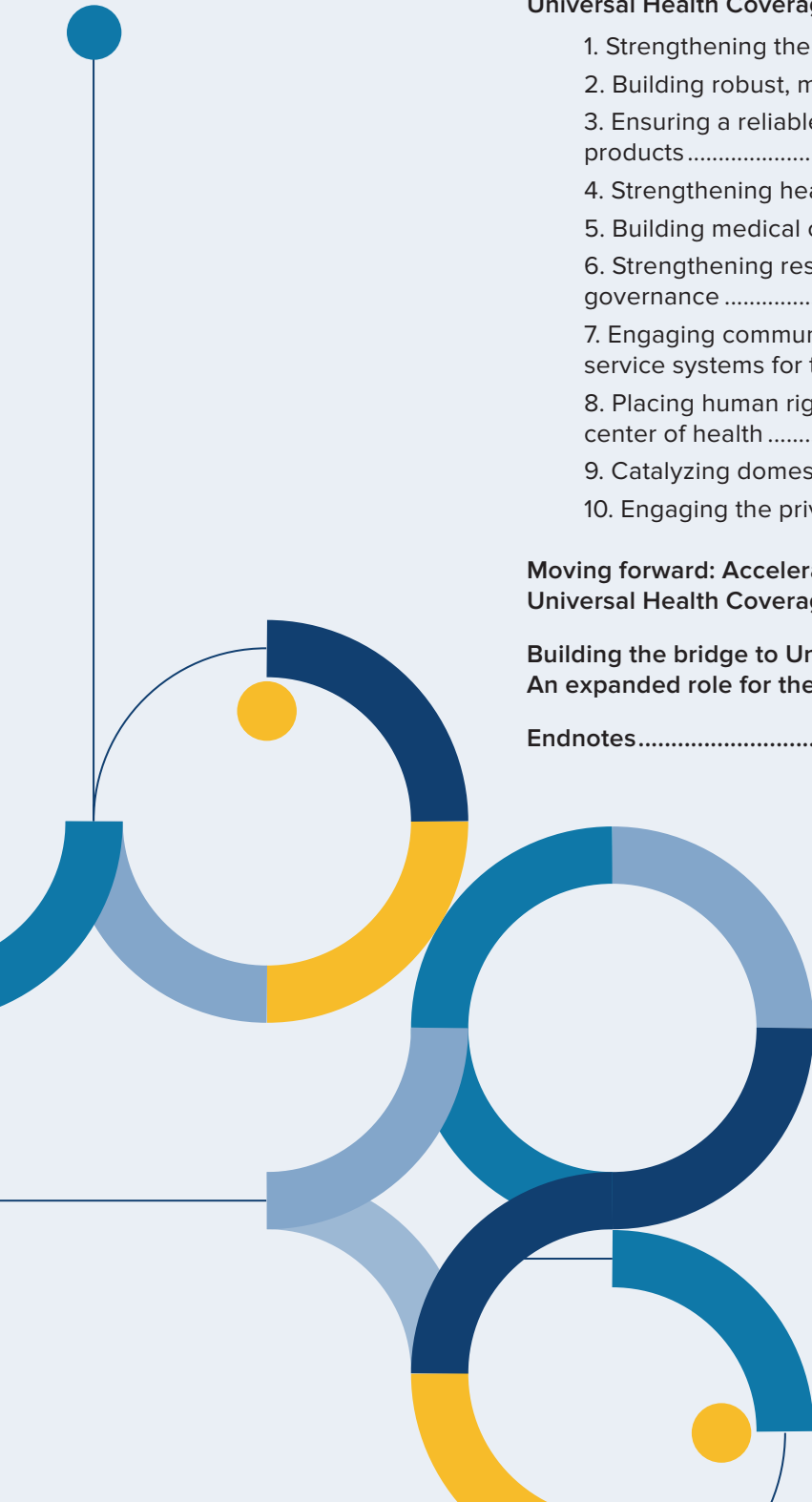
AGAINST AIDS,  
TUBERCULOSIS  
AND MALARIA

# The Global Fund's unique contribution to Universal Health Coverage and stronger health systems

A review of the evidence and  
future opportunities

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## Executive Summary

The quest for Universal Health Coverage is a defining goal of the 21st century. The vision is for all individuals to have access to the full range of quality health services without incurring financial hardship. Success in achieving Universal Health Coverage will depend on establishing robust, resilient and inclusive health systems in communities around the world. It will also require considerably more resources as well as leveraging current health programming for the broadest possible impact.

The Global Fund was established in 2002 to address the biggest infectious disease killers on earth. From the outset, the Global Fund was always more than an institution – it is a unique and vibrant partnership of governments, donors, implementers, civil society, the private sector and affected populations. It brings a set of values to global health investment that include country leadership, a focus on measurable results, engagement of multiple stakeholders, reaching the most vulnerable and incentivizing domestic investment.

A critical aspect of Universal Health Coverage is providing health services to prevent and treat the deadliest infectious diseases. The Global Fund partnership has achieved dramatic results against AIDS, tuberculosis and malaria, saving 59 million lives and cutting the combined death rate of the three diseases by more than half. The Global Fund is the world's largest multilateral provider of grants for health system strengthening, investing \$1.5 billion a year, which is about a third of its total annual grant funding, in formal and community health systems between 2021 and 2023.

Very often the Global Fund is not fully considered in dialogues about the path to Universal Health Coverage. For example, the political declaration from the September 2023 UN High Level Meeting on Universal Health Coverage mentions the Global Fund only once, as one of many programs to “consider” in financing the goal.

This analysis explores the unique model of the Global Fund and its role in building the systems needed for Universal Health Coverage by looking at the partnership's work in 10 distinct health systems areas. It reviews the Global Fund's overall approach in each area and provides numerous country examples. The analysis also identifies opportunities to refine and expand the Global Fund's positive impact on health systems and Universal Health Coverage. It is based on a review of the peer-reviewed and grey literature and numerous interviews with key informants.

The Global Fund partnership has proven itself a pioneer in building from disease-focused programming to cross-cutting systems investments, committing significant resources to global public goods and demonstrating that fighting diseases and working toward Universal Health Coverage are mutually reinforcing, not in opposition.

The Global Fund's already-considerable leadership in strengthening health systems is set to expand. The seventh grant cycle, launched this year, combined with additional pandemic preparedness funding reinvested from its COVID-19 Response Mechanism, will enable the Global Fund to invest significantly increased sums in strengthening health system capacity.

Investment through the Global Fund is certainly not the only pathway to Universal Health Coverage, but this analysis suggests it will be an indispensable partner in achievement of this goal. Given its dramatic success in fighting AIDS, TB and malaria; its track record of investing in cross-cutting systems; and its unique model emphasizing results, equity and engagement, the Global Fund should play a central role in global efforts to achieve access to quality health services for all.



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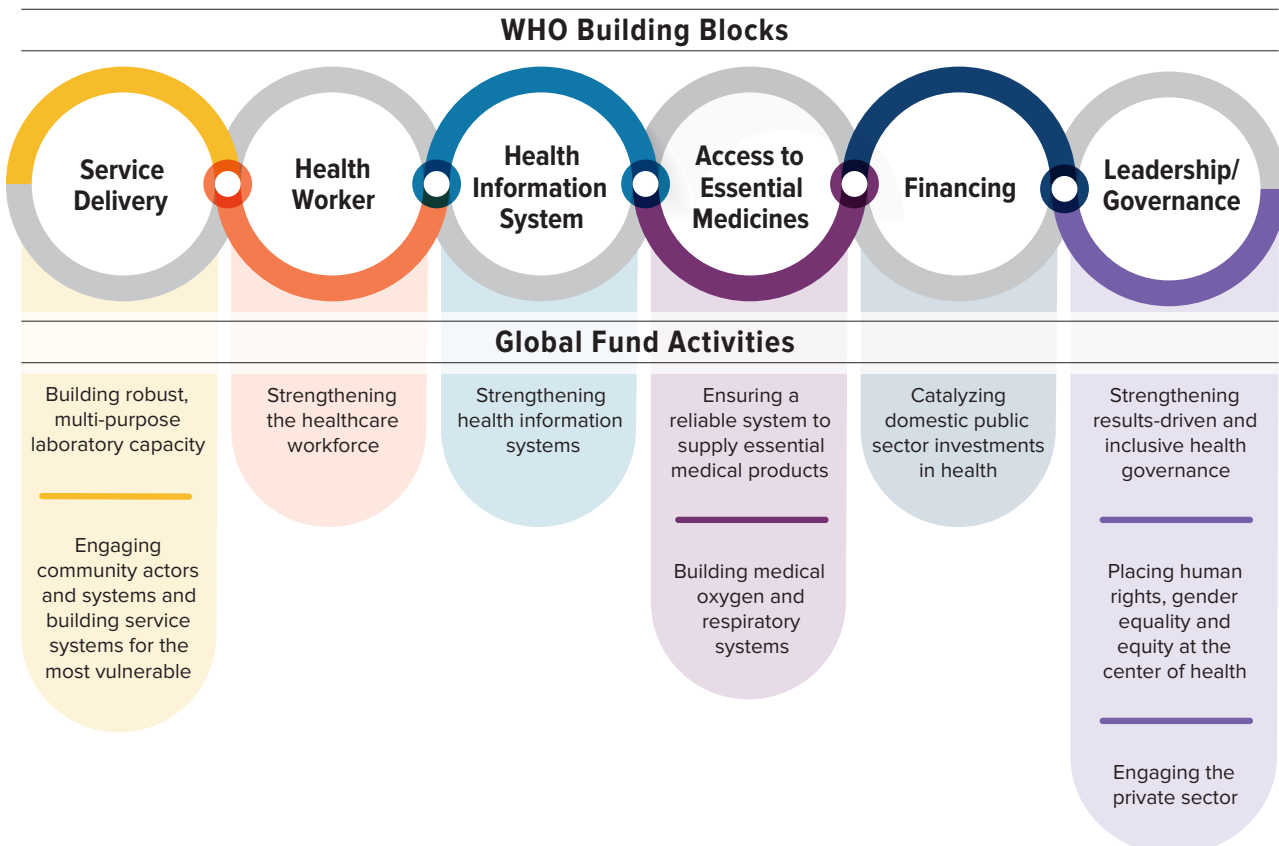
## Background

The global community has embarked on an unprecedented effort to achieve Universal Health Coverage – enabling all people to access “the full range of quality health services they need, when and where they need them, without incurring financial hardship.”<sup>1</sup> This goal is undoubtedly ambitious, but we know from experience that it is achievable. Pathfinders in the quest for Universal Health Coverage include countries from diverse income levels that have rapidly expanded health coverage, such as Brazil<sup>2</sup>, Indonesia<sup>3</sup>, Rwanda<sup>4</sup> and Thailand.<sup>5</sup>

Globally, important progress has been made in expanding health service access<sup>6</sup>, but an estimated 3.1 billion people – roughly 40% of the world’s population – still lack access to meaningful health coverage<sup>7</sup>, and roughly 2 billion people confront the risk of “catastrophic or impoverishing health spending.”<sup>8</sup> Closing coverage gaps will require unprecedented investments in health systems in low- and middle-income countries.<sup>9</sup>

Given the urgency of expanding meaningful health coverage and the enormity of the health coverage gap, the world needs to leverage every available opportunity to advance towards Universal Health Coverage. This includes taking optimal advantage of the infrastructure established through the more than five-fold increase in development assistance for health over the last two decades.<sup>10</sup>

### GLOBAL FUND: HIGH IMPACT INVESTMENTS IN THE FOUNDATIONS OF UHC



The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has helped drive the historic surge in international health financing. When they think about the Global Fund, many observers focus on financing for antiretroviral drugs, malaria tests and bednets, and tuberculosis diagnostic machines and medicines. Less understood is the Global Fund's substantial and growing role in building the health systems and contributing to the global public goods in health<sup>11</sup> needed to achieve and sustain Universal Health Coverage.

This issue brief explores the critical role the Global Fund plays in helping countries advance towards Universal Health Coverage and identifies opportunities for increased impact. It looks at 10 health system areas that are critical to Universal Health Coverage.

This analysis aims to explore, clarify and explain the central role of the Global Fund in building the health systems needed for Universal Health Coverage and in contributing to improved, equitable health outcomes *beyond* HIV, tuberculosis and malaria. It focuses on several key questions:

- Do Global Fund investments advance progress towards Universal Health Coverage, and if so, how?
- Do Global Fund investments benefit people with health conditions other than the three focus diseases?
- Are there country examples of how Global Fund investments have built health system functions that are essential for Universal Health Coverage?
- How could the Global Fund do even more to support health systems improvements?
- How can Global Fund support best be leveraged to help realize the vision of Universal Health Coverage?

To undertake this study, we analyzed both peer-reviewed and grey literature regarding the essential health system components for Universal Health Coverage and the investments the Global Fund has made in each of these components. To complement the desk review, we conducted interviews with more than 40 key informants, including global health experts, national health ministry officials, program implementers, evaluators, community representatives, civil society and Global Fund staff.

This report summarizes our findings. Brief chapters focus on key health systems components that are the building blocks of Universal Health Coverage. The chapters identify how the Global Fund has invested in each area, whether and how these investments have yielded health benefits both within and beyond the Global Fund's three focus diseases, how these investments support efforts to build the foundation for Universal Health Coverage and both results achieved and challenges encountered. Country examples of the impact of Global Fund investments are provided in each section. These thematic chapters provide a historical overview of Global Fund investments, with a particular focus on the current implementation period for Round 6 (2021-2023), the COVID-19 response mechanism (C19RM) and plans for Round 7 (which will support program implementation in 2024-2026).

## EXAMPLES OF GLOBAL FUND INVESTMENTS THAT ARE GLOBAL PUBLIC GOODS IN HEALTH



## THE GLOBAL FUND'S STRATEGY FOR RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

From its earliest days, the Global Fund recognized that well-functioning health systems are essential to the fight against AIDS, tuberculosis and malaria. Global Fund grants have therefore prioritized strengthening the health systems that are charged not only with addressing the three priority diseases but numerous other health problems as well.

Over the previous two three-year grant cycles (the fifth and sixth), the Global Fund devoted a third of its grants to health systems improvements. The Global Fund's new strategy for 2023-2028 aims to go even further.<sup>12</sup> It calls for even stronger and more purposeful efforts to build resilient and sustainable systems for health, with a specific focus on strengthening primary health care to deliver integrated, people-centered services.

Going into the latest, seventh round of funding, the Global Fund is encouraging countries to include in their proposed funding increased investments devoted to resilient and sustainable health systems. Country dialogues for the development of funding proposals are mandated to move beyond disease-specific silos to identify and prioritize cross-cutting health system interventions.

Rather than *support* the health system, Global Fund investments will now specifically focus on *strengthening* the health system for all people, including but not limited to those affected by HIV, tuberculosis and malaria. This includes shifting more explicitly to integrate screening and treatment for non-communicable diseases and broader primary care in its investments to build resilient and sustainable systems for health.<sup>13,14</sup> To monitor the impact of these investments, the Global Fund will not only continue measuring HIV, TB and malaria outcomes but also monitor how investments promote integrated, people-centered primary care.

Even prior to the launch of round seven of funding, the Global Fund began implementing this new approach through its C19RM funding stream, which has unused funds as a result of decreased need for COVID-19 commodities. The Global Fund is working with countries to repurpose unspent funds for C19RM to strengthen key health system functions. The Global Fund has developed a performance framework for repurposed C19RM funding and made available to countries focused technical assistance to maximize the impact on health systems.



Photo: Health care workers in a Global Fund supported mobile clinic in Tserovani, Georgia, analyze a digital x-ray image taken of a patient. The Global Fund/Anush Babajanyan.

## Universal Health Coverage: The critical importance of health systems

The vision of Universal Health Coverage requires more than that everyone receive *some* form of health coverage, no matter how meager. To be meaningful, Universal Health Coverage requires that health services are of good quality and that they meet the needs of every individual.<sup>15, 16</sup> This, in turn, demands health systems that are robust, resilient, inclusive, sustainable, people-centered and oriented towards ready access to primary health care.

That Universal Health Coverage depends on strong health systems is well understood.<sup>17</sup> The World Health Organization has identified six building blocks for strong, sustainable health systems – leadership and governance; service delivery; health system financing; health workforce; medical products, vaccines and technologies; and health information systems.<sup>18</sup> Each of these building blocks must be in place and work synergistically together to ensure that all diseases and conditions – maternal and child, infectious diseases and chronic illnesses like heart disease, diabetes and cancers – reach everyone in manner that is affordable, accessible and suited to the needs of each individual.

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During the last two decades, the Global Fund has invested more than US\$55 billion in health systems and services in low- and middle-income countries and saved an estimated 59 million lives.<sup>19,20</sup> During the 2021-2023 funding cycle, the Global Fund invested \$4.9 billion, or \$1.5 billion a year, in formal and community health systems through their core grants and COVID-19 response – about one-third of total investments.<sup>21</sup> An independent review of the Global Fund’s investments by Pharos Global Health found that 33% of Global Fund core grants approved during the 2017-2019 and 2020-2022 funding cycles were devoted to pandemic preparedness.<sup>22</sup>

During its current funding cycle (2023-2025), the Global Fund aims to do even more to provide cross-cutting support for health systems. The Global Fund’s strategy calls for stronger and more purposeful efforts to build resilient and sustainable systems for health, with a specific focus on strengthening primary health care to deliver integrated, people-centered services.<sup>23, a</sup> The Global Fund is already implementing this new approach and is working with countries to reinvest more than \$2 billion in COVID-19 funding for health systems and pandemic preparedness now that countries have pivoted away from purchasing COVID-19 commodities.

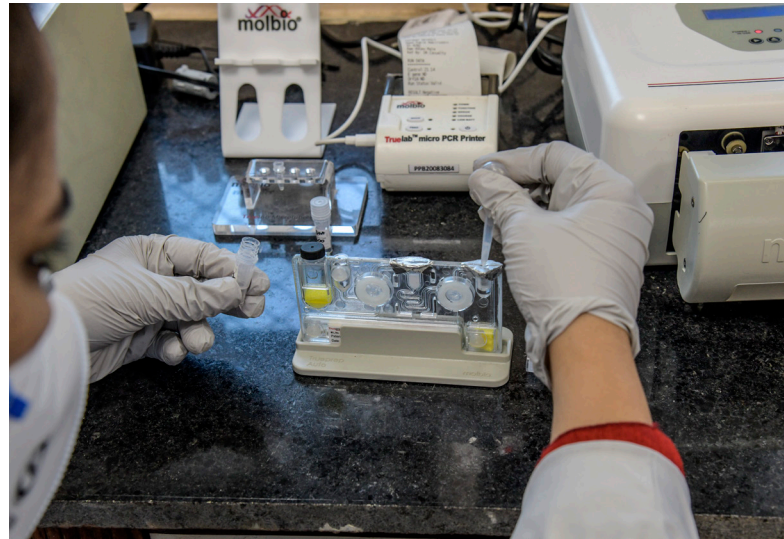
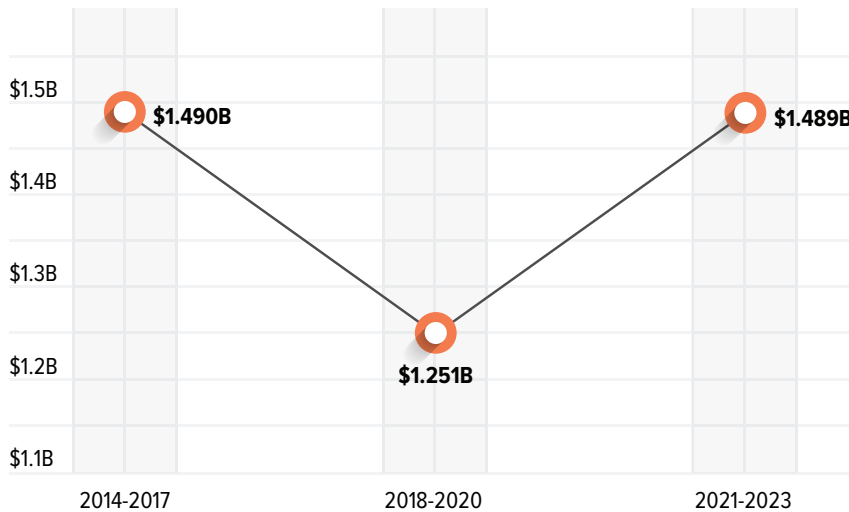


Photo: A laboratory technician at Nair Hospital in Mumbai, India, uses the Truenat diagnostic platform to test for COVID-19. The Global Fund/ Atul Loke/Panos

### OVERALL HEALTH SYSTEMS STRENGTHENING INVESTMENTS



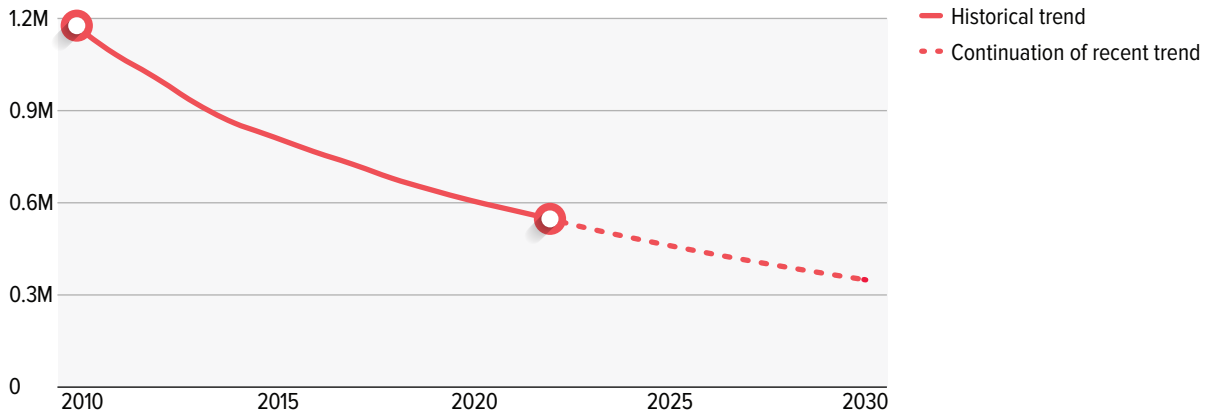
Source: Global Fund

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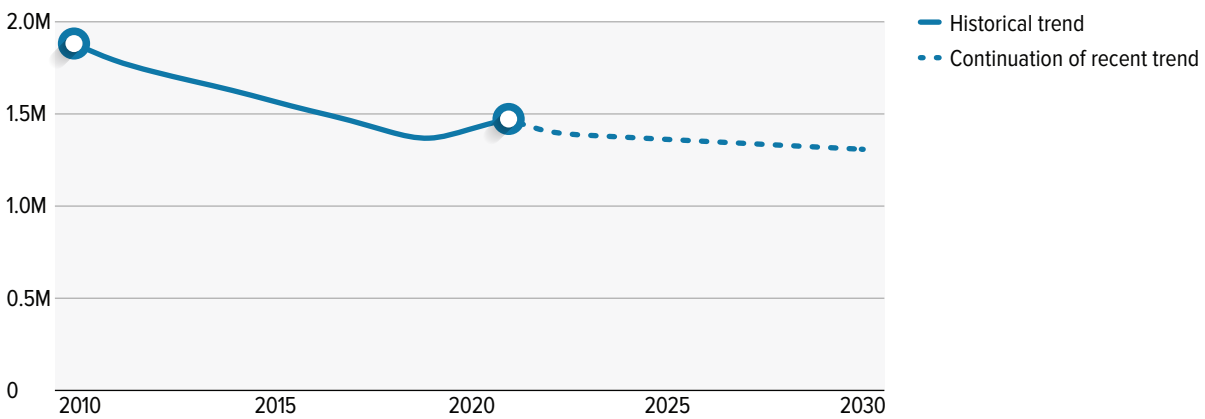
a According to WHO, integrated people-centered care is a “holistic approach that puts the comprehensive needs of people and communities, not only diseases, at the center of health systems.” It means “providing health services at the right time, in the right places in the right way, locating services close to people and communities.” People-centered care is respectful and responsive to people’s needs. (WHO, Integrated people-centered care, [https://www.who.int/health-topics/integrated-people-centered-care#tab=tab\\_3](https://www.who.int/health-topics/integrated-people-centered-care#tab=tab_3)).

## REDUCED MORTALITY IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

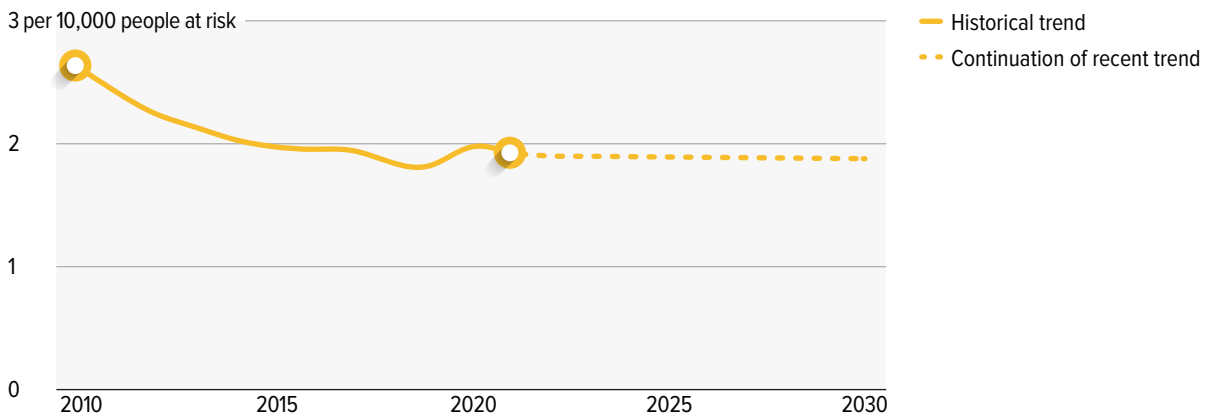
### AIDS-related deaths



### TB deaths



### Malaria mortality rate





# How the Global Fund helps build the health systems needed for Universal Health Coverage

The review summarized here found that the Global Fund is making critical contributions towards nearly all of the WHO building blocks for strong health systems. Below are 10 examples examining the Global Fund's overall role as well as country-specific examples of impact.

## 1. Strengthening the health workforce for primary care

The health workforce is arguably the single most important element of any health system, and no path to Universal Health Coverage is feasible without a strong, resilient, well-prepared health workforce. Health workers build trusting relationships with the communities they serve, diagnose and treat disease, monitor health outcomes and provide advice and guidance on health issues. According to one recent estimate, the health workforce represents two-thirds of projected resource needs for pandemic preparedness and response.<sup>24</sup>

The world is currently 15 million workers short of the minimum health workforce required. There are especially acute shortages in low-income countries, where health worker density (by population) is 6.5-fold lower than in high-income countries.<sup>25</sup> Additional health workforce challenges include an inequitable distribution of health personnel, inadequate skills and sub-optimal matching of workforce skills with population needs, and high turnover, which is often exacerbated by inadequate salaries, poor working conditions, gender inequities and in some cases out-migration as a result of the availability of superior pay and working conditions in high-income countries.<sup>26</sup>

### The Global Fund's role

Global Fund financing helps build a robust health workforce and is helping close health workforce gaps in dozens of countries. Global Fund grants underwrite the education and recruitment of health workers as well as measures to improve their performance, including in-service training, integrated supportive supervision and roll-out of digital tools to support service delivery.<sup>27</sup> The Global Fund also supports analytical tools and exercises to inform and guide comprehensive national planning to close health workforce gaps<sup>28</sup> including sponsoring health labor market analysis using the recommended WHO methodology<sup>29</sup> in a range of countries in Africa and Asia.

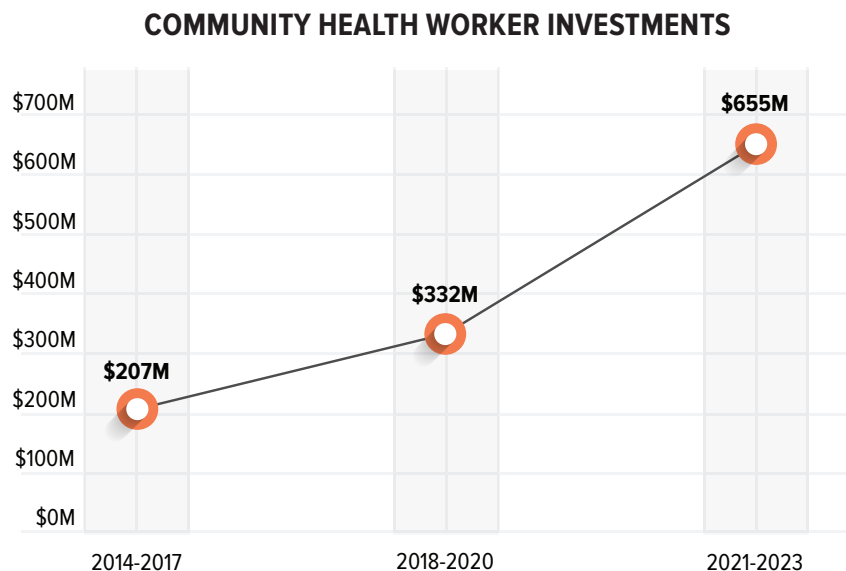
A recent mapping of Global Fund support for Joint External Evaluation capacities for pandemic preparedness in 10 countries found that 37% of the organization's investments in detecting health emergencies was dedicated to the health workforce.<sup>30</sup> In addition to health workforce financing through its normal funding rounds, the Global Fund also supports catalytic measures to mobilize investments for health workers, including the Africa Frontline First Catalytic Fund, which

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*Photo:* Community health worker Marc Ilboudo uses a mobile application during a consultation with a child in Pousghin, Burkina Faso. The Global Fund/Olympia de Maismont.

**In its grants for 2021-2023, the Global Fund invested \$583 million in community health workers, doubling the amount from the previous cycle.**



Source: Global Fund

aims to generate at least US\$100 million in new funding for an expanded health workforce in Africa.

Community health workers represent a unique cadre of health workers and constitute a crucial pillar of the Global Fund's efforts to strengthen the health workforce for people-centered primary health care. Coming from the communities they serve, trained community health workers are trusted sources of advice and health services, linking health services with communities that are not always well served by mainstream service systems, in many cases reaching people with health services beyond HIV, TB and malaria. Numerous studies have found that spending on community health workers is a smart investment, yielding returns that markedly exceed amounts invested.<sup>31, 32, 33</sup>

In its grants for 2021-2023, the Global Fund invested \$583 million in community health workers, doubling the amount from the previous cycle, and total financing for community health workers is projected to reach \$900 million to \$1 billion in the current grant funding cycle for 2023-2025. There are more than 2 million community health workers in the countries where the Global Fund invests.<sup>34</sup> In this cycle, the Global Fund is moving beyond small-scale projects to support comprehensive, well-designed national community health worker initiatives and to transition towards medium- and long-term national planning and the mobilization of sustainable financing for the health labor force. Through this more strategic, longer-term approach, the Global Fund aims to support institutionalized and sustainable community service systems capable of delivering integrated health services.

### Impact beyond AIDS, TB and malaria – country examples

These investments are closing health workforce gaps in countries across the world and generating benefits that extend well beyond the Global Fund's three priority diseases. Global Fund support played a critical role in the establishment of national community health worker programs in Ethiopia and Rwanda, recognized worldwide as leaders in health workforce innovation. Implementation of Ethiopia's Global Fund-supported community health worker program has been associated with marked improvements in key indicators of adolescent well-being, including

**Global Fund support played a critical role in the establishment of national community health worker programs in Ethiopia and Rwanda.**

educational enrollment, literacy and incidence of child marriage and adolescent pregnancy.<sup>35</sup> The cross-cutting benefits of Global Fund spending on the health workforce became especially clear during COVID-19, when health workers supported through the Global Fund swiftly pivoted to provide critical COVID-19-related services.<sup>36</sup>

The broad health benefits of Global Fund investments in community health workers can be seen in Mali<sup>37</sup>, where funding from the Global Fund supported the national scale-up of a program of dedicated supervision to more than 2,300 community health worker sites. Through this approach, 360-degree feedback and digital tools are now available to help supervisors improve community health worker performance. From June 2022 through June 2023, the proficiency of community health workers across disease sites increased (from 89% to 98%), as did the percentage of workers properly implementing family planning and the share correctly providing the recommended components of integrated community case management. Community satisfaction remains near-universal, with 98% of community members in Mali expressing satisfaction with the services provided by their community health workers.

In the Democratic Republic of Congo, more than 30,000 community health workers trained by the Global Fund and Gavi are providing primary health care in their communities, including vaccinations, nutrition and hygiene. Global Fund support has revitalized more than 15,000 village-level community associations (cellules d'action communautaire) to plan and provide services to address community needs. To promote accountability in this grant program, the Global Fund also supports systems of community-led monitoring in three provinces to improve the quality of primary care provided by community health workers as well as by health centers and hospitals.

In Zimbabwe, where the local currency lost much of its value, the Global Fund stepped in to pay the bulk of health worker remuneration and prevent a catastrophic erosion in the country's health workforce. While unsustainable over the long run, the Global Fund's flexibility prevented severe and potentially lasting damage to the country's health system.

In large countries, such as the Democratic Republic of Congo and Zimbabwe, the Global Fund has collaborated with other international partners to allocate responsibility for community health worker initiatives across different provinces. Although this has helped expand coverage of this critical health workforce approach, country-level informants also said this approach sometimes created different remuneration and supervision approaches for health workers in different parts of the country, potentially impeding countries from defining unified national rules and approaches for guiding the recruitment, training, deployment and integration of community health workers in primary care delivery. Efforts will be needed to further harmonize and align diverse donor-based community health worker initiatives and to build national capacity to assume a greater share of health workforce costs.

## 2. Building robust, multi-purpose laboratory capacity

Laboratories are a cornerstone of Universal Health Coverage. Well-functioning, well-resourced laboratories ensure prompt and accurate diagnosis of disease, monitor individual and population-level health status and outcomes and inform and guide health workers in prescribing therapeutic and preventive interventions. The data generated through lab results inform strategic priority setting and national program planning. Investments in lab systems generate substantial human and economic returns, improving health outcomes, preventing the emergence or worsening of costly diseases,

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*Photo: Portrait of Habimana Jean Bosco (32), a lab scientist who received training in Ebola response and sample management, at the Gisenyi District Hospital lab, Rwanda. The Global Fund/ Nichole Sobecki.*



minimizing the emergence of multi-drug resistance and contributing to health equity.<sup>38</sup> The COVID-19 pandemic highlighted the critical importance of laboratory infrastructure, as many low- and middle-income countries struggled to respond to the pandemic due to their inability to perform large numbers of molecular assay tests (PCR) each day.

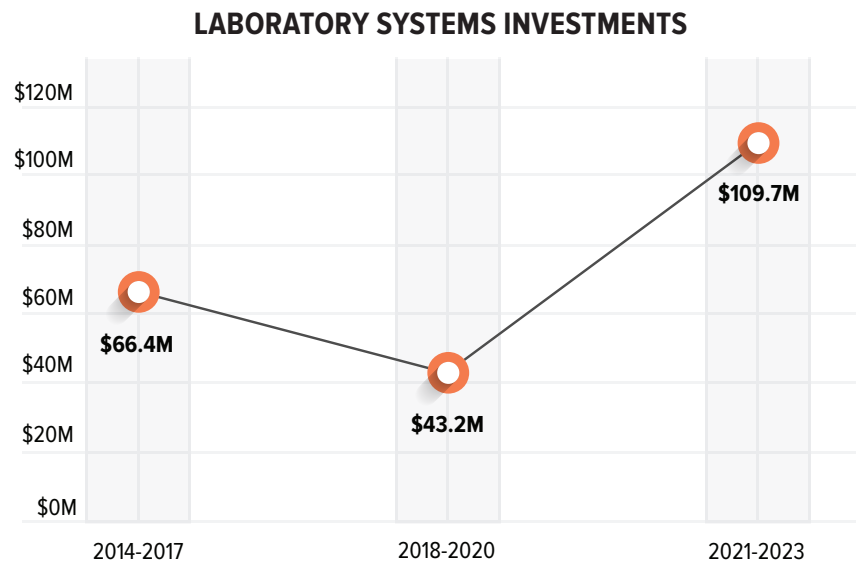
**The Global Fund’s role**

In close collaboration with other partners, such as the U.S. Government and the Pasteur Network, the Global Fund makes substantial strategic investments in laboratory capacity in low- and middle-income countries. In 2020-2022, the Global Fund invested more than \$345 million in laboratory functions, including diagnostics, reagents and other equipment.<sup>39</sup> Due in part to the infusion of substantial new resources through C19RM, the Global Fund’s investments in laboratory systems strengthening in 2020-2023 was more than five-fold greater than in 2017-2019.<sup>40</sup>

Global Fund grants include outlays for laboratory personnel and training, equipment management, laboratory information systems, specimen transport, diagnostic network optimization and quality management for tiered testing networks. They are beginning to include cutting-edge laboratory functions, including genomic sequencing, environmental surveillance, anti-microbial resistance surveillance and integrated human and animal disease surveillance. Global Fund investments build the capacity of laboratory professionals in low- and middle-income countries, including through scorecards to monitor lab system readiness, a centralized repository of laboratory e-tools and opportunities for South-South knowledge transfer.

**Impact beyond AIDS, TB and malaria – country examples**

Strategic laboratory investments by the Global Fund and other partners are generating broad-based health dividends that extend well beyond HIV, tuberculosis and malaria. During COVID-19, PCR machines purchased through Global Fund grants were swiftly repurposed for the rapid diagnosis of COVID-19. Mozambique leveraged Global Fund support through its special COVID-19 Response Mechanism funding



Source: Global Fund

**Strategic laboratory investments by the Global Fund and other partners are generating broad-based health dividends that extend well beyond HIV, tuberculosis and malaria.**

channel to renovate or rebuild seven provincial public health laboratories, buttressing diagnostic capacity for all infectious diseases.<sup>41</sup> Similarly, Gabon used Global Fund resources to create a national network of PCR platforms, ensuring access to this cross-cutting diagnostic tool in every region of the country. Global Fund support has helped enable Zambia to develop a national plan to optimize its integrated diagnostic network, including expanding the use of point-of-care PCR testing, which reduces burdens on centralized laboratories while facilitating faster diagnosis. Leveraging Global Fund resources, Tanzania optimized its laboratory sample referral and transport systems to reduce the turnaround time for test results, benefiting diagnostic efforts for all health conditions.

Building on this record, the Global Fund is working to further emphasize investments in cross-cutting laboratory functions for the 2023-2025 funding cycle. Moving forward, Global Fund investments aim to strengthen lab-related knowledge transfer and South-South collaboration; prioritize investments that enable rapid generation and effective use of high-quality data; address laboratory bottlenecks; and engage the private sector to deliver innovative solutions to laboratory challenges in resource-limited settings.

### ***3. Ensuring a reliable system to supply essential medical products***

Ensuring that diagnostics, therapies, vaccines and other health commodities are readily available when they are needed is critical to Universal Health Coverage. Each year, the Global Fund purchases over \$2 billion in health products for use in more than 100 countries.<sup>42</sup> At the same time, to ensure that these products reach those who need them and are available without interruption, the Global Fund annually invests roughly \$400 million in strengthening procurement and supply chain management.<sup>43, 44</sup> The Global Fund's investments have enabled remarkable increases in coverage of prevention and treatment interventions for HIV, tuberculosis and malaria.

In addition to their clear effects on service coverage for the three priority diseases, Global Fund investments in procurement and supply chain management are also generating cross-cutting health benefits beyond HIV, tuberculosis and malaria. The same freight systems that transport artemisin-based combination therapy for malaria are available for shipping medicines for hypertension, diabetes or myriad other health problems. Likewise, the warehouses that store antiretroviral medicines, condoms or rapid HIV test kits are also suitable for storing a broad range of other health products. The same is true for systems for distributing medicines to primary care sites and managing inventories, quality control measures and logistical expertise.

A supply chain roadmap guides the Global Fund's efforts to build robust, resilient and sustainable procurement and supply chain systems. Leveraging product management lessons learned from COVID-19 – about what worked and what didn't to ensure the availability of essential health products – the supply chain roadmap aims to elevate advocacy to build commitment to strengthen supply chains; ensure that supply chains are well-organized and professionalized; promote digitalization and the use of data to guide logistical planning and analytics; improve efficiency; and increase country stewardship, self-reliance and sustainability.<sup>45</sup> The Global Fund's support for supply chain strengthening is undertaken in close collaboration and alignment with other funding agencies.

**Mozambique leveraged Global Fund support through its special COVID-19 Response Mechanism funding channel to renovate or rebuild seven provincial public health laboratories, buttressing diagnostic capacity for all infectious diseases.**



*Photo:* The lab at the Primeiro de Maio Health Centre in Maputo City, Mozambique where blood samples are taken and tested, for malaria in particular. The Global Fund/ Karin Schermbucker.



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**Impact beyond AIDS, TB and malaria – country examples**

Investments by the Global Fund and their collaborating partners are generating lasting improvements in national supply chain systems, yielding benefits that extend well beyond HIV, tuberculosis and malaria. In Ghana, Global Fund financing is supporting an end-to-end transformation of the country’s health product supply chain to support national efforts to achieve Universal Health Coverage. Using a milestone-driven master plan, Ghana is rolling out its measures for last-mile distribution to all health facilities, optimizing warehouse management of commodities, developing a national framework for procurement of essential health commodities and integrating a logistics management information system to monitor supply chain performance.

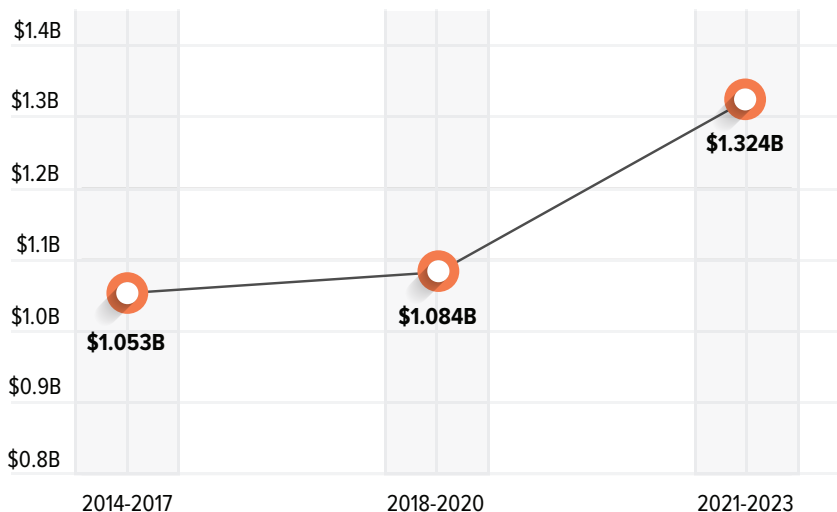
Malawi is using Global Fund support to transform its Central Medical Stores Trust into an operational center of excellence. Malawi has implemented a quarterly reporting regime for performance indicators on inventory management, wastage, on-time delivery and timeliness of re-supplies to the country’s 700 health delivery sites.

With Global Fund support, India is leveraging private sector innovations to improve supply chain performance. Through strategic engagement with the private sector for dedicated vehicles, courier services and electronic tracking of vehicles and documentation of delivery, India has achieved exceptional results – 98.84% on-time pickup for HIV and TB commodities, 98.2% on-time delivery and 100% delivery in full.<sup>46</sup> Even as performance improved following implementation of this public-private approach, supply chain costs actually declined. Lessons learned from this scheme, which is now being rolled out nationwide, can be applied to supply chain management for other health commodities on the road to Universal Health Coverage.

Currently, Global Fund uses a mix of procurement approaches for medical products, including international pooled procurement by the Global Fund, UNICEF and the United Nations Development Program, as well as national procurement. The

**In Ghana, Global Fund financing is supporting an end-to-end transformation of the country’s health product supply chain to support national efforts to achieve Universal Health Coverage.**

**INVESTMENTS IN HEALTH EQUIPMENT, RAPID DIAGNOSTIC TESTS AND REAGENTS**



Source: Global Fund

challenge going forward will be to adopt procurement practices that maximize national management of the process while obtaining the most advantageous prices and ensuring timely delivery of quality products to patients.

#### **4. Strengthening health information systems**

The Internet has transformed our world, and the many electronic communications innovations it has spawned have an enormous potential to transform health care and markedly improve health outcomes.<sup>47</sup> Universal Health Coverage will be impossible if multiple arms of the health system cannot communicate with each other or if health systems remain reliant on paper records or other analog data systems.

##### **The Global Fund's role**

Low- and middle-income countries are increasingly looking to digital solutions to improve health and well-being<sup>48</sup>, and the Global Fund is actively aiding these efforts, generating benefits that extend well beyond HIV, tuberculosis and malaria. Digital applications contribute to early warning of disease outbreaks, more effective use of data to improve patient health and the collection and analysis of health data to inform public health decision-making. As most health information software and databases have been built to respond to different diseases, services, health facility types and health system functions (e.g. supply logistics), the Global Fund is working with countries to bring these systems together in a single, integrated, inter-operative system.

The Global Fund and the U.S. government are the primary drivers of investments in digital health and in integrated health information systems in resource-limited settings. These investments aid health systems in transitioning to electronic health records, build the capacity of health workers to use digitized information to improve patient health, provide mobile communications technologies to community health workers and strengthen national health information systems to enable evidence-based decision-making and timely programmatic adaptation in response to emerging trends or patterns.

The Global Fund's investments in this arena are increasingly designed to make digital innovations usable across the health sector. Using a platform approach, Global Fund grants have supported national health information systems, which not only integrate digitized HIV, TB and malaria data but are also available for health monitoring more generally. In particular, the Global Fund, in collaboration with the University of Oslo and Gavi, have created digital packages and dashboards in line with WHO recommendations and DHIS2 specifications.

##### **Impact beyond AIDS, TB and malaria – country examples**

The Global Fund's investment in the Health Systems Information Program for West and Central Africa is helping establish integrated systems that enable countries to collect, manage, analyze and disseminate real-time health information – including for malaria, HIV, TB, immunization, disease surveillance, maternal and child health, nutrition and neglected tropical diseases like onchocerciasis, Guinea Worm and lymphatic filariasis. These systems build on recent efforts to generate data to manage and respond to COVID-19. The platform is now being used for real-time tracking of health campaign activities such as immunization – against yellow fever, meningitis and measles – and malaria campaigns in Burkina Faso, Cameroon, Congo, Guinea, Niger and Togo.

At the beginning of the project, in all countries across west and central Africa, representatives of different health programs were brought together to form a technical team, allowing for collaboration, integration,

**The Global Fund's investment in the Health Systems Information Program for West and Central Africa is helping establish integrated systems that enable countries to collect, manage, analyze and disseminate real-time health information – including for malaria, HIV, TB, immunization, disease surveillance, maternal and child health, nutrition and neglected tropical diseases.**

**Chronic respiratory disease is the third leading cause of death globally, with low- and middle-income countries having the highest rates.**

shared ownership of the system and data and access to all aggregate data. This collaborative planning allowed for reduction of the reporting burden and improvement of data quality and use across multiple health concerns. Users at all levels of the health system are reporting that this new level of data access and information on performance across sites is highly useful to their work.

## **5. Building medical oxygen and respiratory systems**

Medical oxygen is an essential component of primary health care and a critical element of Universal Health Coverage.<sup>49</sup> It is estimated that three to five million deaths occur from pneumonia and non-communicable respiratory diseases that could have otherwise been prevented with access to oxygen.<sup>50</sup> Chronic respiratory disease is the third leading cause of death globally, with low- and middle-income countries having the highest rates.<sup>51</sup> Among children under five, lower respiratory infections are a leading cause of death.<sup>52</sup> As the new *Lancet Global Health* Commission on Medical Oxygen Security advises, medical oxygen is recommended for “neonates in respiratory distress; infections including pneumonia, malaria, sepsis, and tuberculosis; chronic illnesses including chronic obstructive pulmonary disease, heart disease, and asthma; and surgery and trauma care.”<sup>53</sup>

The COVID-19 pandemic vividly underscored the crucial importance of medical oxygen, with one 10-country study of African intensive care units finding that one in two people who died of COVID-19 never received medical oxygen.<sup>54</sup>

In response to the critical shortage of medical oxygen during the COVID-19 pandemic, a significant share of the Global Fund's \$4.6 billion in extraordinary COVID-19 funding focused on strengthening respiratory care in low- and middle-income countries. Through mid-2022, the Global Fund had invested \$617 million in medical oxygen services, including oxygen supplies, distribution systems, hospital equipment needed to administer oxygen supplies and pressure swing adsorption (PSA) systems and cylinders to generate oxygen.<sup>55</sup> The Global Fund has supported countries in undertaking needed biomedical engineering to install medical oxygen systems, developed clinical guidelines and job aids to support effective use of these systems and provided spare equipment to enhance sustainability. As unused COVID-19 grants from 2020-2022 are reprogrammed for broader health system support, the amount allocated to oxygen will undoubtedly grow.

*Photo: Oxygen canisters at the Nyamata Mobile Treatment Center in Bugesera District, Rwanda. The Global Fund/ Brian Otieno.*



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### **Impact beyond AIDS, TB and malaria – country examples**

While initially motivated by a desire to aid in responding to the COVID-19 pandemic, the Global Fund's investment in expanded capacity for medical oxygen and respiratory systems will generate long-lasting benefits across the health system. In Kenya, the Global Fund procured more than 20,000 medical oxygen cylinders to build respiratory care capacity across the country's 47 counties, 22 oxygen production plants and ancillary equipment and tools to ensure last-mile access to more than 300 health facilities.<sup>56</sup> “The Global Fund came to Kenya's aid and supported us in coping with the overwhelming systemic burden of the pandemic with significant financial support,” said Kenyan President William Ruto. “More significantly, the Global Fund stands with us even now in the pandemic recovery phase as we take robust measures to remedy the systemic weaknesses exposed by the COVID-19 pandemic.”<sup>57</sup>

In Bangladesh, where medical oxygen is urgently needed to care for sick newborns and children, ensure delivery of safe anesthesia during surgery and enable critical care, the Global Fund financed 29 PSA oxygen-generating plants as part of a broad

national, multi-partner initiative to mainstream medical oxygen throughout the health system. Standard operating procedures are now in place to guide health managers, providers and technical staff in effectively



using medical oxygen to improve health outcomes for a broad range of diseases and conditions.

Further steps are needed to fully realize the benefits of medical oxygen in resource-limited settings. Studies to quantify and characterize investments for oxygen and respiratory care are needed to inform and guide funding requests, and the expanded access to medical oxygen and respiratory care must be matched by robust systems for tracking equipment and monitoring the quality of care. Additional technical support is required to enable assessment of health facilities in low- and middle-income countries for the complex process of developing specifications for sustainable PSA plants.

The Global Fund is co-chair, with Unitaid, of a new Global Oxygen Alliance (GO<sub>2</sub>AL). This new coalition is in the process of developing a new global strategy that will include mobilizing at least \$2.5 billion over the next five years for medical oxygen in low- and middle-income countries.

**The Global Fund is an early pioneer of this paradigm shift in global health governance and is recognized as a leader in the meaningful participation of civil society, communities and other partners in health decision-making.**

## **6. Strengthening results-driven and inclusive health governance**

Sound, inclusive governance is essential to Universal Health Coverage.<sup>58</sup> Effective health governance builds a robust coalition for health, ensures accountability for results and provides meaningful oversight and regulation of efforts to improve health.<sup>59</sup> During the 20th century, health governance tended to be predominantly governmental in nature, but there has been a growing emphasis in recent decades on bringing non-governmental voices to decision-making tables. A recent review of governance of global health initiatives found that inclusion of civil society and other non-governmental stakeholders strengthens health advocacy, enables health programs to be informed by the needs and perspectives of people who use health services and improves monitoring of health programs.<sup>60</sup>

### **The Global Fund's role**

The Global Fund is an early pioneer of this paradigm shift in global health governance and is recognized as a leader in the meaningful participation of civil society, communities and other partners in health decision-making.<sup>61</sup> The Global Fund's governing board includes as voting members not only governments from donor and implementing countries, but also affected communities, NGOs, private foundations and the business sector. In 2020-2022, the Global Fund invested \$16 million to support communities and civil society to participate in Global Fund processes.

The multi-stakeholder partnership model also governs how the Global Fund operates in the countries that receive health grants. Multi-stakeholder Country Coordinating Mechanisms are committees that convene country dialogues, develop funding proposals and monitor grant implementation. For example, Zimbabwe's Country Coordinating Mechanism includes representatives of the government (including multiple ministries and the National AIDS Council), civil society organizations (representing faith-based organizations, gender, youth, academia, key populations)<sup>b</sup>, international and national organizations working on the three diseases and private sector organizations large and small. Likewise, in Kenya, the Country Coordinating Committee includes not only government representatives and development partners, but also faith-based organizations, key population representatives, young people, both the formal and informal private sector, and people living with HIV, tuberculosis and malaria.<sup>62</sup> As key informants stressed, the country-level governance requirements for the Global Fund represent a departure from typical practice, where communities and most affected populations are frequently excluded from decision-making.

b Key populations include "gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners or other incarcerated people" (UNAIDS, Key populations, <https://www.unaids.org/en/topic/key-populations>).



## The Global Fund's innovative governance approach is being applied to broader health system strengthening, beyond specific programs focusing on HIV, tuberculosis and malaria.

### Impact beyond AIDS, TB and malaria – country examples

As the Global Fund implements its current strategy, which prioritizes investments in resilient and sustainable health systems, its innovative governance approach is being applied to broader health system strengthening, beyond specific programs focusing on HIV, tuberculosis and malaria. As part of country dialogues towards the development of national proposals for implementation in 2025-2028, the Global Fund is mandating dialogues specifically focused on building resilient and sustainable health systems. In Myanmar, the Country Coordinating Mechanism was expanded to become the Myanmar Health Sector Coordinating Committee, responsible for overseeing efforts to improve maternal and child health and to drive improved health coverage and population-based health status. In Honduras and Paraguay, the Global Fund and Country Coordinating Mechanisms hosted national workshops to define and prioritize health system investments.<sup>63</sup> Development of Zimbabwe's proposal for the next cycle of funding included five civil society dialogues as well as civil society input into proposal drafting.

Evidence indicates that the Global Fund's approach is improving governance at country level – for the health sector and even more broadly. An analysis of 112 low- and middle-income countries found that Global Fund support is associated with reduced corruption, enhanced government accountability, the rule of law, political freedoms and regulatory quality.<sup>64</sup>

In addition to its already substantial and growing footprint in building resilient and sustainable health systems, Global Fund governance can also serve as a model for governance of Universal Health Coverage. Among some commentators, worry has been expressed as to whether community and civil society engagement and attention issues of social justice, equity and human rights will be prioritized in Universal Health Coverage governance structures.<sup>65, 66</sup> The successful, multi-stakeholder model of Global Fund governance offers a potentially useful exemplar for more inclusive governance of Universal Health Coverage.

## 7. Engaging community actors and systems and building service systems for the most vulnerable

Community engagement goes beyond governance and involvement in Global Fund processes. At the grassroots, where the people who benefit from Global Fund grants live, strong, sustainable community systems are essential if we hope to achieve Universal Health Coverage.<sup>67, 68, 69</sup> Community-led, peer-based approaches to health service delivery, protection of human rights and advocacy have a unique and proven ability to improve access and outcomes, with especially pronounced benefits for marginalized populations that are inadequately served by government facility-based service platforms.<sup>70</sup>

*Photo: A community mobilizer supervises and checks in on Saw Hla Oo, a community malaria volunteer at his home in the village of Xwe Lay, Kayin State, Myanmar. The Global Fund/Quinn Mattingly.*



### The Global Fund's role

Since its inception, the Global Fund has funded civil society organizations as integral partners in the fight against AIDS, tuberculosis and malaria, supporting both home-based outreach as well as services in community centers or health clinics. By incorporating civil society-led activities in national and regional grants, the Global Fund helps ensure community efforts complement public sector activities to support achievement of the goals of individual grants. In addition to grant funding, community actors are also able to access technical support to build their capacity and address challenges and bottlenecks.

In 2022, approximately 28% of funding went to the community sector.<sup>71</sup> During the three-year period of 2021-2023, the Global Fund invested \$281.7 million to strengthen community systems.<sup>72</sup>

## Impact beyond AIDS, TB and malaria – country examples

Regardless of how they are financed – through disease-specific funding streams or through broad support for health systems strengthening – community-led responses generate wide-ranging health benefits. As one key informant said, “When a peer or community health worker encounters someone who is sick, they don’t ask, ‘Is this HIV? Is this TB? Is this malaria?’ They take that individual to the hospital, educate them and support them.” In the Democratic Republic of Congo, Global Fund grants support community-led programs that address water and sanitation, nutrition and other health problems in addition to AIDS, tuberculosis and malaria. Community-led responses have proven critical in responding to health emergencies, such as COVID-19 and Ebola outbreaks.<sup>73, 74</sup>

Global Fund support for communities is especially critical for the provision of essential health services to marginalized and highly stigmatized communities. In Kenya, the Global Fund supports a community-led health services program for men who have sex with men, which integrates health services and psychosocial support and in 2023 was providing antiretroviral therapy to 365 men.<sup>75</sup> In its sixth grant cycle, the Global Fund is supporting 35 community-led centers (or “safe spaces”) for men who have sex with men, transgender women and people who inject drugs in the Philippines, integrating biomedical and mental health services. In part as a result of funding provided through the Global Fund’s Breaking Down Barriers initiative, a community center with a multidisciplinary health staff was opened in Côte d’Ivoire to provide holistic services to people who use drugs.<sup>76</sup> The Global Fund supports prison health services, including a needle and syringe program in all adult detention facilities in Moldova that resulted in a 50% decline in new HIV and hepatitis C infections among prisoners over five years.<sup>77</sup> Support from the Global Fund has allowed the implementation of locally tailored programs to bring migrants into health systems, including in Thailand, where community health workers enroll migrants in a program that enables them to receive free care through hospitals, covering not only the Global Fund’s three priority diseases but also pregnancy, chronic care and other health problems.

Community-led monitoring of health services is another focus of Global Fund grants. Undertaken from the perspective of people who use health services, community-led monitoring provides critical feedback to national authorities, Country Coordinating Mechanisms and donors regarding service gaps and deficiencies – including stigma and discrimination, clinic wait times, medication stockouts and quality of care. In Malawi, Global Fund financing enables biannual joint supervision exercises, in which civil society and academic experts undertake systematic monitoring of service performance across the country. Community-led monitoring has led to important policy and programmatic changes to improve health service access and outcomes, including steps to make clinic attendance incentives more consistent and adequate in Haiti<sup>78</sup>, measures to reduce medicine stockouts and shortages in South Africa<sup>79</sup> and implementation of a new indicator in Sierra Leone to monitor HIV treatment interruption.<sup>80</sup> To encourage further scale-up of community-led monitoring, the Global Fund in 2022 convened 66 community-led monitoring implementers and technical assistance providers to document best practices for community-led monitoring.<sup>81</sup>

Building community capacity and supporting community-generated data also serve to strengthen civil society advocacy – for health broadly as well as for the Global Fund’s three priority diseases. For example, WACI Health has also undertaken extensive advocacy on primary health care<sup>82</sup> and on domestic health care financing in Africa.<sup>83</sup>

**Support from the Global Fund has allowed the implementation of locally tailored programs to bring migrants into health systems, including in Thailand, where community health workers enroll migrants in a program that enables them to receive free care through hospitals, covering not only the Global Fund’s three priority diseases but also pregnancy, chronic care and other health problems.**



**The Breaking Down Barriers initiative supports 20 countries to markedly scale up evidence-based programs to reduce human rights barriers to health services.**

**In countries receiving Breaking Down Barriers support, access to justice was improved for people living with or affected by the Global Fund's three priority diseases.**

Securing sustainable funding for community-led service delivery is essential to create a bridge to Universal Health Coverage. In Serbia and Montenegro, the Dominican Republic, Ukraine, Costa Rica and other countries, the Global Fund is working with national stakeholders and technical partners to develop social contracting and other government financing channels, enabling civil society organizations to receive funding for the delivery of community-tailored health services.

## **8. Placing human rights, gender equality and equity at the center of health**

Racism, human rights violations and inequitable gender norms contribute to poor health outcomes, with the burden primarily borne by women, girls, sexual minorities, racial and ethnic minorities and other marginalized populations.<sup>84, 85, 86, 87</sup> Without effective and sustained action to minimize these and other structural factors that diminish health service access and worsen health outcomes, the vision of Universal Health Coverage to enable healthy lives and well-being for all will not be realized.

### **The Global Fund's role**

As part of its overall support to countries to eliminate legal and other human rights obstacles, the Global Fund in 2017 created the Breaking Down Barriers initiative. The initiative supports 20 countries to markedly scale up evidence-based programs to reduce human rights barriers to health services.<sup>c</sup> The Global Fund invested \$45 million in the initiative from 2018 to 2020 and an additional \$41 million from 2021 to 2023. In countries participating in the Breaking Down Barriers initiative, Global Fund investments to dismantle barriers related to human rights rose more than 10-fold – from \$10 million in 2017 to \$130 million in 2023.<sup>88</sup>

A mid-term assessment found that Breaking Down Barriers had spurred substantial uptake of internationally recognized programs and interventions to address “stigma and discrimination, gender-based violence, punitive laws and policies, abusive law enforcement practices, disrespectful services, and inadequate services for people in prison.”<sup>89</sup> All participating countries have developed costed national plans to remove human rights- and gender-related barriers to services. In countries receiving Breaking Down Barriers support, access to justice was improved for people living with or affected by the Global Fund's three priority diseases. Numerous country recipients of Global Fund support implemented measures to address gender inequality and gender-based violence. A key outcome of the Breaking Down Barriers initiative is the empowerment of marginalized communities, as funding has improved their capacity for community mobilization and education and their space to engage in dialogue with key decision-makers.

### **Impact beyond AIDS, TB and malaria – country examples**

National approaches to advancing human rights included expanded programming to address gender-based violence in Benin, Democratic Republic of Congo and Mozambique; deployment of community paralegals in Tunisia and legal aid clinics in Cameroon to improve access to justice; formation of community advocacy coalitions in such countries as Honduras, Indonesia and the Philippines to change harmful, discriminatory laws and regulations; and the training of more than 1,000 police officers in Jamaica on protecting the human rights of people living with HIV and key populations. In Sierra Leone, a dialogue between government officials and civil society organizations resulted in official agreement to support needle and syringe programs – a decision that has now been communicated to all local police unit commanders across the country and that benefits not only the HIV response but also the response to viral hepatitis and other bloodborne infections.

<sup>c</sup> The 20 countries supported by the Breaking Down Barriers initiative include: Benin, Botswana, Cameroon, Democratic Republic of Congo (province level), Côte d'Ivoire, Ghana, Honduras, Indonesia (selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine.



Although *Breaking Down Barriers* is improving the situation, the mid-term assessment documented several areas where further efforts are needed, including improving links between health services and access-to-justice activities and further strengthening the ownership of a human rights-based approach by national governments.<sup>90</sup>

## 9. Catalyzing domestic public sector investments in health

Although major new international investments will be needed to achieve Universal Health Coverage, a primary route to reach this goal will be through domestic investments<sup>91</sup>, as the financing gap to achieve universal coverage in low- and middle-income countries is roughly 35 times total development assistance for health.<sup>92</sup>

Overall, government spending on health by low- and middle-income countries, especially in sub-Saharan Africa, has increased.<sup>93</sup> However, spending patterns vary considerably between countries, and amounts currently invested are substantially short of amounts required to achieve and sustain Universal Health Coverage.<sup>95, 96</sup> In lieu of essential public sector investments, many countries have relied on out-of-pocket expenditures by the users of health services<sup>97</sup> which often deter people from using the health services they need and also risk impoverishing or further impoverishing already-vulnerable households. A key aim of Universal Health Coverage is to sharply lower or eliminate altogether out-of-pocket costs.

### The Global Fund's role

The Global Fund's funding model incentivizes countries to increase domestic investments in health. Whereas development assistance for health has traditionally come in the form of unconditional grants or concessional loans, the Global Fund requires that all countries receiving a grant allocate additional domestic resources to health amounting to at least 15% of the grant amount, on top of the level of government funding that went to the three diseases and related health systems investments during the previous three-year period.<sup>98</sup> In Vietnam, for example, the Global Fund is asking that the country expand its AIDS, tuberculosis and malaria financing by \$17.2 million, or 15% of their allocation for 2024-2026, on top of the \$434.2 million that Vietnam committed to spend in 2021-23. In Benin, the Global Fund is asking the country to increase its spending on the three diseases and on health systems strengthening by \$15.5 million in the next three years, in addition to the \$53.3 million that Benin already pledged to contribute in 2021-2023.

The Global Fund supports increased domestic health financing in other ways. The Global Fund supports the African Leadership Meeting, which in 2019 ratified the Addis Ababa Commitment towards Shared Responsibility and Global Solidarity for Increased Health Financing. The Global Fund is now aiding African countries in convening national health financing dialogues to explore ways to enhance the magnitude and equity of health financing. This includes encouraging countries to include HIV, TB and malaria services in their new or enhanced national health insurance packages, and identifying financial mobilization strategies to cover associated costs, such as through a combination of general taxation and special levies (such as a share of value-added taxes, as in Ghana, or levies in tobacco and alcohol, as in Thailand) that are earmarked for health. The Global Fund has worked with countries such as the Dominican Republic, Morocco and Nigeria to explore innovative means to generate sufficient domestic health financing to include HIV in national health insurance packages.

### Impact beyond AIDS, TB and malaria – country examples

The Global Fund also works to improve the efficiency and impact of health investments. With support from the Global Fund, five countries have benefited from public



*Photo:* Volunteer health workers like Suzy Haylock (right, pictured with her partner Federico Calderon) are at the heart of Honduras' fight to eliminate malaria. The Global Fund/Tomas Ayuso/Panos.

**The Global Fund's funding model incentivizes countries to increase domestic investments in health. Whereas development assistance for health has traditionally come in the form of unconditional grants or concessional loans, the Global Fund requires that all countries receiving a grant allocate additional domestic resources to health.**

## The Global Fund plays a unique role in the global health space by systematically engaging diverse private sector actors.

*Photo:* In Burkina Faso, community health volunteers receive a refresher training course the day before the second cycle of a nationwide Seasonal Chemo Prophylactic (CPS) campaign to reduce the prevalence of malaria in children under five. The Global Fund / JB Russel / Panos.



financial management assistance to enhance the functioning of public sector systems, and the project is now being expanded to an additional 31 countries.<sup>99</sup> Countries that have participated in the public financial management initiative have reported a three-fold improvement in grant financial performance. Under its current strategy, the Global Fund has intensified its support for public financial management assistance, including a focus on better engaging finance ministries and integrating disease-specific assistance into existing public financial management systems, which will help ensure that learning from Global Fund grants will resonate across each country's health system.

Further catalyzing domestic investments will require careful navigation of challenges and complexities. Continuing economic disruptions due to COVID-19, a deepening debt crisis in many countries and other factors are limiting domestic health system investments at the very time when they are urgently needed to meet the 2030 target for Universal Health Coverage.<sup>100</sup> The Global Fund's health financing strategies are taking into account this riskier global economic environment by seeing ways to continue promoting domestic financing without unduly burdening vulnerable countries.

### 10. Engaging the private sector

While governments have a responsibility to lead national efforts to expand health care access, Universal Health Coverage will not be achieved without the active engagement of private sector actors.<sup>101</sup> The private sector delivers more than half of health services<sup>102</sup> – including 57% in Southeast Asia, 62% in the eastern Mediterranean and almost 40% in Latin America, the Caribbean, Africa and the western Pacific. The private sector is a driver of innovation in the health field – developing new or improved diagnostic, preventive and therapeutic technologies, creating digital tools to improve health service delivery and the efficiency of procurement and supply chains, and enhancing professional education.

The private sector is also a potentially important source of funding for efforts to achieve Universal Health Coverage. In a number of countries that have achieved Universal Health Coverage, contributions by the business sector have closed key gaps and helped create a seamless system of health insurance coverage.<sup>103, 104</sup> As of January 2022, the private sector and non-government partners had contributed \$3.6 billion to the Global Fund, expanding the reach and impact of Global Fund grants beyond what would have been achieved through a sole reliance on traditional government donors.

#### The Global Fund's role

The Global Fund plays a unique role in the global health space by systematically engaging diverse private sector actors.<sup>105</sup> The private sector constituency is represented on the Global Fund's governing board, involving private actors in the formulation of policy and strategic decisions. The Global Fund works with countries to ensure appropriate governance and regulation of all inputs to the health system, including both public and private sector actors. The Global Fund's support for national health information systems enables transparent reporting of and accountability for private sector activities in the health arena, while the Global Fund's innovative approach to commodity procurement, including its use of pooled purchasing, helps ensure that private sector innovations are affordable and accessible in resource-limited settings. The Global Fund encourages countries to use their grant requests to obtain support for diverse pathways for private sector engagement, taking steps to ensure that engagement is country-owned, aligned with nationally determined strategies, focused on clear strategic

goals and outcomes and positioned to generate needed evidence – recommended principles for private sector engagement towards Universal Health Coverage.<sup>106</sup>

The Global Fund has launched a series of catalytic funds that aim to mobilize and fully leverage the technical and financial resources of the private sector to strengthen health systems and pave the way towards Universal Health Coverage. The catalytic funds aim to attract new funding, technology and technical support from the private sector for community health worker programs, digital health and laboratory systems.

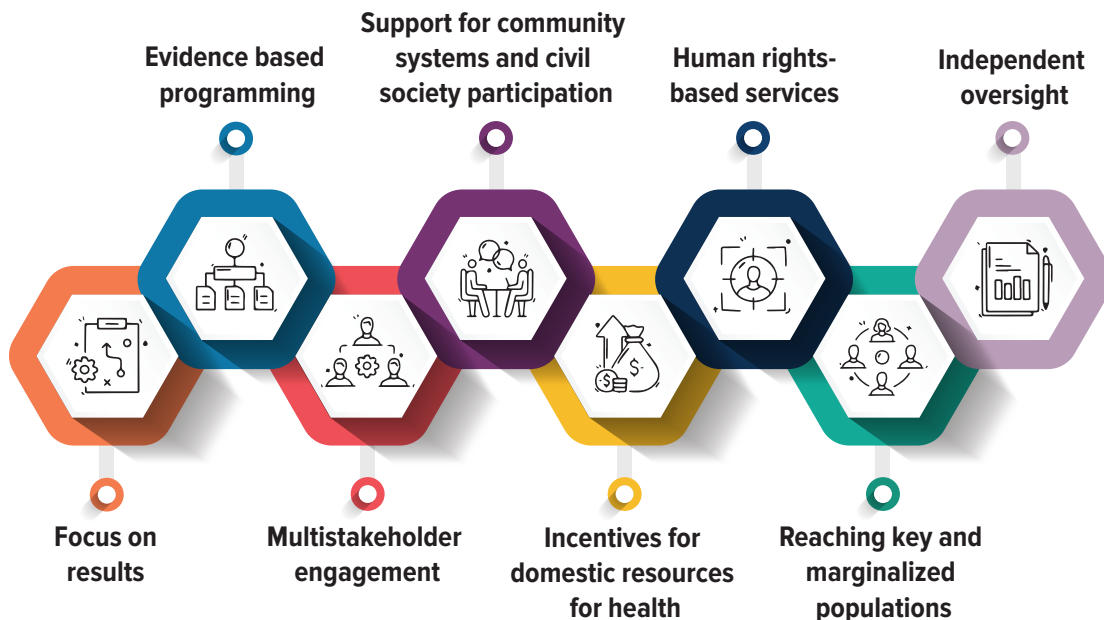
**Impact beyond AIDS, TB and malaria – country examples**

To strengthen the collection and use of community health data to detect emerging health problems and improve public health interventions, the Global Fund has joined with the Rockefeller Foundation to create the Data Science Catalytic Fund. This \$25 million initiative is focused on supporting the integration of community data into national health information systems in Burkina Faso, Ethiopia, Rwanda and Uganda. Working with tech companies, the initiative is supporting the transformation of national information systems through the deployment and integration of cutting-edge digital tools. The initiative is supporting Burkina Faso in developing a national roadmap for community health digitization and aiding Rwanda in rolling out a new community health information system.

The potential of public-private partnerships to build robust, resilient, people-centered health systems is evident from the Global Fund’s partnership with Zenysis Technologies. Headquartered in San Francisco and Cape Town, Zenysis has developed a software platform that integrates a broad array of health information – including multiple public and private sector reporting systems that use diverse reporting systems and methodologies – into a single point of access and analysis. Rolled out in 10 countries supported by the Global Fund, the innovation makes it easier for the full array of health professionals – from health planners to program implementers to individual health providers – to use all available data to devise and continually improve health interventions. In Togo, for example, the Global Fund’s partnership with Zenysis integrated seven separate data sources to enable the country to better understand malaria transmission patterns and to identify and address supply chain inefficiencies.<sup>107</sup>

**The Data Science Catalytic Fund is supporting Burkina Faso in developing a national roadmap for community health digitization and aiding Rwanda in rolling out a new community health information system.**

**COMPONENTS OF THE GLOBAL FUND MODEL NEEDED IN UHC**



Although the private sector has a clear role to play in advancing towards Universal Health Coverage, engaging the private sector “requires navigating a labyrinthine array of political, organizational, economic and legal/regulatory factors.”<sup>108</sup> While many private sector actors are making concrete contributions to health systems, the practices of other private sector entities may exacerbate health problems by contributing to obesity, air pollution and use of alcohol and tobacco.<sup>109</sup> The Global Fund’s systematic approach to private sector engagement aims to prioritize positive contributions from private partners and ensure that public-private initiatives are country-owned and aligned with national health strategies.

## Moving forward: Accelerating progress toward Universal Health Coverage

This review indicates that the Global Fund is advancing progress towards Universal Health Coverage in two primary ways. First, by catalyzing gains towards ending AIDS, tuberculosis and malaria, the Global Fund is contributing towards a key milestone on the road to UHC and is showing how major global disease threats can be addressed “universally,” reaching all affected citizens in each country. Second, by strengthening the health systems on which Universal Health Coverage depends, the Global Fund is yielding benefits that extend well beyond its three priority diseases.

*Photo: Yulia Malik, 29, an advocate with 100% Life for HIV and TB awareness, talks to an outreach officer with a harm reduction NGO during appointments with formerly incarcerated people on probation at the Ministry of Justice in Kharkiv, Ukraine. The Global Fund/Ashley Gilbertson.*



**The Global Fund is contributing towards a key milestone on the road to UHC and is showing how major global disease threats can be addressed “universally,” reaching all affected citizens in each country.**

While documenting the substantial health dividends yielded by Global Fund investments, this review has also identified areas where further adaptations and improvements could maximize the broader health systems impacts and wider benefits of Global Fund support to assist countries in moving faster toward Universal Health Coverage. These include:

- Developing with countries a stronger framework for supporting effective country governance, operational planning and prioritization and monitoring and evaluating progress in different health systems areas;
- Investing more in building the capacity of countries to mobilize expanded national co-financing for health systems and essential public health functions;
- Assisting countries to manage health financing and to include HIV, TB and malaria services in their Universal Health Coverage benefit packages using pooled funding;
- Promoting epidemic-ready primary health care to ensure strong links between Universal Health Coverage and pandemic prevention, preparedness and response;
- Continuing to build the Global Fund’s in-house expertise on health system areas while at the same time drawing more on the expertise of other agencies.



## Building the bridge to Universal Health Coverage: An expanded role for the Global Fund

**The Global Fund's already-considerable leadership in strengthening resilient and sustainable health systems is set to expand even further.**


The world must leverage every possible resource in working to close health coverage gaps and build a durable foundation for ensuring health and well-being for all. The Global Fund can play a major role. In just over 20 years the Global Fund has rapidly become one of the world's leading providers of health assistance, much of which is contributing directly to the march toward Universal Health Coverage.

Having already saved 59 million lives, the Global Fund has catalyzed remarkable progress in fighting the leading infectious causes of death worldwide. Building robust protections against these infectious diseases is a major contribution to achieving Universal Health Coverage. The global community has endorsed ambitious targets to "leave no one behind" in the efforts to end AIDS, TB and malaria and to ensure health and well-being for all, at all ages. In the historic effort to achieve Universal Health Coverage, the Global Fund's successful efforts to leave no one behind in the fight against the leading infectious diseases are providing proof of concept and inspiring broader action across the health agenda.

The Global Fund's already-considerable leadership in strengthening resilient and sustainable health systems is set to expand even further. In its projected \$13.1 billion in investments for 2023-2025, the Global Fund expects around 30% to be invested in strengthening health systems. In addition, with the decline in COVID-19 cases, countries are wisely choosing to prioritize reinvesting COVID-19 funding, enabling over \$2 billion in additional health systems and pandemic preparedness investments. Going forward, with the new grant round combined with reprogrammed COVID-19 funding, the Global Fund is on course to invest significantly increased sums in strengthening health system capacity to deliver integrated primary care – an infusion of new resources that will expand health care capacity and improve health service outcomes.

Given its success in fighting AIDS, TB and malaria; its track record of investing in cross-cutting systems; and its unique model emphasizing results, equity and engagement, the Global Fund offers a critical pathway to Universal Health Coverage. By fully and strategically leveraging Global Fund investments, countries can work to build the health systems needed to make health coverage meaningful for all, including the most vulnerable and marginalized.

*Friends of the Global Fight produced this brief with the research and writing support of Mike Isbell and technical suggestions from Robert Hecht of Pharos Global Health Advisors and the Yale School of Public Health.*



**Given its success in fighting AIDS, TB and malaria; its track record of investing in cross-cutting systems; and its unique model emphasizing results, equity and engagement, the Global Fund offers a critical pathway to Universal Health Coverage.**

## Endnotes

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