

Joint Statement of EECA, EMR, ESA, SEA and WCA Constituencies

The Global Fund is developing its next strategy! That's the buzz word in global health, especially among partners that are integral to the fund. With 2030, the year the global community agreed to end HIV, TB and malaria, nearly on the horizon, much is expected from the Global Fund's strategy.

The public seats within the Implementer Group are united among a number of top priorities for the next strategy. In particular, we are united in having a strategy that builds on the current strategy's strong on resilient and sustainable systems for health (RSSH). A continuing prioritization of RSSH is critical not just for ending AIDS, TB and malaria but also for attaining Universal Health Coverage (UHC). The next Global Fund strategy must therefore be intentional about RSSH remaining a priority, with a very clearly spelt out role for the Global Fund and also for other partners to ensure accountability for results.

At the same time, the government constituencies are urging the Global Fund to monitor and proactively react in the EECA, EMR, ESA, SEA and WCA regions which are facing huge challenges with the Covid-19 pandemic. As we know, countries and health systems of EECA, EMR, ESA, SEA and WCA countries are right now faced with a new wave of the Covid-19, which is expected to worsen in upcoming weeks and months. EECA, EMR, ESA, SEA and WCA regions remain one of the worst affected regions, and we are gravely concerned with the rise of cases and response to pandemics. EMR is a main area where internal and cross-border conflicts occur while struggling with malaria, TB and HIV. Thus, it should be a focus for HSS and facilitating access to services for affected populations. Humanitarian crises pose important challenges in EM region which hosts a large number of refugees and displaced people due to ongoing conflicts or post-conflicts making very difficult the management of COVID-19 pandemic. Clearly, the demands presented to the health systems are beyond the capacities and we are calling for the Global Fund to provide flexibilities and support EECA, EMR, ESA, SEA and WCA countries urgently in response to pandemics with a close collaboration with the national health authorities and provision of quick support to the countries.

THE CASE FOR RSSH

a) Governance and Leadership

To foster stronger political will and leadership the post-2022 strategy focuses on:

- Strengthen political leadership by increasing government oversight role on HIV, TB, Malaria and NCDs interventions to promote sustainability;
- Strengthen government involvement and participation to ensure health systems are resilient in the aftermath of Covid-19;
- Strengthen policy coordination on KP programming, access to services and addressing human rights issues and gender equality;
- Strengthen existing policies/standards/guidelines for an integrated people-centered health service response in the fight against AIDS, TB, malaria and NCDs and ensure stigma and discrimination is addressed, KPs have access to prevention and care services;

- Promote multi-sectoral coordination to facilitate the development and implementation of sectoral investment plans, including infrastructure, equipment, human resources for a sustained health system;
- Strengthen national mechanisms, collaboration and coordination across sectors, ministries, between public and private sectors, regulatory organs and alignment of resources for AMR;
- Include all levels of government in advocacy efforts and encourage transparency and accountability.

b) Health Financing

Globally, leaders have made commitments to increased funding for health. Operationalizing these declarations and the frameworks with clear timelines and milestones can bring countries to account. It is important that the post-2022 GF strategy targets these high-level recommendations and:

- Synergizes efforts between ministries of health and ministries of finance to increase overall fiscal space to finance health and ensuring macro-economic variables such as high debts and interest rates do not crowd out;
- Promotes private sector/communities/civil society engagement through strategic purchasing and corporate social responsibility;
- Addresses decline fiscal space progressive taxation to increase benefits for the most vulnerable populations;
- Allocates additional resources into primary health care as a key driver to achieving UHC goals;
- Enhances capacity of countries on technical and allocative efficiency to ensure available resources are invested in programs with maximum impact;
- Ties policy targets with financial protection to reduce out-of-pocket expenditure and attain UHC;
- Fosters strategic collaboration for domestic resource mobilization and advocates for strong leadership to promote investment decision trade-offs, accountability and efficiency;
- Incentivizes countries to come up with innovative ideas that shape how investments in epidemic constrained economies could shape up.

It should be noted that COVID-19 pandemic has impacted the health programs and the economies in two regions leading to further weakening of health systems and reducing of domestic resources mobilization. Providing more flexibility and more technical assistance are very important interventions to support countries.

c) Human Resources for Health and Community Systems Strengthening

There is need for the Global Fund to:

- Invest in strengthening task shifting/sharing to address developmental and implementation gaps arising from HRH shortages;

- Increase investments in HRH for sustainability and push government to increase counter-part funding by committing funds within national and sub-national budgets;
- Provide mechanisms for countries to retain and augment capacity of critical staff in periods of health system shocks, at both facility and community levels through incentivizing public health physicians who are in the public health sector, so they remain competitive;
- Strengthen the governance and leadership of human resources for health through the development of normative guidance and the fostering of effective national coordination and social accountability;
- Work with countries to enhance policy oversight for CSS and ensure guidelines and protocols are localized and made widely available to support service provision and task shifting;
- Invest in building the capacities of community-based organizations, community actors and civil society to support linkage, advocacy, community-led surveillance, prevention, community monitoring and reporting, mobilization and representation in decision making and program implementation.

d) Health Management Information Systems (HMIS)

The post-2022 strategy should:

- Enhance interoperability across disease programs to allow data interchange, reduce data re-entry and promote person-centred approach;
- Strengthen the integration of already existing tools and optimize data collection across multiple intervention while ensuring that the tools are person-centred as opposed to disease-centred;
- Scale up data audits/assessments to ensure accurate and high-quality granular data are collected at sub-national levels;
- Invest in health information systems to ensure timeous data collection, processing and dissemination for quick course correction, while at the same time ensuring duplicate roles which impact on data quality are eliminated across all levels of the HMIS;
- Strengthen community surveillance systems on HIV, TB and malaria and integrate with the national electronic systems;
- Invest in and build the capacity of HRH for a strong organizational leadership to manage the HMIS;
- Forge innovative partnerships with technology providers to enable uptake of digital health services - data collection and entry, including implementing to scale interoperable systems that enhance data interface with other sector data, e.g., private and community vital registrations, displaced population, service delivery, logistics and procurement. This should include use of low-cost and accessible technologies in low-bandwidth settings to reach as many people as possible;
- Establish integrated lab surveillance systems to detect resistance for the three diseases (HIV, TB and malaria) and other emerging diseases and address issues of drug resistance which is threatening;
- Strengthen pharmacovigilance and quality assurance for diagnosis and treatment.

e) PSM & Market shaping

Countries should leverage on the post-2022 strategy and use the GF resources to:

- Improve data generation for improved focusing and distribution system to avoid stockouts which can lead to the treatment discontinuation, the development of resistance with serious consequences on people's health;
- Strengthen compliance through enhancing guidelines and protocols;
- Facilitate price negotiation and move towards pooled procurement;
- Lobby for access to quality assured and affordable medicine;
- Address issues of quality of medicines, short shelf life and safeguard against counterfeits;
- Repurpose medicines produced so that they do not cause harm;
- Lobby for the automation of the supply chain, from ordering to distribution;
- Capacitate human resources to manage the supply chain at the peripheral level;