



World Health
Organization



Applying a **Primary Health Care**
approach to investments by

**The Global fund to fight aids,
tuberculosis and malaria**

Applying a Primary Health Care approach to investments by the Global Fund to fight AIDS, Tuberculosis and Malaria

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PREFACE

This document is one of a series of overviews of Global Health Initiatives, developed to provide WHO staff and their partners with a summary of the strategic goals and purpose, operations, and core processes of selected Global Health Initiatives (GHIs), and how a Primary Health Care (PHC) approach can optimize the support provided by those GHIs. It includes information on how to apply PHC principles, particularly those in the PHC Operational Framework, to inform WHO staff working with countries to optimally use the opportunity of GHI and other donor funding to advance a PHC approach to attaining Universal Health Coverage (UHC). The document was developed in collaboration with WHO staff at all three levels of the organization (Headquarter, regional level and country office level), as well as the secretariats of The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Gavi, the Vaccine Alliance, and The Global Financing Facility for Women, Children and Adolescents (GFF). Additional inputs were received from a diverse range of global, regional and national experts.

The aim of this overview is:

- To provide WHO and Global Fund staff with practical information that they can apply to assist member states to access and optimally use GHI and other donor funding and support, while applying PHC principles to the design, implementation and monitoring of such investments; and
- To present practical examples, links to key references, and lessons learnt on feasible ways to apply the [primary health care operational framework](#) to funding requests. It includes examples and case studies showing how primary health care approaches are used to optimize Global Fund investments at the country level.

The principal target audiences for this document include WHO country and regional office staff who are working on GHI and related donor funding requests; Global Fund staff supporting countries to implement or reprogrammed donor support; Ministry of Health counterparts, such as those from Planning, Budgeting, Health Systems and various disease- or programme-specific and external consultants who support any aspect of GHI funding. This reference will be of use to both those familiar with GHIs who wish to learn more about PHC approaches, as well as PHC and health systems strengthening (HSS) experts who are increasingly called to help inform development and implementation of GHI support at the regional and country level.



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Tova Tampe and Thomas O'Connell (Global Health Expert, former WHO Staff) provided overall technical leadership and coordination. The principal writing team consisted of Lundi-Anne Omam, assisted by John Grundy and Dijana Spasenoska.

Significant contributions to the overall concept of this overview was provided by WHO Head Quarter and Regional Office teams as well as members of the Global Health Initiative Task Team: Alastair Robb, Elena Altieri, Annalise Guisset, Archana Shah, Blerta Maliqi, Casey Downey, Cherian Varghese, Christophe Schmachtel, Clarisse Mason, Denis Porignon, Frédérique Geron, Gerard Schmets, Gina Samaan, Giorgio Cometto, Herman Montenegro, Hernan Von Muhlenbrock, Isadora Quick, Jan Hendrik Schmitz Guinote, John Fogarty, Linda Lucy Boulanger, Ludy Suryantoro, Mai Eltigany, Maria Skarphedinsdottir, Menno Van Hilten, Nathalie Vande Maele, Nicoletta De Lissandri, Nuria Toro Polanco, Richard Carr, Richard Gregory, Samir Sodha, Sean Cockerham, Shamsuzzoha Babar Syed, Shannon Barkley, Sophie Genay-Diliautas, Stephanie Anh Ngo, Susan Sparkes, Temo Waqanivalu. Valuable Inputs were made by staff of the Global Fund to Fight AIDS, Tuberculosis and Malaria: George Shakarishvili, Sandra Irbe; Erin Ferenchick; Ana Alvarez-Nieto; David Nash-Mendez. A number of colleagues from WHO Regional Offices made pertinent suggestions to this overview including Irtaza Chaudhri, Awad Mataria, Faraz Khalid, Omar Sam, Cyprian Humphrey Karamagi; Juliet Nabyonga, Soledad Urrutia, Amalia Del Riego and Ogochukwu Chukwujekwu.

ABBREVIATIONS AND ACRONYMS

CCM	Country Coordinating Mechanism
COE	Challenging Operating Environment
COVID-19	Coronavirus Disease 19
C19RM	COVID-19 Rapid Response Mechanism
Global Fund	Global Fund to fight AIDS, Tuberculosis and Malaria
GC7	Grant Cycle 7 of the Global Fund (related to allocation cycle 2023-2025)
GHIs	Global Health Initiatives
HQ	Head Quarter
HSS	Health Systems Strengthening
LFA	Local Fund Agent
MoH	Ministry of Health
PAAR	Prioritized Above Allocation Request'
PHC	Primary Health Care
RSSH	Resilient and Sustainable Systems for Health
RO	Regional Office
SDG	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
UQD	Unfunded Quality Demand
WHO	World Health Organization

SETTING THE SCENE

The international community is becoming increasingly concerned about the need to increase the efficiency of aid to enhance health outcomes and strengthen health systems. Global Health Initiatives are recognized as models of development assistance to fight diseases in low-middle income countries^{1,2}. Global Health Initiatives and partnerships are highly diverse in nature, scope and scale. Most are partnerships for specific conditions or populations which focus on advocacy, coordination, resource mobilization and technical support³.

The Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) is a Global Health Initiative that provides disease-oriented and health systems strengthening funding to low-middle income countries. Founded in 2002, the Global Fund mobilizes and invests more than US\$4 billion per year in more than 100 countries. With the strain the COVID-19 pandemic has exerted on health systems, the need to put reliable information and tools in the hands of health professional have never been more important to optimize investments at country level for universal health coverage using a primary health care approach^{4,5}. This overview of the Global Fund summarizes its structure, the scope of support, and provides guidance on the application of a primary health care lens to the fight against HIV, tuberculosis and malaria. Whilst this overview primarily targets WHO staff, it will be available for use by Global Fund staff, in-country partners and the Ministries of Health.

This document is divided into two main parts:

Part 1

Presents an overview of the Global Fund and its investment approach

Part 2

Provides a summary of applying a primary health care lens to Global Fund investments

Throughout this overview we share tools, resources and key notes to facilitate access to important information. These key resources and tools are hyperlinked throughout this document. A detailed database of primary health care resources and case studies have been compiled and made available in the [primary health care tool box](#).

¹ Oliveira Cruz, V., McPake, B. Global Health Initiatives and aid effectiveness: insights from a Ugandan case study. *Global Health* 7, 20 (2011). <https://doi.org/10.1186/1744-8603-7-20>

² Hanefeld J. How have Global Health Initiatives impacted on health equity? *Promotion & Education*. 2008;15(1):19-23. doi:[10.1177/1025382307088094](https://doi.org/10.1177/1025382307088094)

⁴ Okereke, M., Ukor, N. A., Adebisi, Y. A., Ogunkola, I. O., Favour Iyagbaye, E., Adiola Owbor, G., & Lucero-Prisno III, D. E. (2021). Impact of COVID-19 on access to healthcare in low-and middle-income countries: current evidence and future recommendations. *The International journal of health planning and management*, 36(1), 13-17.

⁵ Leach, M., MacGregor, H., Scoones, I., & Wilkinson, A. (2021). Post-pandemic transformations: How and why COVID-19 requires us to rethink development. *World Development*, 138, 105233.





Part 1

An overview of the Global Fund

1.1

Introduction

The Global Fund is a worldwide movement to defeat HIV, TB and malaria (GF) and ensure a healthier, safer, more equitable future for all.

HIV, tuberculosis and malaria continue to ravage families and communities, meanwhile the majority of these deaths are preventable if communities have universal access to quality health care. Primary health care is essential and the gateway to achieving universal health coverage. With outbreaks like Covid-19 and Ebola, health systems across the globe have been tested like never before, with the increase in preventable deaths resulting from disruption in services. Achieving the Global Fund's new [2023-2028 strategy, which places an increasing focus on health systems](#), will require bold steps towards strengthening primary health care, as part of these overall health system strengthening efforts.

1.2

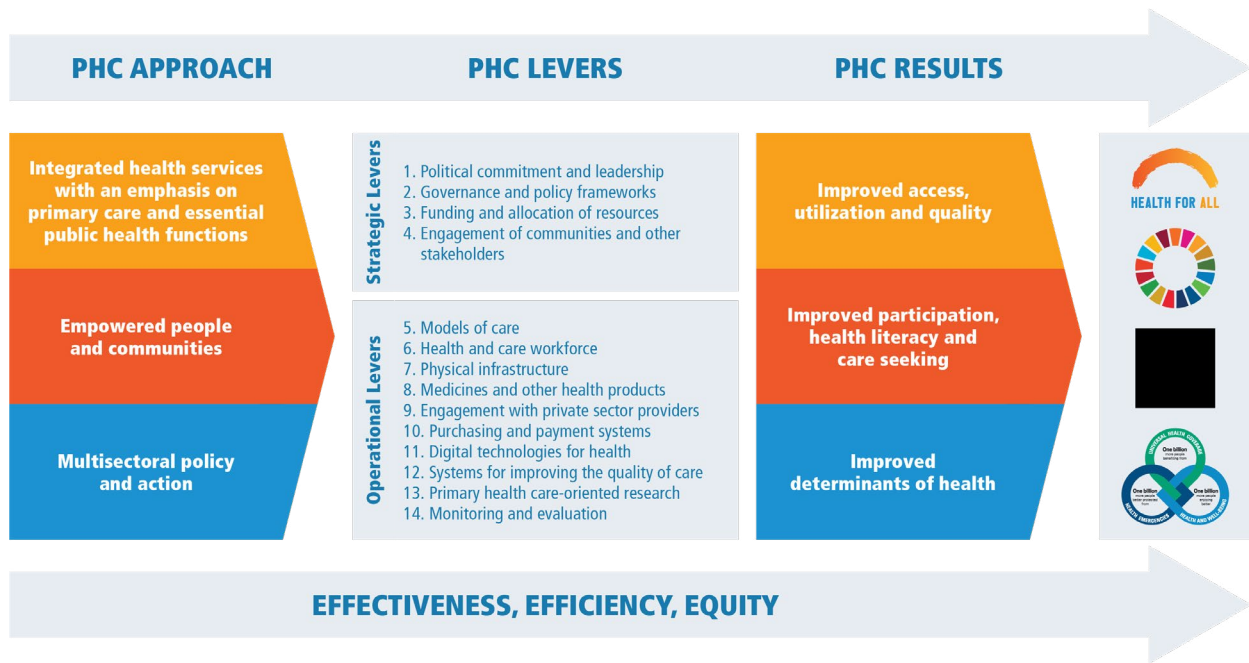
Overview of PHC and PHC operational framework

Forty years after the declaration of Alma Ata in 1978, country governments reaffirmed their commitment to primary health care as key in the achievement of health for all in the [Astana Declaration](#). The [Astana Declaration](#) reaffirmed PHC as the corner stone of health systems strengthening with proven links to improving health outcomes, equity, increasing health security and improving cost efficiency.

PHC is an approach that strengthens health systems and maximizes the level and distribution of health and well-being. PHC does this by: i) putting primary care and the essential public health functions together, at the core of integrated health services; ii) leveraging multisectoral policy and action; and iii) empowering people and communities as co-creators of their health (Figure 1)⁶. The three components are encapsulated in the [14 levers of the PHC operational framework](#), in the form of practical actions and interventions that can accelerate progress in strengthening disease-specific programmes and services. To guide countries in accessing decisions and actions implemented to strengthen PHC to achieve universal health coverage, a global normative PHC measurement and monitoring framework has been developed and can be accessed [here](#).

⁶ World Health Organization & United Nations Children's Fund (UNICEF). (2020). Operational framework for primary health care: transforming vision into action.

Figure 1: PHC Theory of Change



Primary Health Care is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment.



1.3

The Global Fund Support at a glance

The Global Fund is an international financing mechanism, which is a partnership between governments, civil society, the private sector and people affected by the diseases whose mission is to attract, leverage and invest additional resources to end AIDS, tuberculosis and malaria as epidemics, and support the attainment of the Sustainable Development Goals (SDGs). Eligibility is determined by a country's income classification, as measured by gross national income per capita, and official disease burden classification for HIV, tuberculosis, and/or malaria. Because the Global Fund is a financing mechanism and not an implementing agency, the institution has no direct presence in recipient countries and works through a variety of implementing partners.

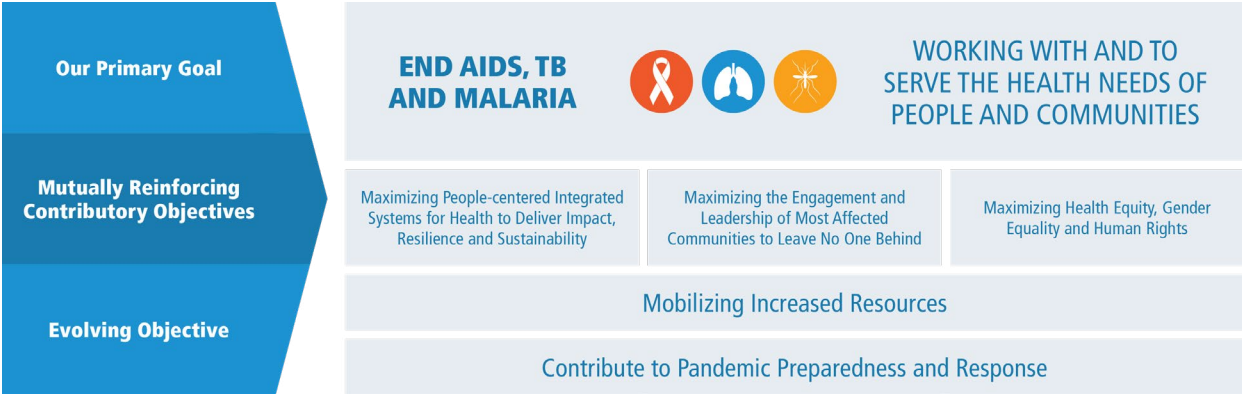
1.3.1 Strategic Goals

The Global Fund has developed an ambitious new Strategy (Figure 2) [Fighting Pandemics and Building a Healthier and More Equitable World 2023 – 2028](#). Its primary goal is ending AIDS, tuberculosis and malaria and has three strategic objectives: maximizing people-centred integrated systems for health to deliver impact, resilience and sustainability; maximizing the engagement and leadership to most affected communities to leave no one behind; and maximizing health equity, gender equality and human rights.

Of vital importance over the coming decade is the fact that WHO will be working with Global Fund's implementing partners to ensure that investments are fully aligned with the guidance in the PHC Operational Framework. The Global Fund is committed to support programs through primary care service delivery points, including facility-based and community-led, providing a range of services which are not limited to HIV, tuberculosis and malaria⁷. The Global Fund's approach to [strengthen resilient and sustainable systems for health](#) (RSSH) captures the key principles of primary health care which is needed in leaving no one behind. RSSH is about strengthening government and community health systems which includes the formal health system, services provided by communities, the private sector and other providers.

⁷The Global Fund to fight AIDS, Tuberculosis and Malaria (2019). Focus on Universal Health coverage- the Global fund to fight AIDS, TB and Malaria.

Figure 2. Global Fund’s Strategy Visual, 2023-2028



1.3.2 Types of financial support under the Global Fund Strategy 2023 - 2028

The Global Fund allocates funding to countries to support HIV, tuberculosis and malaria programs and to build resilient and sustainable systems for health. These allocations which are focused on disease burden and country incomes, are made every three years at the beginning of a new funding period. The Global Fund designates funds to countries through: country allocations, catalytic investments, and the Register of Unfunded Quality Demand. More recently, the Global Fund introduced the C19RM ([the COVID-19 Response Mechanism](#)), with aim to support countries to mitigate the impact of COVID-19 on national HIV, tuberculosis and malaria control programs. Each country submits a funding request as seen on the table 1 below.

Table 1: Types of financial support

Components of country financial support

Country Disease Allocations	
Definition	This is the designated funding made available by the Global Fund for eligible countries across eligible disease components for the applicable allocation cycle. Note that eligibility does not guarantee an allocation. The vast majority of Global Fund financial support is delivered through its country allocations.
Additional References	Country disease allocation methodology 2023-2025 2023-2025 Allocation funding Frequently Asked Questions on 2023-2025 Allocation Period Eligibility determinations

Catalytic Investments

Definition	<p>In addition to funding for country allocations, some countries may also access catalytic investment funding, where the Board approves a portion of resources to address issues which cannot be adequately addressed by the country allocations alone. This is done through matching funds, multi-country approaches (see below), or strategic initiatives. If a country is awarded matching funds it is expected to apply for these funds along with the funding request for the allocation amount.</p> <p>For the 2023-2025 funding period, catalytic investments comprise:</p> <ul style="list-style-type: none">• Matching funds to incentivize the programming of country allocations for priority areas.• Multi-country approaches for critical, pre-defined areas in geographic regions. Specific countries are invited to submit such a proposal.• Strategic initiatives that support the success of country allocations but cannot be funded through disease-specific components of grants. The strategic initiatives are overseen by the GF secretariat and provide support to specific countries depending on the scope of the initiative.
Additional References	<p>Catalytic Investments</p> <p>Frequently Asked Questions on Matching Funds for the 2020-2022 Allocation Cycle</p> <p>Catalytic Multi-country Funds - Applying for Funding - The Global Fund to Fight AIDS, Tuberculosis and Malaria</p>

Innovative Finance

Definition	<p>The Global Fund connects countries with a range of partners – private sector investors, philanthropists, civil society organizations, and multilateral donors – to develop and implement practical, innovative finance mechanisms to increase the impact against the three diseases. These solutions complement government spending and amplify domestic health financing.</p>
Additional References	<p>Innovative Finance - Applying for Funding - The Global Fund to Fight AIDS, Tuberculosis and Malaria</p>

Register of Unfunded Quality Demand

Definition	<p>Countries are encouraged to include with their funding application a 'Prioritized Above Allocation Request' (PAAR) to identify priority interventions that should, but cannot yet, be fully funded through the allocation amount.</p> <ul style="list-style-type: none"> • The PAAR lists prioritized and costed modules and interventions not included in the allocation amount. • Should be at least 30% of the allocation amount. • Must be submitted at the same time as the funding request. Can be updated later in the cycle only under certain conditions. • The Technical Review Panel reviews the PAAR with the main funding request, applying the same review criteria. • The Technical Review Panel considers whether interventions in the PAAR are technically sound, strategically focused and positioned to achieve the highest impact. • Approved interventions are transferred to the Register of Unfunded Quality Demand (UQD) and can be incorporated into grants and funded if efficiencies savings are found, or if additional resources become available.
Additional References	<p>Frequently Asked Questions: The Register of Unfunded Quality Demand</p> <p>Prioritization Framework for Financing Items on the Register of Unfunded Quality Demand</p> <p>LFA Manual</p>

Other elements relevant to Global Fund financial support

Challenging Operating Environments

Definition	<p>COEs refer to countries or unstable parts of countries or regions, characterized by weak governance, poor access to health services, limited capacity and fragility due to man-made or natural crises. COEs may be experiencing either acute or chronic instability which will be considered in tailoring the country approach.</p> <p>COE portfolios often face heightened programmatic and implementation challenges, for which the GF has adopted a differentiated approach, with increased flexibility for funding, to increase the impact of Global Fund investments in COEs.</p>
Additional References	<p>Challenging Operating Environments Policy</p> <p>Global Fund Emergency Fund: The Emergency Fund Initiative</p>

Strategic Framework for Collaboration between WHO and the Global Fund

Definition	<p>In 2023, the WHO and the Global Fund signed a new five-year framework building on the previous agreement in 2018, designed to build stronger and more resilient health systems and maximize collaboration and impact in support of country, regional and global responses to major communicable diseases.</p> <p>It aligns with the 2023-2028 Global Fund Strategy and the WHO General Programme of Work, which put communities at the centre of the health response and also address pandemic preparedness and challenges posed by climate change. The framework fits with broader collaboration platforms to accelerate support to countries to achieve the health-related Sustainable Development Goals (SDGs) including Universal Health Coverage (UHC). The Strategic Framework is the foundation for the development of prioritized region-specific collaboration.</p>
Additional References	<p>Strategic Framework for Collaboration between the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization (2018)</p> <p>WHO and GFATM sign a new and revised Strategic Framework for Collaboration (2023)</p>

Sustainability

Definition	<p>A core component of a funding request is to explain how much the applicant has contributed and plans to contribute to specific program areas, to identify key challenges to sustainability and explain how the applicant plans to build their programs sustainably and eventually transition from Global Fund support.</p>
Additional References	<p>The Global Fund Sustainability, Transition and Co-financing policy</p>

Co-financing

Definition	<p>Co-Financing requirements to access allocations include two core requirements: 1) progressive government expenditure on health; and 2) progressive absorption of key program costs. In addition, to further encourage domestic investment, at least 15% of a country's allocation (but in some cases more) is a co-financing incentive made available if countries make and eventually realize additional domestic commitments over the grant implementation period.</p>
Additional References	<p>The Global Fund Sustainability, Transition and Co-financing policy</p>

Application requirements

Definition

Countries need to meet 6 eligibility requirements for their funding request:

1. Carry out a transparent and inclusive funding application development process;
2. Facilitate an open and transparent Principal Recipient selection process;
3. Oversee program implementation and implement an oversight plan;
4. Document the representation of affected communities;
5. Ensure representation of nongovernmental members through transparent and documented processes;
6. Adopt and enforce a code of conduct and conflict of interest policy

Additional References

[Eligibility - Country Coordinating Mechanism - The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)



Additional references

The Global Fund grant making for GC7

[Video](#)

[Updated resources for grant cycle GC7 \(NFM4\): link](#)

Global Fund implementing partners

[Resources to support the work of Implementing Partners](#)

Global Fund Portfolio managers

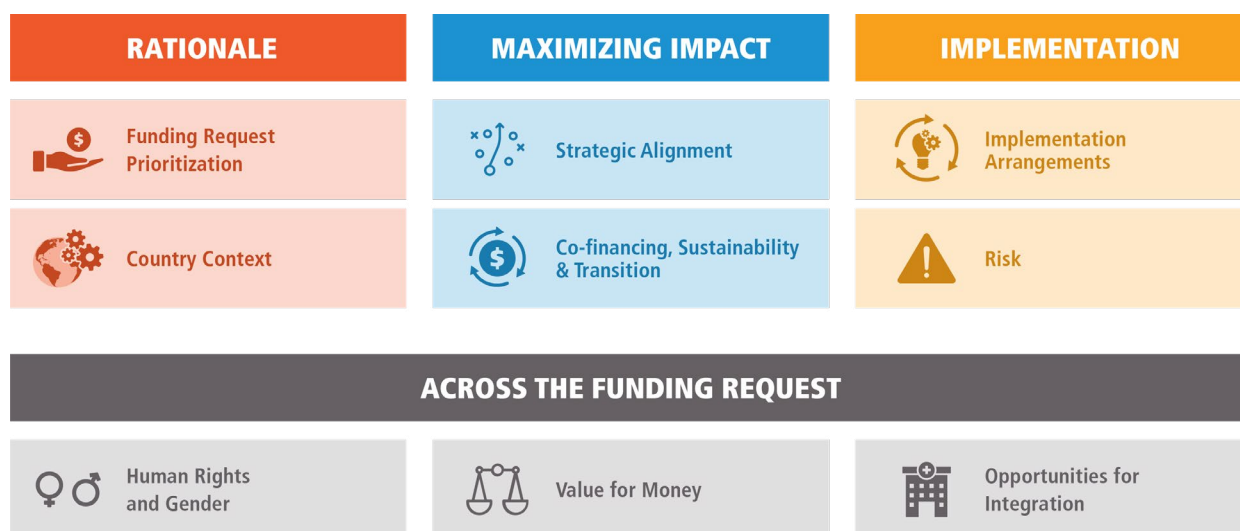
To contact a Fund Portfolio Manager, [check the Global Fund website data explorer](#) and specify the country

1.4

Content areas in funding requests

A [checklist](#), developed by WHO colleagues in early 2023, is available to guide users through the Funding Request Form. The checklist has been used to support peer review workshops and reflects the three sections of the Funding request form (Figure 3). It also provides a framework for the review of GF Funding Requests submitted and provides questions to ensure that the guide provided in the instructions is reflected. The Global Fund Technical Review Panel developed an [example of a funding request](#) for a demonstration of how to structure responses to the questions and prompts detailed in the Application Forms and Instructions.

Figure 3: Content areas in funding proposal



The 2023-2025 Application cycles has several key changes:

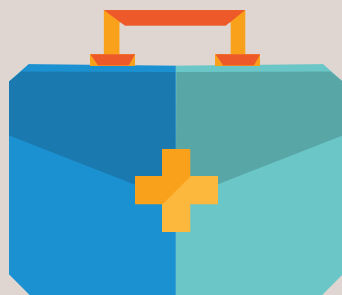
Templates are adjusted to ensure alignment with new strategy, to ensure questions are clear and to reduce duplication in responses and new mandatory annexes are added. The three mandatory annexes are:

1. Funding Priorities from Civil Society and Communities Annex which should identify community priorities during country dialogue and funding request development.
2. Country dialogue narrative Annex which describes the process undertaken to engage a broad range of stakeholders in the country dialogue process.
3. RSSH Gaps and Priorities Annex which analyses RSSH gaps and how they will be addressed. The inclusion of a comprehensive and accurate representation of RSSH gaps and priorities in the 2023-2025 Global Fund Application process is essential for the effective and efficient allocation of funds.

The [Global Fund Modular Framework Handbook](#) is a guidance document including modules, interventions and performance indicators to support the development of funding requests to the Global Fund. It also gives indications on classifying activities funded by the grants under these standard categories. The illustrative list of activities under each intervention is intended to guide applicants and Principal Recipients in selecting and organizing financial, procurement and programmatic information by strategic priority areas. The menu of impact, outcome and coverage indicators provided in this handbook supports the selection of relevant indicators for grant performance assessment.







Part 2

Applying a primary health care lens to the fight against HIV, tuberculosis and malaria

2.1

A PHC approach to addressing the three diseases

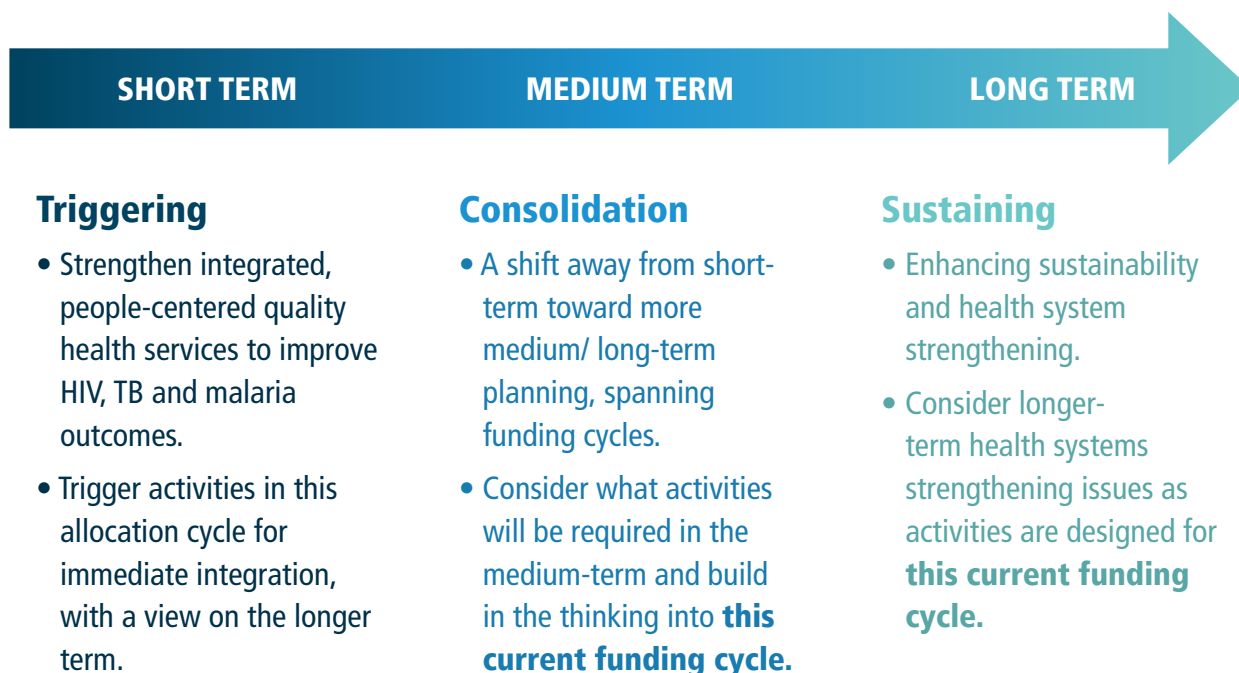
The 2030 agenda for sustainable development broadens the development scope, promoting economic, environmental and social development for all countries. It includes a more comprehensive health goal (SDG 3), which highlights the importance of both communicable and non-communicable diseases along with strong health systems. [SDG 3.3](#) recognizes the importance of ending the epidemics of HIV, tuberculosis, malaria and other communicable diseases within the context of SDG 3.8 Universal Health Coverage (UHC).

The Global Fund's new strategy 2023-2028 outlines a shift in its investment approach. It calls for action to rise above disease-specific silos toward building RSSH in a way that places people and communities, not diseases, at the center of the health system to achieve UHC. The new strategy recognizes the importance of primary health care to deliver integrated people-centred services.

Investing in RSSH is one of the key changes within the application form for the 2023-2025 allocation period. As such, proposals are encouraged to focus on health systems that go beyond individual disease programs and strengthen broader health and community systems. There is a notable shift from interventions that support the health system to ones that strengthen the health system.

The PHC Operational Framework combined with the [PHC measurement and monitoring framework](#) provide foundations for developing strategies to strengthen health systems and improve their equity, efficiency and resilience. This could be best accomplished through progressive orientation of national health strategic planning, budgeting and monitoring around PHC principles that have been adapted to the context of the country and the diversity of health needs of its people and communities. Figure 4 shows the phases of such shift from supporting the health system to strengthening of the health system.

Figure 4: Shift from short-term health systems support to long-term strengthening



2.2

Leveraging Global Fund investments to strengthen PHC

In general, national disease-specific and programmatic focal points in WHO, other partners and the Ministry of Health (MoH) lead engagement in Global Fund processes. WHO participates across all three levels. The universal health coverage, primary health care and health systems strengthening (UHC/PHC/HSS) experts are critical to the development of funding request, implementation, monitoring and revision processes. UHC/PHC/HSS experts can encourage the development of grants that embody the three components of the PHC approach and should engage closely with the HIV/TB and malaria focal persons in the WHO country office.

Countries are encouraged to strengthen primary health care and universal health coverage strategies and multi-sectoral policies and ensure inclusion of HIV, TB and malaria considerations. Integrated, people-centered quality services require supporting and incentivizing HIV, TB and malaria service integration, as relevant, together with services to address coinfections and comorbidities of the three diseases and integrated into primary care services.

2.3

Optimizing the country dialogue and funding request

Countries apply for funding to the Global Fund through a multistep process and inclusive [country dialogue](#) (Table 2). They use their national or disease specific health strategies to develop a proposal to address major barriers to reduce the incidence of the three diseases, while simultaneously strengthening health systems. The country dialogue aims to identify gaps and prioritize interventions, taking into account the broader health and disease response funding landscape, both domestic and external. This process offers opportunities to strengthen integration of services, encourage multisector collaboration during grant development including a diverse set of stakeholders (i.e. government, private sector, civil society, key affected populations), and support community empowerment.

Linking to PHC Operational Framework Levers

Figure 5 shows the RSSH modules and interventions and how they link to the PHC Operational Framework levers. The module names are listed and linked with the PHC levers. The blue arrows show the primary linkage or direct linkage - activities proposed within the given intervention could be developed using a PHC lens relating to aspects that would be captured within the linked lever. The yellow arrows show the secondary linkage, meaning some of the activities listed within the given intervention could relate to the additional PHC levers, but this linkage is country specific dependent on the activities chosen. The [PHC Resource database](#), which is part of the PHC-GHI Toolbox, has a detailed list of analytical questions and resources answering those questions for each of the levers that could inspire PHC oriented activities.

Multisectoral collaboration

During grant development, UHC/PHC/HSS experts can promote multisector collaboration of program interventions for the three diseases with other ministerial departments in country to address the broader determinants of health. UHC/PHC/HSS experts can get involved in country CCM's meetings to provide technical support to the executive committees of the CCM who in some countries are not necessary experts in primary health care or health systems strengthening.

Integrated services

This includes facilitating integration of service delivery and related functions within PHC, synergies across all three disease programmes, and mainstreaming planning, budgeting, oversight and monitoring of HIV, tuberculosis and malaria programs into national health sector governance structures.

Community engagement and empowerment

UHC/PHC/HSS experts can support the MoH and civil society representatives on the CCM to design interventions that are empowering to families and individuals such that communities can become co-developers of their health beyond a sole focus on diseases.

Figure 5: RSSH modules and interventions mapping to PHC levers

Note: Some of the activities listed within the given intervention could relate to the additional PHC levers, but this linkage is country specific dependent on the activities chosen. For PHC lever specific actions and interventions refer to the [Operational Framework for Primary Health Care](#) pages 9-71.

RSSH Module and Intervention	Primary Links	Secondary Links	KEY PHC Operational Framework Levers	
			Icon	Description
1. Health Sector Planning and Governance for Integrated People-centered Services	1, 2, 5, 9	4, 6, 12	1	Political commitment & leadership
2. Community Systems Strengthening	4, 6, 14	2, 3, 7, 9, 13	2	Governance & policy frameworks
3. Health Financing Systems	3, 4, 9, 14	6, 10	3	Funding & allocation of resources
4. Health Products Management Systems	1, 2, 6, 7, 8, 9, 11	14	4	Engagement of communities & other stakeholders
5. Human Resources for Health (HRH) and Quality of Care	6	2, 4, 9, 12	5	Models of care
6. Laboratory System Strengthening including national and peripheral	2, 7, 12	1, 6, 11, 14	6	PHC workforce
7. Medical Oxygen and Respiratory Care System	7, 8	2, 4, 14	7	Physical infrastructure
8. Monitoring and Evaluation Systems	11, 13, 14	4, 7, 9	8	Medicines & other health products
			9	Engagement with private sector providers
			10	Purchasing & payment systems
			11	Digital technologies for health
			12	Systems for improving the quality of care
			13	PHC-oriented research
			14	Monitoring and evaluation

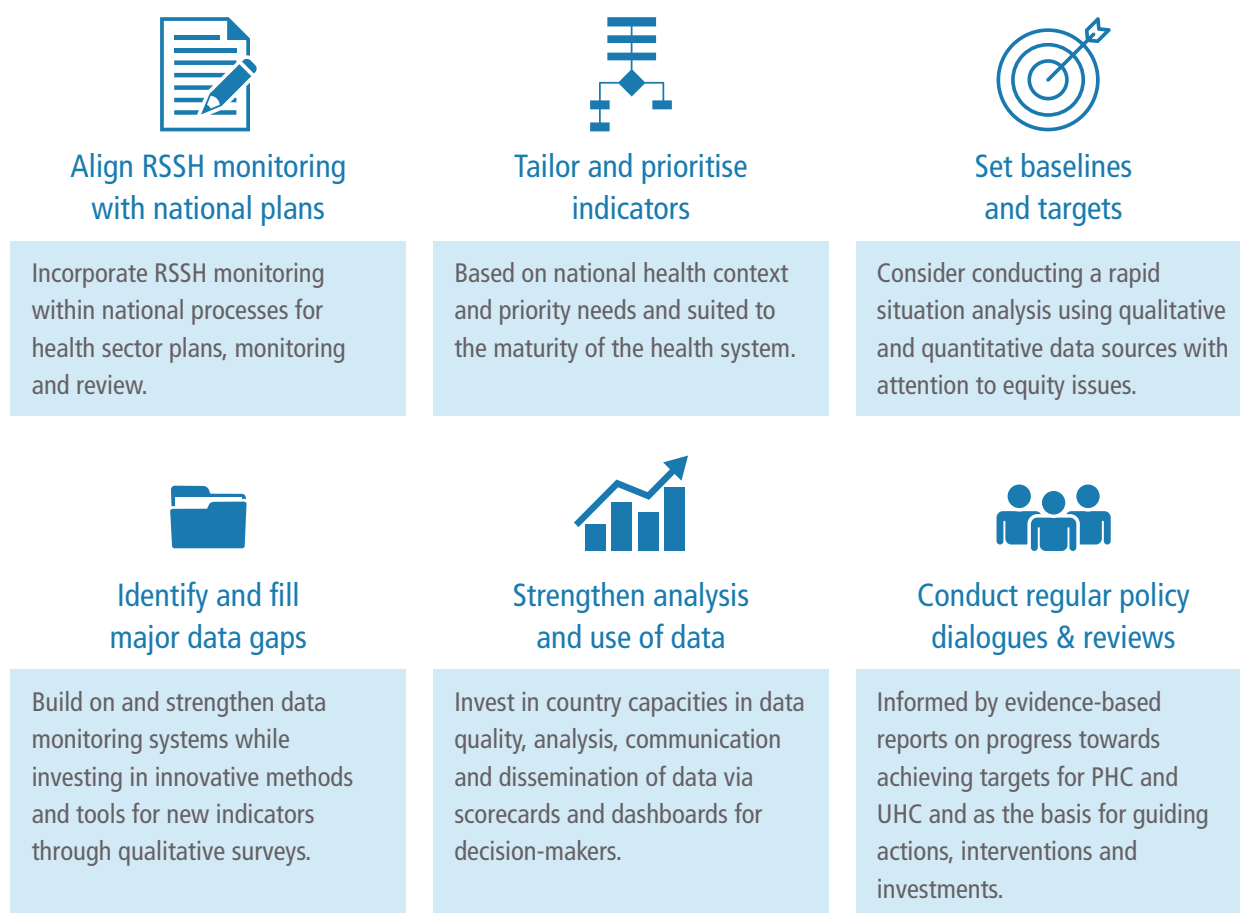
2.4

Optimizing grant implementation

The effective implementation and monitoring of grants is a core work of the Global Fund. It is the longest part of the funding cycle. The Principal Recipient implements a grant, with ongoing monitoring from the CCMs and Global Fund. The Global Fund, in coordination with Local Fund Agents (LFAs) and in-country partners, assess programmatic activities through progress updates and country visits. In addition, financial activities are monitored and verified through financial progress updates and financial audits. Evaluation and oversight continue throughout implementation to monitor progress and performance. The [CCM provides oversight](#) on key financing, programmatic and management aspects of the grant. Grant revisions, which modify the scope and/or scale of a Global Fund-supported program within the already-approved funding ceiling and current implementation period, are an important process during monitoring and implementation. This monitoring provides a further opportunity to carefully consider how PHC-oriented activities are being taken forward and for UHC/PHC/HSS experts to provide guidance on implementation.

The goal of a grant revision is to allow Global Fund investments to adjust to programmatic requirements during implementation, in order to ensure the continued effective and efficient use of Global Fund resources invested in line with the [Global Fund 2023-2028](#). A grant revision may also occur due to other changed circumstances and arrangements (see the Global Fund website for more details). UHC/PHC/HSS experts can explore these grant revisions to consider interventions that adopt a PHC approach (Table 2). The UHC/PHC/HSS experts should work closely with the CCM to understand programmatic and financial gaps. The PHC lens can also be used to align the RSSH monitoring to national M&E processes at country level. Figure 6 outlines such alignment.

Figure 6: Aligning RSSH monitoring to national M&E processes at country level - applying a PHC orientation lens



Additional references

Applicant guidance

[Funding Request Application](#)

Grant making E-learning courses

[Global Fund iLearn](#)

Global Fund Operational Policy

[Operational policy manual](#)

Table 2: Selected areas of engagement of HSS, PHC and UHC Focal Points at the country level

Area of engagement for WHO and MoH experts supporting PHC	Description
<p>Participate in country dialogue processes and support civil society led country dialogue process to ensure robust collection and analysis of primary health care data from communities affected by the three diseases.</p>	<ul style="list-style-type: none"> • Provide Technical Assistance to the CCM to conduct multisector consultations. • Support the civil society delegation at the CCM to develop, collect and use primary health care-oriented data during community dialogues to place them within the epidemiological context in their country. See Country essential data tables here. • Support triangulation of data collected by CCM during community dialogues to the country’s epidemiological context.
<p>Support government-led national strategic planning processes, Global Fund grant applications, revisions, and other elements of the multi-stakeholder dialogue.</p>	<ul style="list-style-type: none"> • A vital need is to promote a sector-wide review of past and current grant implementation to draw lessons learnt, recommendations, and identify reasons why prior recommendations were not implemented. This should include assessing support and initiatives of other GHI donors, such as efforts to promote integration of commodities management, integration of service delivery strategies, improved data quality, integrative supervision, HR capacity building and training, and similar areas.
<p>Participate in CCM oversight meetings and support analyses on the TB, malaria and HIV coverage of services and the equity or services.</p>	<ul style="list-style-type: none"> • This includes helping to collate and analyse data-from health sector surveys/studies, annual health sector reviews, and other UHC/PHC/HSS reviews to better understand the critical gaps in delivery of integrated TB, malaria and HIV services. • Support and provide a systems perspective to the dialogue and technical development of the Funding Request, as well as the operational budget/workplan and performance framework for GF support proposals. • Support country during the reporting and review process to identify what worked, and what did not, in terms of strengthening the health systems foundations necessary to ensure equitable and sustainable coverage.



Additional references

27 case studies organized by PHC levers highlighting best practices of how investments from GFATM, Gavi and GFF have incorporated primary health care principles can be found [here](#).





Annex 1

The Global Fund Structure

The overall governance structure of the Global Fund (Figure A.1) constitutes; the [board](#), [committees](#) (strategic committee, audit & finance committee, ethics & governance committee) [the Secretariat](#), the [Independent Evaluation and Learning office](#), the technical review panel ([TRP](#)), the office of the [Inspector General](#).

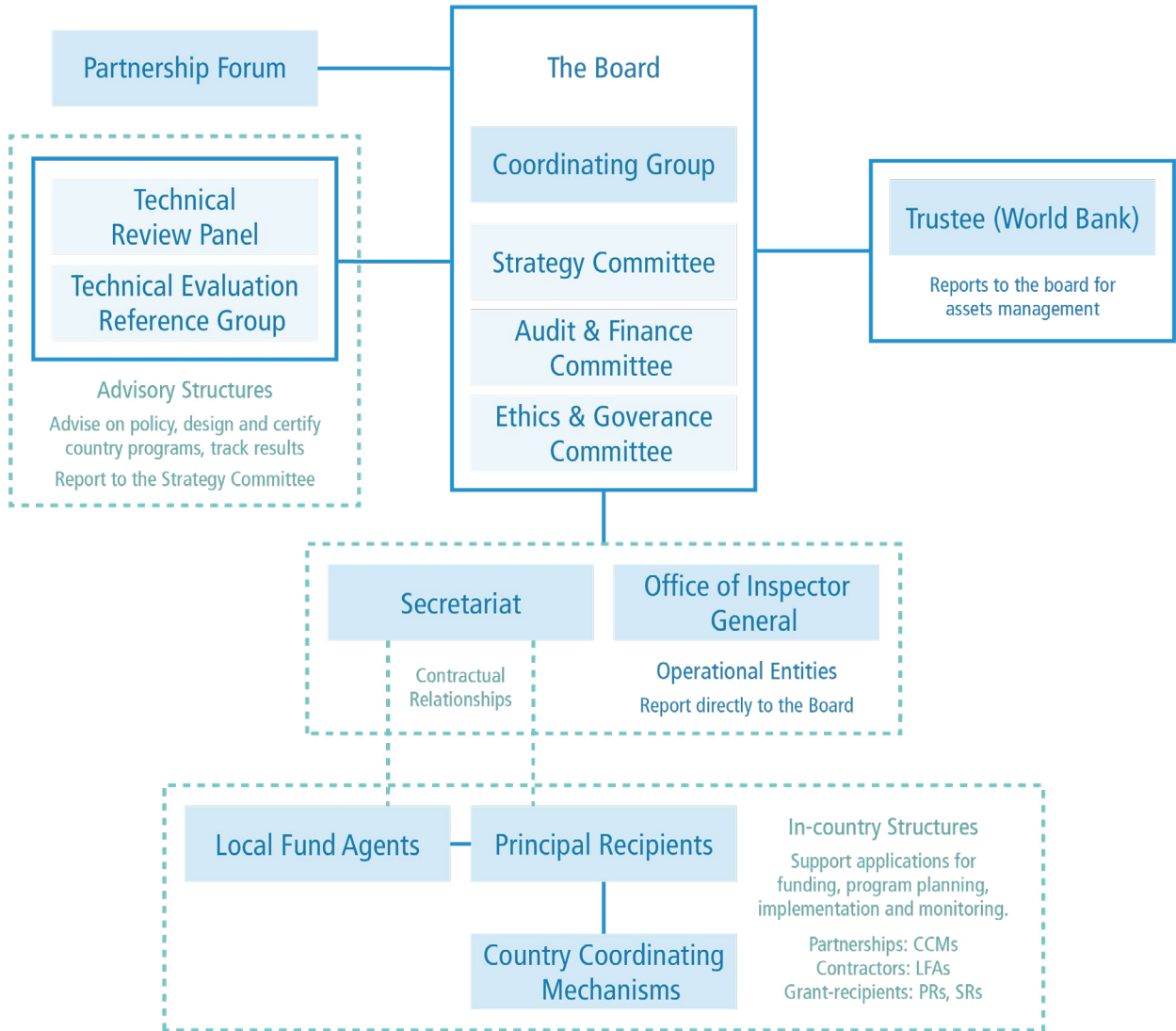
Country-based mechanisms included the [country coordinating mechanism](#) (CCM), local fund agent ([LFAs](#)), [principal recipients and sub-recipients](#).

Each implementing country receiving Global Fund financing is required to establish a national committee called a Country Coordinating Mechanism (CCM). CCMs are responsible for ensuring inclusive country dialogue, developing and submitting funding requests on behalf of the entire country, nominating the related Principal Recipients and overseeing grant implementation and grant reprogramming once the funding request becomes a signed grant.

WHO's active participation in CCM is key for a better collaboration, and to ensure a role of WHO in the grant preparation and implementation. This is a vital point of engagement for WHO and Ministry of Health experts in Health Systems Strengthening and Primary Health Care.



Figure A.1: Global Fund architecture







Annex 2

Detailed mapping of RSSH modules and interventions to PHC levers

The below diagram (Figure A.2) illustrates how the analytical questions and resources in the PHC-GHI Toolbox help the user create a link during the grant-making process from RSSH modules and interventions to relevant PHC strategic and operational levers. Blue arrows show primary links to specific PHC levers to operationalize. Yellow lines indicate relevant secondary linkages, specific outcome might not be directly linked to only one lever, the activities needed to operationalize it could be at the interlink of several levers. Some of the activities listed within the given intervention could relate to the additional PHC levers, but this linkage is country specific dependent on the activities chosen.

Figure A.2 RSSH modules and interventions mapping to PHC levers.

Note: For PHC lever specific actions and interventions refer to the [Operational Framework for Primary Health Care](#) pages 9-71.

RSSH Module and Intervention	Primary Links	Secondary Links	KEY PHC Operational Framework Levers	
			Number	Description
1. Health Sector Planning and Governance for Integrated People-centered Services <ul style="list-style-type: none"> National health sector strategy, policy & regulations Integration/ Coordination across disease programs and at service delivery level Supporting private sector engagement 	1	4	1	Political commitment & leadership
	2	6	2	Governance & policy frameworks
	5	12	3	Funding & allocation of resources
2. Community Systems Strengthening <ul style="list-style-type: none"> Community-led monitoring Community-led research and advocacy Community engagement, linkages and coordination Capacity building and leadership development 	4	2	4	Engagement of communities & other stakeholders
	6	3	5	Models of care
	14	7	6	PHC workforce
		9	7	Physical infrastructure
3. Health Financing Systems <ul style="list-style-type: none"> Health financing strategies and planning Public financial management (PFM) systems Routine financial management systems Community-led advocacy and monitoring of domestic resource mobilization Social contracting Health financing data and analytics Blended financing arrangements 	3		8	Medicines & other health products
	4	6	9	Engagement with private sector providers
	9	10	10	Purchasing & payment systems
	14		11	Digital technologies for health
				12
4. Health Products Management Systems <ul style="list-style-type: none"> Policy, strategy and governance Storage and distribution capacity, design & operations Regulatory/ quality assurance support Avoidance, reduction and management of health care waste Supply chain information systems Augmenting national supply chain system with outsourcing 	1		13	PHC-oriented research
	2		14	Monitoring and evaluation
	6			
	7			
	8			
	11			

RSSH Module and Intervention	Primary Links	Secondary Links	KEY PHC Operational Framework Levers
5. Human Resources for Health (HRH) and Quality of Care <ul style="list-style-type: none"> • HRH planning, management and governance including for community health workers (CHWs) • Education and production of new health workers • In-service training • Quality improvement and capacity building for quality of care • Community health workers: selection, pre-service training and certification • Community health workers: contracting, remuneration and retention • Community health workers: In-service training and integration support supervision 	6	2 4 9 12	<p>1  Political commitment & leadership</p> <p>2  Governance & policy frameworks</p> <p>3  Funding & allocation of resources</p> <p>4  Engagement of communities & other stakeholders</p> <p>5  Models of care</p> <p>6  PHC workforce</p>
6. Laboratory System Strengthening including national and peripheral <ul style="list-style-type: none"> • National laboratory governance and management structure • Quality management systems and accreditation • Laboratory information system • Laboratory based surveillance • Laboratory supply chain system • Specimen referral and transport system • Network optimization and geospatial analysis • Laboratory biosafety and biosecurity infrastructure and equipment 	2 7 12	1 3 6 11 14	<p>7  Physical infrastructure</p> <p>8  Medicines & other health products</p> <p>9  Engagement with private sector providers</p> <p>10  Purchasing & payment systems</p> <p>11  Digital technologies for health</p>
7. Medical Oxygen and Respiratory Care System <ul style="list-style-type: none"> • Bulk oxygen supply • Oxygen distribution and storage • Oxygen delivery and respiratory care • Oxygen support systems 	7 8	2 4 14	<p>12  Systems for improving the quality of care</p> <p>13  PHC-oriented research</p>
8. Monitoring and Evaluation Systems <ul style="list-style-type: none"> • Routine reporting • Surveillance for HIV, tuberculosis and malaria • Surveillance for priority epidemic-prone disease and events • Surveys • Data quality • Analyses, evaluations, reviews and data use • Administrative data sources • Civil registration and vital statistics • Operational research • Coordination and management of national disease control programs 	11 13 14	4 7 9	<p>14  Monitoring and evaluation</p>



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