

# OPTIMIZING GLOBAL FUND PROPOSALS TO PROMOTE WOMEN'S & CHILDREN'S HEALTH



Photo: The World Bank/Arne Hoel

## ▲ THE CONTEXT FOR GLOBAL FUND PROPOSALS

**Challenge** - Women and children bear a heavy burden of HIV/AIDS, Tuberculosis (TB) and malaria, which interact with and exacerbate other reproductive, maternal and child health (RMNCH) problems. Over two million women and children die every year from AIDS, TB and malaria.<sup>1</sup> In 2009, an estimated 370,000 children were newly infected with HIV, more than 90% of them through vertical transmission from their mothers.<sup>2</sup> AIDS and malaria cause 10% of all deaths in children under the age of five, and are associated with around 20% of maternal deaths worldwide.<sup>3</sup> TB is among the three major causes of death among women aged 15-44.<sup>4</sup> Inequities relating to gender and poverty in accessing health services, as well as stigma, discrimination and denial of legal rights exacerbate the vulnerability of women and girls to these diseases and to other RMNCH problems.<sup>5</sup>

**Reality** - Global Fund support for RMNCH can be complementary, but not comprehensive. The Global Fund Board recommended that countries: “strengthen the MNCH content of their Global Fund-supported investments.” and “look at opportunities to scale up an integrated health response ... and HSS [health systems strengthening]”.<sup>6</sup> However, The Global Fund can only support those RMNCH interventions that are synergistic with its current mandate.<sup>7</sup>

**Opportunity** - *Synergies in Healthcare Strategies for AIDS, TB and Malaria and for RMNCH.* Integrating packages of care across the reproductive, maternal, newborn and child health (RMNCH) Continuum of Care saves lives and is cost-effective.<sup>8-10</sup> Program evaluations show that antenatal care, provider-initiated HIV testing and counselling (PITC), prevention of mother-to-child transmission (PMTCT), and antiretroviral (ARV) adherence all improve when an integrated approach is adopted into routine neonatal and maternal health care.<sup>11</sup>

## ▲ SUCCESSFULLY INTEGRATING RMNCH IN GLOBAL FUND PROPOSALS

Proposals that strengthen health systems and community systems and integrate the RMNCH continuum of care with HIV/AIDS, TB and malaria strategies, ensure value of money, promote human rights and strengthen accountability for results. Accordingly, they will be well-positioned to promote women's and children's health through the Global Fund's mandate and resource envelope.

### **Strengthen Health Systems & Community Systems**

Inadequate health systems are a primary obstacle to scaling up interventions to improve women's and children's health.<sup>12</sup> For health systems, having sufficient numbers of trained, qualified health workers in the right place, at the right time and with the right resources is crucial to the provision of essential services.<sup>13</sup> Community systems include methods and structures used by communities to meet their own health needs. Successful proposals should ensure that community systems interact either directly with health systems by providing services or by promoting access, or indirectly by improving social, political, legal, economic and physical environments that support health.<sup>14</sup> The Global Fund has emphasized the importance of Health Systems Strengthening (HSS) since Round 5. The Health Systems Funding Platform (HSFP) is a joint initiative between the Global Fund, the GAVI Alliance and the World Bank to align strategies and make better use of new and existing funds for HSS.<sup>15</sup>

### **Ensure a Continuum of Care for Women, Children and Families**

There are multiple points along the RMNCH continuum where interventions can be integrated with HIV/AIDS, TB and malaria strategies (Figure 1). Key entry points for integrating services are sexual and reproductive health services, antenatal care, PMTCT, post-natal care, and providing nutritional, psychosocial and socioeconomic support for women and children who are especially vulnerable (See Box 1 for technical resources that provide details about specific interventions and entry points).

### Emphasize Additionality and Value for Money

Proposals for new funding are additional when they supplement, but do not duplicate, other programmes and funding sources. Strategies demonstrate value for money (VfM) when they demonstrate quality, economy, efficiency and effectiveness. For example, almost 50% of Global Fund investment is on procurement/purchasing commodities. Medicines account for three of the most common causes of inefficiency in health systems.<sup>16</sup> In many settings there is poor storage and wastage, and wide variations in the prices procurement agencies negotiate with suppliers. Addressing these issues would result in cost-savings and efficiencies. Maximizing VfM in integrating RMNCH with strategies for the three diseases requires sound operational research, and countries should fully utilise the 5% of grant funds available through the GF for this purpose.

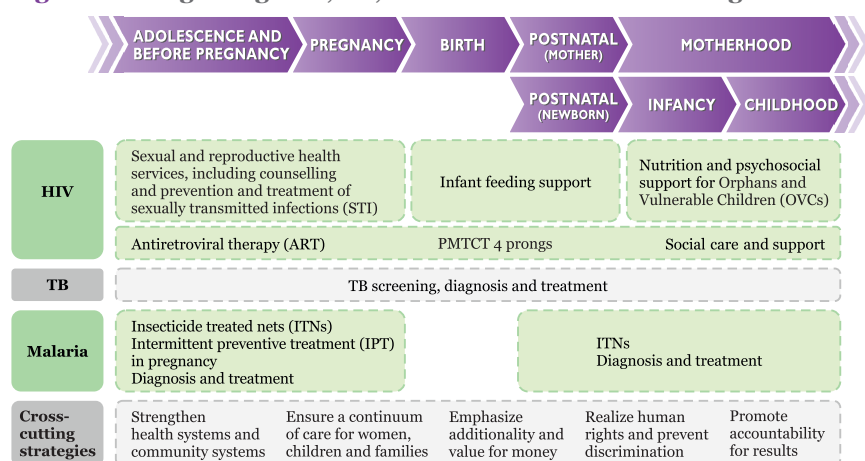
### Realize Human Rights and Prevent Discrimination

Promoting awareness of rights, advocating for equality of access to essential services, ensuring legal entitlements, and mitigating stigma and inequity are essential elements of a human rights approach to promoting women's and children's health.<sup>17</sup> Successful integration of RMNCH interventions with AIDS, TB and malaria strategies requires preventing discrimination across all dimensions of access to quality healthcare for women and children: accessibility, affordability, acceptability, appropriateness, and quality of services. It also requires efforts to address the underlying risk factors and determinants of disease in vulnerable groups and to improve coverage and outcomes in underserved populations, such as reduced new infection rates and improvements in survival and health status.

#### Box 1. Resources to guide RMNCH integration in GF Round 11 proposals

- Global Fund and Health System Platform Funding proposal forms and Practical Guidance Tools are available at: [www.theglobalfund.org](http://www.theglobalfund.org)
- Further technical resources and support for integrating RMNCH with AIDS, TB and malaria strategies (from WHO, PMNCH, World Vision et. al) are available at: [www.pmnch.org](http://www.pmnch.org)

Figure 1. Integrating HIV, TB, Malaria and RMNCH Strategies\*



Adapted from *The Global Fund (2010). Scaling up Investments in Women and Children to Accelerate Progress towards MDGs 4, 5 and 6.*

\*Further details and technical guidance available from sources in Box 1.

### Promote Accountability for Results at all Levels

Shared indicators for monitoring and evaluating will help track progress towards MDGs 4, 5 and 6. The Commission on Information and Accountability for Women's and Children's Health provides a framework for strengthening health information systems and includes consensus on tracking 11 core RMNCH indicators, which include antiretroviral prophylaxis among HIV-positive pregnant women, antenatal care coverage, children under five who are stunted, maternal mortality ratio and under-five child mortality.<sup>18</sup> Integrating M&E for RMNCH and for AIDS, TB and malaria programs will help ensure accountability for results at all levels, and promote learning across contexts on addressing constraints and building on successes to promote women's and children's health.

## CONCLUSION

### A Triple Return on MDG Investments

There is potential to expand the impact of Global Fund investments to improve the health of women and children even further within the existing mandate and framework. An integrative approach to the health MDGs is also consistent with the UN Secretary-General's Global Strategy for Women's and Children's Health,<sup>19</sup> which builds on Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and other related initiatives, and offers a triple return on investments by improving progress towards MDGs 4, 5 and 6.

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