

Eastern Mediterranean Region

Regional Committee for the Eastern Mediterranean Seventy-first session Provisional agenda item 3(g)

EM/RC71/INF.DOC.6 September 2024

# Progress report on accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund

### Introduction

1. In 2022, the WHO Regional Office for the WHO Eastern Mediterranean analysed the lack of progress towards the targets of the Sustainable Development Goals (SDGs) for communicable diseases, including HIV, tuberculosis (TB), malaria and vaccine-preventable diseases. The results of the assessment were presented in a technical paper (EM/RC69/5) to the 69th session of the WHO Regional Committee for the Eastern Mediterranean. These suggested that there was an opportunity to improve efficiencies and reach the most vulnerable with high impact interventions through addressing fragmentation in the contributions of global health initiatives, including Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

2. In response to the results of this analysis, the 69th session of the WHO Regional Committee for the Eastern Mediterranean passed resolution EM/RC69/R.3 in October 2022 to optimize the contributions from Gavi and the Global Fund through integration. The funding requirements for WHO to implement the resolution were estimated at US\$ 4 950 242 for three years.

3. This report summarizes the progress made in implementing resolution EM/RC69/R.3 in the Eastern Mediterranean Region since October 2022.

## **Progress update**

4. Overall, progress remains limited. WHO has attempted to fundraise from Gavi and the Global Fund to implement its proposed activities, but Global Fund Board allocations for the current 2023–2025 funding cycle leave little or no scope for financing WHO at the regional level. Progress against the six strategic directions to coordinate and optimize support from Gavi and the Global Fund and the related framework for action presented in technical paper EM/RC69/5, are outlined in Table 1 below.

5. **Governance**. WHO's leadership of the regional technical support group supporting implementation of the Global Fund's Middle East Response Initiative (MER), covering six out of the 10 countries funded by Global Fund grants designated as challenging operating environments, provides a regional model. In addition, at the global level, the Future of Global Health Initiatives (FGHI) process was implemented in 2023 to identify ways to ensure the global health initiatives are more effective, efficient and equitable in complementing domestic financing to strengthen health system capacities and deliver health impacts, as part of country-led priority-setting processes and trajectories toward universal health coverage. In December 2023, the FGHI process culminated in the launch of the Lusaka Agenda to provide a foundation for coordinated action to support five key shifts for the long-term evolution of the global health initiatives.

6. **Financing**. WHO conducted a cross-programmatic efficiency analysis (CPEA) in Pakistan that was shared in a debriefing with Gavi and the Global Fund, which should help to optimize the health system strengthening aspects of the grants in Pakistan.

7. **Service delivery**. The core interventions for HIV, TB and malaria, as well as for immunization, are currently being included in a regional package of essential health care services. In addition, WHO

has launched a regional initiative to promote the activities of the Health Campaign Effectiveness Coalition to improve the accessibility and efficiency of services, which is particularly relevant in fragile, conflict-affected and vulnerable settings.

8. **Health workforce**. WHO has drafted a concept note for an integrated mid-level managers training programme that includes online training on programme-specific issues and face-to-face training on managing integration. This has been proposed to Gavi and the Global Fund for funding and inclusion in country grants.

9. Access to commodities. There has been limited progress to date in this area, but the new flagship initiative of the WHO Regional Director for the Eastern Mediterranean on improving access to affordable medical commodities/securing equitable supply chains should provide opportunities to move the agenda forward.

10. **Health information systems**. Substantial progress has been achieved in the progressive convergence of data systems towards integration, including the convergence of systems to manage HIV, TB, malaria and immunization programmes, and systems to detect epidemics, by promoting digital solutions. This has occurred in the context of implementation of Regional Committee resolution EM/RC68/R.3 on a regional strategy for integrated disease surveillance, endorsed in October 2021.

# Conclusion

11. In 2024, the analysis conducted in 2022 that led to resolution EM/RC69/R.3 remains relevant. Fragmentation in the implementation of grants from Gavi and the Global Fund remains a major obstacle to accelerating the prevention, control and elimination of communicable diseases, the focus of the resolution. However, implementation of the resolution remains limited. There are substantial incentives that persist at many levels to maintain the fragmented status quo. In addition, WHO has not been able to raise the funds needed to implement its activities to facilitate country outcomes. The area that has seen the largest progress is health information systems, which has benefited from the efforts to implement resolution EM/RC69/R.3. The combined momentum of the two resolutions for this area of work has led to progress. The defragmentation proposed by resolution EM/RC69/R.3 has also found a substantial echo in the FGHI process that took place in 2023, leading to the Lusaka Agenda, which includes commitments on five key shifts for the long-term evolution of global health initiatives' ecosystem, including for WHO.

# The way forward

12. To improve implementation of Regional Committee resolution EM/RC69/R.3, further efforts are proposed in three areas to:

- build on existing progress, such as the consolidated health system strengthening approach adopted for the MER project, the CPEA undertaken in Pakistan and the advances made in integrated disease surveillance in the Region, to learn lessons, identify successes and replicate them;
- continue advocacy, including through the Lusaka Agenda and the voice of Member States on the boards of the global health initiatives; and
- reach out to Gavi and the Global Fund through a tripartite memorandum of understanding to obtain their commitment towards implementation, including through catalytic funding for WHO and Member States.

EN	
	]
$\sum_{i=1}^{n}$	)
į	J
č	
	•

	Proposed WHO outputs		Country outcomes	
	Proposed	Progress (March 2024)	Proposed	Progress (March 2024)
Governance	<ul> <li>Normative approach to embed Gavi and Global Fund contributions into national health strategies</li> <li>Gap analysis of health systems strengthening support</li> </ul>	<ul> <li>WHO consultation on country compacts</li> <li>Consolidated framework to prepare health system strengthening component of Global Fund's MER grant in coordination with Gavi</li> </ul>	<ul> <li>National health strategy embeds contributions</li> <li>Costed, multi-year health system strengthening plan</li> </ul>	<ul> <li>No progress to date</li> <li>Consolidated health system strengthening component of Global Fund MER grant in coordination with Gavi</li> </ul>
	Facilitated coordination in the context of the Global Action Plan for Healthy Lives and Well- being for All	<ul> <li>Limited progress to date</li> <li>Opportunities in the context of the Lusaka Agenda commitment of the global health initiatives</li> </ul>	<ul> <li>Proposals are prepared, managed and monitored from a health system perspective</li> </ul>	Limited progress to date
Financing	Health financing progress matrix: fiscal space for health assessments	See progress update EM/RC71/INF.DOC.5 on resolution EM/RC69/R.2	<ul> <li>Increased allocation of domestic resources through the national health financing strategy</li> </ul>	See progress update EM/RC71/INF.DOC.5 on resolution EM/RC69/R.2
Fina	CPEA guidance and technical support	<ul> <li>CPEA completed and debriefing undertaken in Pakistan</li> </ul>	Inefficiencies identified and eliminated	CPEA shared with government, Gavi and the Global Fund to prepare for new grants
Service delivery	<ul> <li>Model list of essential HIV, TB, malaria and immunization interventions for inclusion in national packages</li> </ul>	<ul> <li>All interventions included in regional package</li> <li>Service Package Delivery and Implementation (SPDI) tool used to develop essential packages for integrated campaigns</li> </ul>	<ul> <li>Inclusion of interventions in the national package</li> </ul>	See progress update EM/RC71/INF.DOC.5 on resolution EM/RC69/R.2
Service	Template approach to service reorganization	<ul> <li>Regional project on health campaign effectiveness</li> </ul>	<ul> <li>People-centred primary health care for universal health coverage perspective adopted (e.g. in Pakistan, Sudan and Tunisia)</li> </ul>	<ul> <li>Model of care pilot project in Pakistan</li> <li>Pakistan to be considered a pilot country for the Health Campaign Effectiveness Coalition</li> </ul>
lth force	WHO-facilitated training needs analysis	WHO concept note for capacity-building of mid- level managers	<ul> <li>Sustainable national capacity- building for HIV, TB, malaria and immunization programmes</li> </ul>	Limited progress to date
Health workforce	WHO-facilitated analyses of the health care labour market	<ul> <li>See progress update EM/RC71/INF.DOC.5 on resolution EM/RC69/R.2</li> </ul>	National policy for incentives and supplemental remuneration	See progress update EM/RC71/INF.DOC.5 on resolution EM/RC69/R.2
Access to commodities	National assessment and consolidation plan	Upcoming regional flagship project on improving access to affordable medical commodities/securing equitable supply chains	National optimized procurement	Limited progress to date
Health information systems	WHO-facilitated workplan to facilitate convergence of data systems	<ul> <li>Desktop analysis of the status of integration completed in 13 countries</li> <li>WHO missions to support progressive transition towards integration in 10 countries</li> </ul>	Consolidated data systems used for monitoring and evaluation in the context of integrated disease surveillance and health management information systems	<ul> <li>National plan for progressive convergence of data system towards integration in 10 countries</li> </ul>

#### Table 1. Summary of the progress towards implementation of resolution EM/RC69/R.3, including WHO outputs and country outcomes, March 2024