

## مشروع قرار

### Draft resolution

**REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN**

**EM/RC69/R.3(D)  
October 2022**

**Sixty-ninth session  
Agenda item 3(b)**

### **Accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund**

The Regional Committee,

Having reviewed the technical paper on accelerating the prevention, control and elimination of communicable diseases through integration: optimizing support from Gavi and the Global Fund;<sup>1</sup>

Referring to the commitment of Member States of the Region to achieve the Sustainable Development Goal (SDG) 3 targets related to ending tuberculosis, HIV and malaria, to scale up immunization, and to the Salalah Declaration on Universal Health Coverage of 2018;

Recalling Regional Committee resolution EM/RC68/R3 on integrated disease surveillance;

Taking note that the progress in programme-specific coverage of HIV, tuberculosis and malaria interventions has stalled over the last decade while zero-dose children remain, reflecting underserved communities in the Eastern Mediterranean Region;

Acknowledging the essential role of Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria in the provision of funding to eligible Member States to scale up programme-specific priority services and health system strengthening;

Considering the Gavi strategy for 2021–2025<sup>2</sup> and the Global Fund strategy for 2023–2028<sup>3</sup>;

Recognizing the importance of coordination, defragmentation and alignment of support from Gavi and the Global Fund to Member States in order to improve efficiencies and increase coverage through integrated, people-centred primary health care for universal health coverage;

- 1. ENDORSES** the strategic framework to coordinate and integrate support from Gavi and the Global Fund and its framework for action (annexed to this resolution);

<sup>1</sup> EM/RC69/5.

<sup>2</sup> <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025>.

<sup>3</sup> [https://www.theglobalfund.org/media/11612/strategy\\_globalfund2023-2028\\_narrative\\_en.pdf](https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf).

2. **URGES** Member States to take the necessary steps to accelerate the prevention, control and elimination of communicable diseases through integration and optimization of support from Gavi and the Global Fund, and to:
  - 2.1 Design national health policies, strategies and plans that will frame the contribution of the Global Fund and Gavi, through integrating the work of CCMs and ICCs in planning, financing, monitoring and evaluation as part of a consolidated multisectoral coordination mechanism, under the leadership of the Ministry of Health.
  - 2.2 Increase domestic public funding allocations to HIV, tuberculosis, malaria and immunization.
  - 2.3 Improve cross-programmatic efficiencies, ensuring sustainability and planning for transition.
  - 2.4 Include interventions in national essential packages of health services to which the Global Fund and Gavi could contribute.
  - 2.5 Use integrated PHC for UHC, people-centred care approaches (with appropriate referral mechanisms) to increase coverage and prioritize underserved communities characterized by zero-dose children for delivery.
  - 2.6 Build national capacities rooted in an understanding of health labour market conditions, strategic planning and implementation using innovative, comprehensive human resources for health approaches.
  - 2.7 Develop national, integrated capacity for procurement and supply chain management, including procuring on from global procurement systems and improving financial management.
  - 2.8 Consolidate data systems used for monitoring, evaluation and surveillance in the context of integrated disease surveillance and health information systems.
3. **REQUESTS** the Regional Director to support Member States in the above, and to:
  - 3.1 Convene consolidated coordination mechanisms (i.e. national compacts) at the WHO country office level to optimize contributions from the Global Fund and Gavi as part of a coherent national approach;
  - 3.2 provide technical support to increase and improve domestic public funding allocation and conduct cross programmatic efficiency analyses;
  - 3.3 develop a model list of essential HIV, tuberculosis, malaria and immunization interventions for inclusion in national essential packages of health services along with a template approach to reorganize services by beneficiary as part of people-centred models of care;
  - 3.4 facilitate training needs and analyses of the health care worker labour market;
  - 3.5 assess and plan for consolidated national procurement and supply chain management; and
  - 3.6 propose roadmaps for the convergence of data systems (monitoring, evaluation, surveillance).

## Annex 1

### Strategic directions, WHO outputs, country outcomes and indicators to increase the efficiency and impact of collaboration with Gavi and the Global Fund in the Eastern Mediterranean Region

| Domain/topic               | Strategic directions   | Key WHO outputs  | Country outcomes   | Indicators   |   |
|----------------------------|--|--|--|--|---|
|                            |  |  |  | Baseline   | Target  |
| <b>1. Governance</b>       | Start from the national health policy, strategy and plans to direct the contributions of the Global Fund and Gavi, including through a costed, multi-year health system strengthening plan                           | Normative approach to embed the Global Fund and Gavi contributions into national health policies, strategies and plans<br>Gap analysis of health systems strengthening support | National health policy, strategy and plans embed the contributions, avoiding overlaps and duplication<br>Costed, multi-year health system strengthening plan | Insufficiently coordinated input of the Global Fund and Gavi to national health policies, strategies and plans | National health strategy that embeds and optimizes the Global Fund and Gavi contributions with a costed, multi-year RSSH plan |
|                            | Integrate governance of Global Fund and Gavi contributions (planning, financing, monitoring, evaluation) in a single multisectoral coordination mechanism under the leadership of the ministry of health             | Convening at WHO country office level  | Global Fund and Gavi proposals are prepared, managed and monitored from a health systems strengthening, PHC for UHC perspective                              | Separate committees for the Global Fund and Gavi   | Coordinated approach in the work of the committees  |
| <b>2. Financing</b>        | Increase and improve domestic public financing   | Health financing progress matrix<br>Fiscal space for health assessments  | Increased allocation of domestic resources through the national health financing strategy  | General government expenditure on health as a share of general government expenditure                          | Increasing overall public funding for health  |
|                            | Identify areas to improve cross-programmatic efficiencies, in particular those related to sustainability and transition planning, including follow-up with policy actions to improve impact with available resources | CPEA guidance and technical support  | Inefficiencies identified and eliminated   | CPEA not conducted   | CPEA conducted and recommendations implemented  |
| <b>3. Service delivery</b> | Ensure inclusion of HIV, tuberculosis, malaria and immunization interventions in essential packages of health services   | Model list of essential HIV, tuberculosis, malaria and immunization interventions for inclusion in national packages   | Inclusion of interventions in the national package   | No or heterogeneous inclusion of interventions in the national package   | Essential package of care includes HIV, tuberculosis, malaria and immunization interventions                                  |
|                            | Use integrated PHC for UHC, people-centred care approaches and community engagement to increase intervention coverage, starting with underserved communities characterized by zero-dose children                     | Template approach to service reorganization  | People-centred PHC for UHC perspective (e.g. Pakistan, Sudan and Tunisia)  | Programme- or disease-specific approach to interventions   | Interventions repackaged per beneficiaries and delivery platforms   |

| Domain/topic                         | Strategic directions  | Key WHO outputs  | Country outcomes   | Indicators   |   |
|--------------------------------------|---|--|--|--|---|
|                                      |   |  |  | Baseline   | Target  |
| <b>4. Health workforce</b>           | Build capacity using innovative comprehensive human resources for health approaches                     | WHO-facilitated training needs analysis                            | Sustainable national capacity-building for HIV, tuberculosis, malaria and immunization interventions within the national human resources for health plan | Fragmented, short-term in-service training plan  | Consolidated health workforce-centred investment plan to support education and training         |
|                                      |   | WHO-facilitated analyses of the health care labour market          | National policy for incentives and supplemental remuneration   | Uncoordinated approach to incentives   | Coordinated approach to incentives and remuneration to support investment in decent jobs        |
| <b>5. Access to commodities</b>      | Develop national strategies to build an integrated capacity for procurement and supply chain management | National assessment and consolidation plan                         | National procurement and supply management unit conducting optimized procurement or buying from global procurement systems                               | Programme-specific procurement and supply chains   | Strengthened national procurement and supply management unit irrespective of the funding source |
| <b>6. Health information systems</b> | Consolidate data systems used for surveillance, monitoring and evaluation                               | WHO-facilitated workplan to facilitate convergence of data systems | Consolidated data systems used for monitoring and evaluation in the context of integrated disease surveillance and health management information systems | Fragmented, programme-specific data systems for surveillance, monitoring, and evaluation | Progressive convergence of data system towards integration                                      |