

Annex A: Gavi-Global Fund-Global Financing Facility Enhanced Collaboration – Workstream Updates

As noted in the main paper, the Enhanced Collaboration effort is organised into four key workstreams including: i) country engagement; ii) Health Systems Strengthening (HSS); iii) malaria; and iv) back office and enabling functions, noting that there are many interdependencies across these workstreams and the GHIs' engagement at country level must be tailored and unique to each country context. There is also a fifth and emerging workstream on tuberculosis which will build on early lessons from the malaria collaboration workstream.

i) Enhancing country engagement through “wave 1” countries

To operationalise this increased ambition around our collaboration, this work is moving forward with **an enhanced approach to country engagement in a small group of “wave 1” countries**. This is based on country requests to model and drive enhanced collaboration in their context. Several countries have already confirmed including Ethiopia, Mozambique, Guinea, Chad and Malawi. Several additional countries are also in discussions with the three GHIs to determine if they would also want to be part of this initial phase. In these wave 1 lead collaboration countries, the three GHIs will leverage existing work in-country and further focus our efforts to unpack, align to country plans and, where applicable, reform the processes, relationships, mechanisms and funding levers to establish greater cohesion in support of country leadership across our respective programmes, leveraging one another's comparative advantages. The intention is that this wave 1 will quickly be followed by a wave 2 with another set of countries already indicating interest for future increased involvement.

This **enhanced approach to country engagement has so far included the establishment of regular cross agency country team meetings, mapping of existing collaboration efforts, and identification of opportunities for synergies, complementarity of funding and alignment with country plans**. In taking a pragmatic, tailored and often opportunistic approach, not all enhanced collaboration activities in each country will include all three GHIs. Under the leadership and guidance of the countries, priorities and agreed actions will be identified per the countries' plans and steer, with the GHI country teams working through the Ministry of Health and other sectoral Ministries as appropriate, as well as Country Coordinating Mechanisms (CCMs) and Interagency Coordination Committees (ICCs) or other in-country coordinating mechanisms.

ii) Leveraging HSS investments across GHIs

In anticipation of increased engagement through wave 1, the **HSS** workstream undertook mapping of existing collaborations and held two workshops to identify opportunities for global alignment, both scaling up existing efforts and exploring newer areas, drawing in relevant expertise across the GHIs. The initial mapping indicated a number of technical areas where collaboration is already advanced, including **data, supply chain, and public financial management**. Described further below, these

areas have been affirmed as priorities where the three organisations will continue to coordinate and jointly-invest. Human resources for health, especially aligned support for community health workers, and health financing were recommended as other potential key areas for collaboration at scale to prioritise, building on work already underway in a number of countries.

Through cross GHI discussions, the HSS workstream aims to identify a short list of areas for more focused effort and greater ambition for alignment at a global level. In addition, as priority issues for HSS emerge from discussions within the 1st wave countries, activities to respond to these will also be incorporated into the HSS workstream workplan, facilitated by the Country Engagement workstream.

1. **Data:** Gavi and Global Fund are working together in more than 40 countries to strengthen health information management systems, through joint investments in the Digital Health Information Software 2 (DHIS2) platform, with GFF also supporting DHIS2 in many of those countries. More recently, Gavi, Global Fund, and GFF have jointly engaged in the WHO-led initiative to develop, test, and scale the use of common metrics for health systems strengthening. While each organisation will continue to monitor programme-specific data (e.g. related to vaccination coverage, or HIV/AIDS programming), the intent is to ensure we have common definitions of all relevant metrics and a core set of common metrics to provide a shared view of how to assess capacity and performance of health systems. The organisations are also pursuing opportunities to better leverage and share respective data collection efforts (e.g. GFF's FASTR1 platform and Global Fund's targeted Health Facility Assessments).
2. **Supply chain:** Gavi and Global Fund agreed on a common set of standards for electronics logistics management information systems (eLMIS) and are jointly supporting scale-up in 17 countries. The two agencies are also jointly supporting the STEP 2.0 programme², which was developed by Gavi and is now being scaled up with Global Fund and USAID. There is also significant collaboration on the issue of waste management between Gavi and Global Fund.
3. **Public financial management** is a longstanding area of collaboration across Gavi and Global Fund. We are currently supporting joint Programme Management Units to support management of Gavi and Global Fund funds through government systems in over 12 countries. In some countries (e.g. Laos) Gavi is pooling funding with Global Fund under broader sector-wide approaches or pooled funding mechanisms, often managed by the World Bank. Gavi and Global Fund are currently implementing two joint initiatives as part of the strategic shift to using country systems. The first is in collaboration with the International Federation of Accountants, US Agency for International Development and the Pan African Federation of Accountants to strengthen Public Accounting Organizations in Ghana and Burkina Faso with an objective to integrate the health sector component of financial budgeting and reporting into their respective syllabus and to train over 100 examiners to provide lessons

to students. The second is to strengthen 33 Supreme Audit Institutions (SAIs) in Africa through capacity building in collaboration with AFROSAI and CREFIAF with an objective of increasing the number of SAIs auditing Gavi and Global Fund grants from about 12 currently to 33.

As Gavi looks in Gavi 6.0 to more closely align its programming to National Immunisation Strategies (NIS), including exploring the potential for use of NIS guidelines and tools in lieu of Gavi application materials, **it will be important to consider potential trade-offs with alignment to Global Fund and GFF processes, tools, and approaches.** Building on the malaria example, the agencies are also planning to explore opportunities to align guidelines and requirements for health systems investments more broadly. As a first step, Global Fund and World Bank representatives have been integral members of the Technical Advisory Group supporting the development of Gavi's first Health Systems Strategy (Doc 6a) and will remain engaged throughout its operationalisation to further strengthen alignment across the three institutions.

iii) Update on Malaria Workstream

Gavi support for the malaria vaccine represents the first instance where Gavi and the Global Fund have addressed the same disease and is an important opportunity for the GHIs to concretely bring to bear the benefits of greater cross-organisational collaboration for countries. Since the establishment of the malaria vaccine programme, Gavi's support has reflected the WHO recommendation that malaria vaccines be provided in the context of a comprehensive malaria control strategy. This requires leadership and **coordination** between national malaria and immunisation programmes as well as deliberate coordination at the global and regional level to support countries in planning and implementing their prioritised and context-specific mix of interventions. All malaria vaccine applications to Gavi are required to demonstrate programmatic and structural links between the planned vaccine introduction and ongoing efforts of national malaria control programmes. In addition, Global Fund Technical Review Panel (TRP) members have taken part in the review of all malaria vaccine introduction applications received by Gavi to date.

The **Global Fund, WHO and Gavi have created a cross partner working group.** The malaria workstream is seeking to build from the guidance and inputs received during the Technical Briefing on malaria for the joint Boards of Gavi and the Global Fund held on 8 April 2024 to identify key areas that would benefit from collaboration, coordination and, in some cases, integration. These areas are anticipated to form the foundation for the institutional issues to be addressed by the Joint Committee Working Group which met for the first time on 1 October 2024. The workstream has identified five key areas of focus in the short term as it relates to the introduction of malaria vaccines in moderate and high transmission areas and in the context of other malaria interventions:

1. **Providing countries with actionable guidance on Gavi and Global Fund support:** Gavi's support for the malaria vaccine was designed to complement

broader malaria control and prevention efforts. In the process of implementing the vaccine and other malaria and health-systems strengthening-related activities, intersections with Global Fund malaria and health systems strengthening support (e.g. community health worker support, data, and information systems, etc.) have been identified. Gavi and Global Fund have jointly developed guidance on where and how countries can utilise their respective resources to support intersecting and/or complementary interventions to facilitate the deployment and delivery of malaria vaccines. These guidelines aim to give clarity on the program areas that each organisation can support in relation to malaria vaccines and give guidance on how co-financing requirements for each organisation relate to each other.

2. **Aligning on Measurement, Evaluation and Learning:** Gavi and Global Fund drafted and are refining a joint MEL framework addressing the measurement objectives, cross-functional indicators, and measurement use relating to malaria vaccines across Gavi and Global Fund. The plan covers indicators and data sources that both organisations can use to track: i) performance of malaria vaccine introduction; ii) discrete and coordinated process for vaccine introduction; iii) progress against programme outcomes; and iv) overall progress against malaria. The framework will also be linked to activities supporting the integrated planning and implementation of the vaccines (below) and the malaria vaccine learning agenda.
3. **Supporting integrated planning and implementation of vaccine programmes in the context of other malaria interventions.** Work is underway, led by WHO, to create a framework for collaboration that illuminates the scope, roles and responsibilities, and programmatic context for integrated planning and coordination across the national malaria and immunisation programmes (National Malaria Control Programmes and Expanded Programme for Immunisation). Illustrative deliverables of this work include shared goals and objectives for the coordination, a playbook on roles and responsibilities and best practices, and a framework for capturing and assessing collaboration within countries. This framework and collection of best practices will be linked to the wave 1 countries and will be used to identify areas and needs for targeted technical assistance support to enhance collaboration. This work should also complement WHO's forthcoming manual on sub-national tailoring of malaria interventions which will provide operational guidance for prioritisation among malaria prevention and control interventions by context.
4. **Streamlining global and regional coordination.** Linked to the above activities, the workstream is also working to build appropriate linkages between partner groups at the regional and global level across the malaria and immunisation spheres. While malaria vaccine-focused forums like the Malaria Vaccine Coordination Team (MVCT) and the strategic initiative for the Acceleration of Malaria Vaccine Introduction and Rollout Across Africa (AMVIRA) already see active participation and information sharing with malaria partners like the Global Fund and US President's Malaria Initiative (PMI), among others, discussions are underway with Roll Back Malaria (RBM) on the best approach to integrate global

and regional coordination on malaria vaccines within wider malaria partnership architecture. Gavi has also begun playing an active role in RBM-related for a including active membership on the “Big Push” Working Group and participation in regional RBM meetings.

Explore synergies in applications and reviews. The Global Fund and Gavi already coordinate on the technical review of funding requests/ applications, with Gavi Independent Review Committee (IRC) and Global Fund Technical Review Panel (TRP) members participating in each other’s malaria reviews as ‘expert exchanges’. It should be noted that most Gavi-eligible countries with a large proportion of moderate and high transmission areas have already received approval for Gavi support for vaccine rollouts. Going forward these countries will only require minor program revisions every 2 years, e.g. to account for changes to birth cohort sizes (i.e., no new funding applications nor substantive reviews usually anticipated). On the other hand, preparations for the Global Fund’s next 3-year grant cycle, grant cycle 8 (GC8), will commence only in 2026+ (i.e. when countries consider how to best prioritise use of their malaria funding). Therefore, for the short term Gavi and the Global Fund are exploring whether there could be value in piloting joint HSS/Resilient and Sustainable Systems for Health (RSSH) funding requests/applications in priority contexts through the HSS workstream.

iv) Finding new opportunities to connect our enabling functions

The approach to collaboration across the enabling functions is about delivering mutually beneficial opportunities for both organisations to strengthen their performance against their goals through working together, sharing best practice, sharing resources and suppliers and through any other mechanism that achieves this goal. This work has been ongoing since the two organisations moved into the Global Health Campus in 2018 resulting in joint security audits of all high and extreme risk countries, joint sourcing of suppliers for travel management, relocation, and security services, shared management of the GHC including new travel clinic, and joint crisis management during COVID pandemic to name a few examples. Over the course of the coming quarter (Q1 2025), Gavi and Global Fund will be deploying several new collaboration opportunities including shared translation services, a shared travel framework and use of travel management services, and the sharing of a single staff counsellor across the organisations. In parallel, we are continuing to scope a number of additional collaborative opportunities that span our human resources, operations and procurement, information technology and grant management processes to ensure we are leveraging one another’s expertise, investments, and the efficiencies that can be created by combining forces.

v) Laying the groundwork for a Tuberculosis Workstream

With the Gavi Board in-principle approval for a future TB vaccine programme and learning agenda as part of VIS 2024, Gavi is engaging in the TB Vaccine Accelerator Council and establishing a joint working group with Global Fund to initiate the analysis, planning and coordination required in preparation. It is anticipated that TB vaccines

will be available in 2030 and as there is likely a dual market for the TB vaccines with high demand also from high- and middle- income countries, an existing funding gap for TB interventions in low-income countries and required extension of the immunisation platform to 15-year-olds, coordination with the TB community will be essential. Based on lessons learned from our malaria working group, the two GHIs are aligning well in advance on their approach to vaccine rollout to support a comprehensive approach to tuberculosis working to maximise resources for health impact and to ensure new TB vaccines are affordable and rapidly accessible once available.