



Grant Cycle 8 (GC8) Prioritization Guidance Resilient and Sustainable Systems for Health (RSSH)

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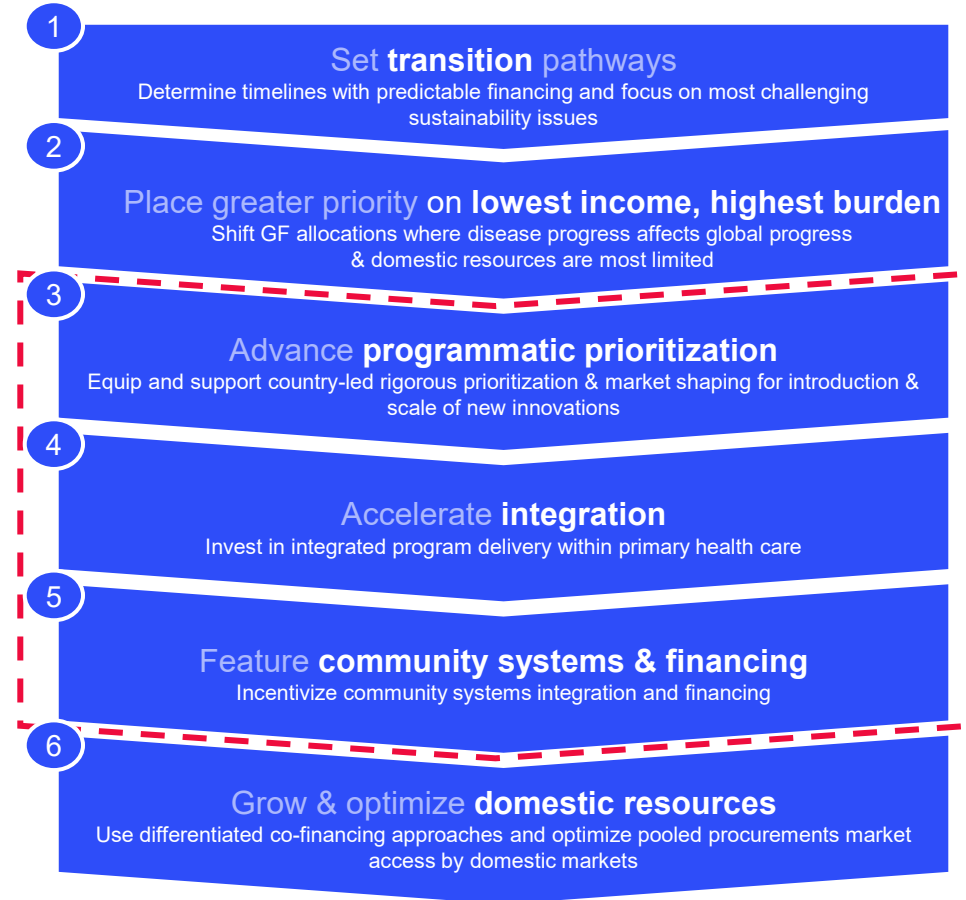
Context & purpose of this GC8 guidance

The Global Fund Partnership is committed to its mission of advancing the end of HIV, TB and malaria as health threats while investing in resilient systems that improve health outcomes. Within a context of constrained financing, this requires optimizing the use of *all* available resources through rigorous programmatic prioritization.

With countries and communities in the lead, success requires a relentless focus on efficiency and effectiveness, on making tough trade-offs in the face of inescapable funding gaps, on tackling barriers to accessing life-saving services for those most at risk, and on acting at pace to innovate and adapt.

This prioritization guidance serves to equip national stakeholders in determining additive, high impact Global Fund investments in national responses.

The six (6) **Strategic Shifts** for GC8, shared with the Board in February 2026. This guidance reinforces *all* shifts, with an emphasis on 3, 4 and 5



What are some of the changes in the guidance?



Increased focus on prioritization. With constrained global health resourcing, this guidance was developed with technical partners to equip stakeholders in determining additive, prioritized investment from the Global Fund. This was further streamlined in line with the Strategic Shifts.



Reduced complexity. Stakeholders have repeatedly requested more concise materials, including slide decks to summarize key points in CCM meetings and cascade to diverse audiences during country dialogue.



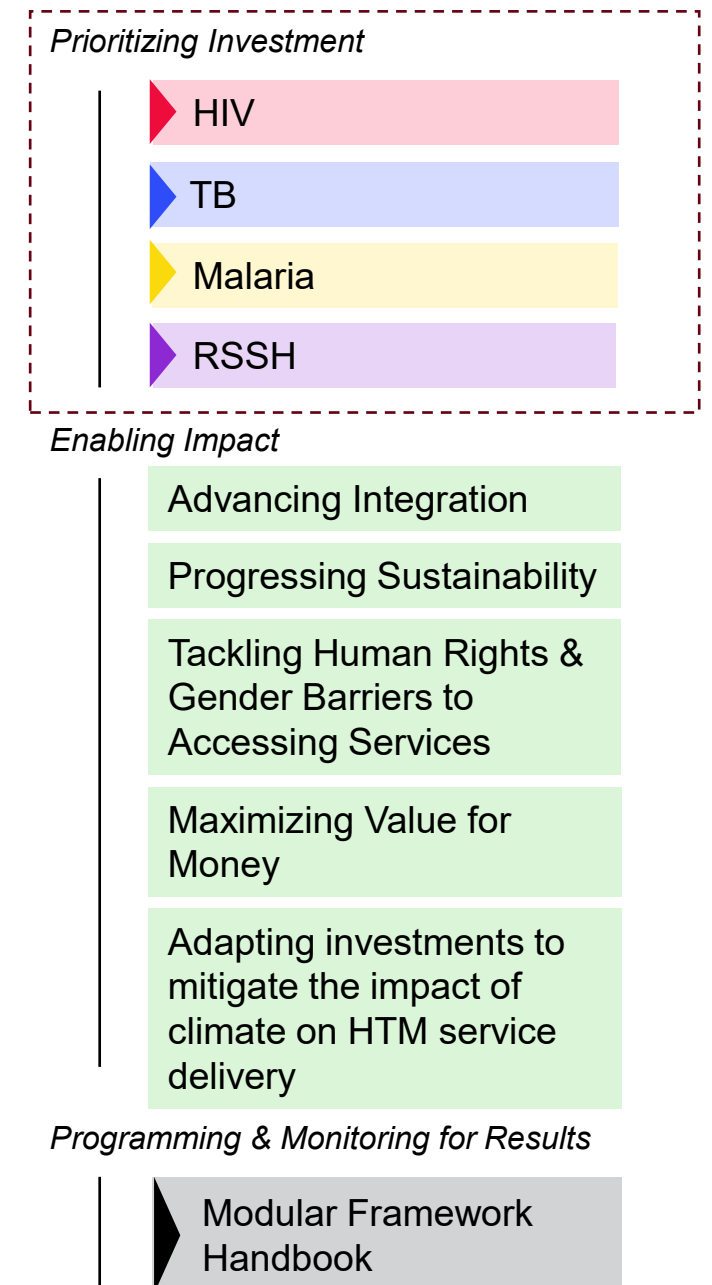
Decreased duplication within existing materials. The Modular Framework Handbook includes eligible modules, interventions and activity descriptions. As requested by stakeholders, this guidance includes further information on how to prioritize in GC8.



Recognized maturity of national responses. With decades of experience across most countries & communities and readily available technical and normative guidance, the reconfiguration of GC8 investment guidance is in step with most countries' self-reliance and leadership.

How to use this guidance

- This Prioritization Guidance is based on **evidence-based normative and technical guidance** from across the partnership and includes relevant references.
- The guidance informs **country-led decision-making** on how to maximize the impact of Global Fund resources, used together with National Strategic Plans to ensure alignment with overall spending plans, including domestic resourcing and external funding from other sources.
- The guidance **complements** the Global Fund’s Modular Framework Handbook, which describes the interventions eligible for Global Fund investments, and a separate cross-cutting guidance on “Enabling Impact”.
- Each section of this guidance (HIV, TB, Malaria, RSSH), **lays out overall priorities for GC8** (expanded for HIV and TB as Program Essentials), and suggests the prioritization approach and considerations for each intervention, including higher priority activities, potential optimization and efficiency opportunities, and (in some cases) lower priority activities which may no longer be necessary.
- This document will be updated as necessary to reflect innovations and change in technical guidance.



Definitions: Key Populations and Key and Vulnerable Populations

For **HIV**, Key Populations (KP) are defined by UNAIDS as those particularly vulnerable to HIV and frequently lack adequate access to services. These five groups are gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people ([definition](#)). Key and Vulnerable Populations (KVP) include KP, adolescent girls and young women (AGYW) and other vulnerable populations (OVP) at risk.

For **TB**, KVP are defined by Stop TB Partnership as populations at high risk and people in vulnerable situations ([definition](#)).

For **malaria**, WHO defines populations vulnerable to malaria as those at increased risk of infection and severe disease, particularly children under five, pregnant women and girls, people with immunocompromising conditions such as HIV, non-immune populations such as travelers, mobile populations, and populations with limited access to prevention and treatment services including in humanitarian settings; vulnerable groups vary by context.




Strengthening health and community systems remains central to the Global Fund's investment approach, with the ultimate goal of building the capacities countries need to transition to self-reliance while reinforcing global health security.

In GC8, prioritized investments in resilient health systems will be a force multiplier to advancing the end of HIV, TB and malaria.

- ✓ **Outlines** areas of investment that are high priority and those the Global Fund is unlikely to fund, out of scope or that require strong justification from countries.
- ✓ **Emphasizes** how to optimize investments and drive cost effectiveness to maximize results.
- ✓ **Reinforces** that Global Fund investments should focus on evidence-based interventions and approaches that are critical for impact, recommended by technical partners as they respond to their respective technical guidelines.

RSSH Priorities in Grant Cycle 8 (GC8)

- **Prioritize cost-effective systems investments** that directly improve the sustainability of HIV, TB and malaria interventions and ultimately improve health outcomes. Make decisions based on context-specific data, including systems maturity models to identify key gaps.
- **Integrate HIV, TB and malaria services** into PHC delivery, based on country context, as an imperative for sustainability. Discourage disease-specific investments (e.g., workforce) when an integrated approach is more cost-efficient.
- **Focus on value for money and reducing recurrent costs.** Transition away from HRH remuneration (including CHWs), program management and operation costs for equipment and infrastructure, particularly in upper middle-income and lower middle-income countries.
- **Leverage partnerships** to optimize impact across *all* sources of funds with domestic, Gavi, World Bank/GFF, bilateral and other funding.
- **Emphasize community engagement strategies** to address access barriers and enhance health service delivery integration.
- **Support health security** and the impact of climate events on health systems in all RSSH-PPR thematic areas.



**Applying
prioritization
considerations to
advance the end of
HIV, TB and Malaria
as public health
threats**

Prioritization approach & considerations

Module

RSSH: Health Sector
Governance
and
Integrated
People-centered
Services

Prioritization considerations

1. National health and cross-sector policy, strategy and coordination

Areas prioritized for GF investment

- **Prioritize the quality and use of national health strategies**, including the importance of essential health service packages and coordinated plans for key health system functions. Strategies should incorporate pandemic preparedness and responses to the impact of climate shocks on health systems.

Opportunities to increase optimization & efficiency

- **Leverage private sector resources** for service delivery and other health system functions through contracting, outsourcing and public-private partnerships. Support may include stronger regulation (e.g., accreditation, licensing, franchising), enforcement mechanisms and the integration of private-sector health data into national reporting systems.

2. Planning, management, and delivery of integrated people-centered services

Areas prioritized for GF investment

- **Strengthen planning, management and coordination functions** of the Ministry of Health (Department of Planning and directorates in charge of integrated services and health systems functions, national public health institutes (NPHIs) and other relevant institutions at national and sub-national levels. Such functions lead to optimal use of domestic and all external resources.
- **Integrate HIV, TB, and malaria programs into PHC platforms**, as appropriate to epidemiology, access and patient pathways, to improve health outcomes, enhance user and community experience and increase efficiency and sustainability:
- **Integration of HIV, TB, and malaria diagnosis, treatment and referral** within PHC service platforms (e.g., inpatient and outpatient facilities, outreach and community-based services), aligned with epidemiology and access.
- Integrated essential health service packages should be **financed through domestic resources**, as outlined in the Health Financing section.
- **Converging human resources for health (HRH) investments** to enable more integrated service delivery (see HRH section).
- **Integration of malaria campaigns** (e.g., chemoprevention and/or insecticide-treated net distribution) with other campaigns, such as nutrition screening, vitamin A supplementation, neglected tropical diseases mass drug administration, or immunization.
- **In challenging operating environments**, prioritizing integrated, cross-programmatic service packages.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Community
Systems
Strengthening

1. Organizational and Leadership Development

Areas prioritized for GF investment

- Support a package of organizational and technical capacity building for CLOs and CBOs to strengthen delivery of quality services, linkages to formal care, and to enable social contracting and direct government funding, including support for formal registration, accreditation, strengthening governance, financial and program management, sustainability planning and reporting.
- Prioritize the safety and security of community implementers.

Activities of lower priority (context dependent)

- Hold one-off trainings and capacity development activities that do not directly contribute to community responses.
- Invest in parallel or new community structures; stand-alone capacity building efforts.

2. Community-led monitoring (CLM)

Areas prioritized for GF investment

- **Position CLM as a core community systems intervention and quality improvement mechanism**, ensuring CLM frameworks are aligned with national health information management, quality improvement and PPR systems.
- **Prioritize CLM to identify service barriers related to availability, accessibility, acceptability and quality (AAAQ)** and to drive program responses that improve service uptake.
- **Support promising CLM programs to mature and scale**, deepening the technical and implementation capacity of CLOs and CBOs to deliver CLM with greater rigor, reach and impact. This includes supporting the adoption of digital tools for secure and confidential data management.
- **Support partnerships and feedback loops between CLM implementers, service delivery sites, and decision makers** to address barriers to health services identified through CLM and monitor impact on program improvement.
- **Support CLM initiatives that generate evidence on domestic health financing commitments and expenditure**, enabling communities to hold governments and other domestic stakeholders accountable for resource allocation to the three diseases and to KVP. Prioritize approaches that strengthen domestic accountability mechanisms capable of sustaining community oversight amid transition and reduced external financing.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Community
Systems
Strengthening

Activities of lower priority (context dependent)

- Use of standalone or pilot CLM programs not linked to HIV, TB and malaria program improvement cycles or lacking a clear pathway to change.
- Deprioritize investment in CLM initiatives that have not yet secured stakeholder commitment or defined priority issues for monitoring.
- Limit use of parallel community-led research or feedback platforms not linked to national quality or accountability systems.
- Deprioritize use of CLM-focused research in early-stage programs.

3. Community coordination and engagement in decision making

Areas prioritized for GF investment

- Prioritize the strengthening of community platforms that bring together CLOs, CBOs and community representatives to coordinate, consolidate priorities, and engage in HIV, TB and malaria program planning and decision-making at national and sub-national levels.
- Build community capacity to engage in health financing and accountability processes, including budget literacy, co-financing and public expenditure tracking to ensure community voices inform prioritization, planning and sustainability decisions.
- Strengthen linkages between communities and national and sub-national health planning and governance processes, including NSP development, PHC/UHC governance, technical working groups and PPR mechanisms.

Activities of lower priority (context dependent)

- Use one-off dialogue events or consultations without clear linkages to decision-making processes or outcomes.
- Support collective representation through coalitions or networks to reduce fragmentation and ensure diverse community voices are included.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Health
Financing
Systems

1. Health financing analytics, advocacy, strategies and planning

Areas prioritized for GF investment

- Support **realistic and prioritized health financing strategies and reforms** for effective domestic resource mobilization, pooling and purchasing. Promote integration of HTM into national service delivery platforms, value for money and payment methods.
- Support **country-led planning to transition** away from Global Fund and other external financing. This includes transition assessments and clear transition implementation plans, with deep dives as needed into transition pathways for priority functions and transitions among different partners. Ensure clear budgets and expenditure are mapped against costed priorities and include capacity for transition monitoring and management.
- Develop **sustainable financing strategies for health systems building blocks** through fiscal and economic analysis and investment scenarios, such as health labor market analysis, investment compacts and payment options for HRH (refer to HRH section); **social contracting for CSO and CBO**; efficient commodity procurement; stronger budget development and management.
- Strengthen **dialogue between MOH and MOF** for adequate, efficient health financing and flows. Build capacity of national stakeholders **to generate and use health-financing data** for resource mobilization, allocation and transition decisions.

Opportunities to increase optimization & efficiency

- **Strengthen financing and technical alignment and collaboration with other development partners**, including multilateral development banks, through innovative and alternative financing mechanisms such as blended finance, disaster risk financing, social impact financing, and/or public-private partnerships.
- Promote **domestic financing advocacy at national and sub-national levels**, including community and civil-society advocacy, to hold governments accountable for co-financing commitments and increasing domestic resource mobilization for health.
- **Use planning and optimization tools and processes**, including those set out in the annex of the Value for Money Technical Brief.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Health
Financing
Systems

2. Health financing schemes

Areas prioritized for GF investment

- Strengthen sustainable, strategic purchasing of value-for-money health services via **pooled health financing schemes** (e.g. insurance) to improve broad access, utilization and financial protection for beneficiaries, KVP.

Opportunities to increase optimization & efficiency

- **Promote optimization and efficiency across all funding sources.** Ensure that grant management requirements facilitate, rather than hinder, the integration of HIV, TB and malaria services into national systems, including the PHC system.
- Strengthen partnerships and efficiencies across donor-funded programs (e.g., Gavi, GFF/World Bank, USG, other bilaterals and private funders).

3. Strengthening Health Financing Data Systems and Public Financial Management Systems

Areas prioritized for GF investment

- **Strengthen health financing data systems** that link health outcomes with costing, financing and expenditure data for planning, monitoring and management of health and disease financing, financial planning, execution and alignment of all sources of funding.
- **Strengthen public financial management (PFM) systems** to improve effective domestic health budget, formulation, execution, scrutiny, incentivized flow of funds to frontline facilities and health care workers.
- **Train relevant staff at the central, district levels and health facilities on financial management to align with** greater levels of financial autonomy. Support the transition to a “one M&E, one budget, one plan approach” with regular health sector performance reviews.
- **Mainstream Global Fund and other external funding into country PFM systems**, strengthening grant fiduciary processes while **phasing out of parallel systems**. Investments should leverage joint PFM financing frameworks and coordination platforms. Conduct **PFM maturity assessments** and action planning, if they do not duplicate existing assessments.
- **Support digital PFM payment** to improve sub-national, last-mile service delivery and internal audit, and integrate external grants into the national budget. Support enterprise resource planning, integrated financial management information systems, and improved mapping of Global Fund costing dimensions.
- **Support the professionalization of health sector finance professionals** and strengthen the regulatory environment.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Health Product Management Systems

1. Policy, Strategy, and Governance

Areas prioritized for GF investment

- Support **coordinated and integrated national procurement, supply chain management and regulatory governance** that ensures accountability, leadership and stewardship across the health product management cycle.
- Prioritize **revision of supply chain strategies**, including digital health strategies and climate-resilient supply chain plans. Use data from recent supply chain maturity assessments to inform planning and models for private-sector partnerships where appropriate.
- Strengthen **Central Medical Stores** through audits, business plans, operational models, KPIs, and financial dashboards.

Opportunities to increase optimization & efficiency

- **Integrate supply chains** under country leadership in coordination with core partners, streamlining disease-specific functions, consolidating core processes, and reducing duplication.

Activities of lower priority (context dependent)

- Consider **deprioritizing siloed/disease-specific supply chain investments and oversight structures**, including strategic plans.

2. Planning and procurement capacity

Areas prioritized for GF investment

- **Support integrated quantification, forecasting** (at least biannually), **supply planning and procurement** to acquire quality-assured health products at the lowest sustainable cost and ensure their availability against extreme weather events.
- **Prioritize acquisition of diagnostic platforms and other health equipment through all-inclusive pricing** arrangements as cost-effective models that support sustainability and functionality.

Opportunities to increase optimization & efficiency

- **Standardize specifications** of high-volume products and concentrate demand on fewer variations and pack sizes to maintain unit price efficiencies and simplify supply chains.
- **Optimize procurement value** through PPM/Wambo to procure core health products (ARVs, antimalarial medicines, ITNs and diagnostics) to access negotiated terms and leverage the Global Fund's purchasing power to sustain access and market pricing.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Health Product Management Systems

- **Increase domestic financing** and use of national procurement channels for non-core health products (e.g., essential medicines, lab supplies and consumables), especially for Focused Portfolios.

Activities of lower priority (context dependent)

- **Avoid funding residential workshops** for PSM-related activities (e.g., guideline development, quantification exercises). Identify alternatives that do not require per diem and other costs.

3. Regulatory and Quality Assurance (QA) Support

Areas prioritized for GF investment

- **Strengthen national regulatory systems** with an integrated approach covering Essential Medicines/Diagnostics Lists, timely registration for new product introduction, quality testing, post-market surveillance, and other QA strengthening.
- **Reinforce existing QA systems and develop a QA plan** within the national masterplan for health product policy, outlining components, actors, responsibilities, budget and timeframe, and coordinating domestic and donor financing support.

Opportunities to increase optimization & efficiency

- **Make health product investment decisions based on robust situation analysis.** Use tools such as the WHO Global Benchmarking Tool, regulatory systems assessments, and the Model QA Systems assessment tool.

Activities of lower priority (context dependent)

- Consider **deprioritizing siloed/disease-specific vigilance investments.**
- Consider **postponing quality control testing and/or laboratory infrastructure upgrades.**

4. Supply chain design, operations (storage and distribution) management and outsourcing

Areas prioritized for GF investment

- **Optimize PSM costs** for cost-effective freight, warehousing, and in-country distribution of health products, covering end-to-end health product management while prioritizing value for money.
- **Assess and improve supply-chain performance** across inventory, distribution frequency, route/fleet optimization, network design, and waste reduction (expiry management, environmental pollution and solid waste).

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Health Product Management Systems

- **Leverage private pharmacies and alternative delivery channels** to expand access to quality-assured health products, with reimbursement through health-insurance schemes where feasible.
- **Strengthen distribution capacity and innovation at the community and last-mile levels.**

Opportunities to increase optimization & efficiency

- **Use evidence** from LFA and maturity assessments, national strategies, disaster risk and post-disaster needs assessments and supply-chain assessments to inform investments and guide outsourcing vs. insourcing decisions.
- Incorporate measures to **mitigate risks from adverse weather events.**
- Refer to the **Global Fund Guidance on Procurement and Supply Chain Management** for further guidance.

Activities of lower priority (context dependent)

- Consider **deprioritizing siloed/disease-specific vigilance investments**, including infrastructure, storage & distribution systems, and information systems, depending on country context, political buy-in, and co-financing investment.

5. Supply chain information systems

Areas prioritized for GF investment

- Build **interoperable, disease-agnostic supply chain information systems** (e.g., eLMIS, WMS, ERP, digital transport management, verification and traceability systems) to support end-to-end visibility, integrated planning and supply chain integrity.
- Invest in **interoperability and integrated infrastructure**, including standardized data exchange protocols, integration layers, and master data management to connect supply chain information systems with HMIS, LMIS, LIS and financial systems.
- Prioritize configuration, hosting, licensing, maintenance and workforce development costs.
- Invest in activities to strengthen data integrity, analytics, use and quantification (i.e., QAT).

Activities of lower priority (context dependent)

- Consider **deprioritizing single disease-specific supply chain supervision** for data quality, product availability or other supervision areas that are not integrated.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Health Product Management Systems

6. Waste management and resilient and sustainable health facilities and storage infrastructure

Areas prioritized for GF investment

- Prioritize **sustainability of existing waste-management infrastructure** using national assessments to guide improvements in maintenance, warranties, operational capacity and financial sustainability.
- **Strengthen energy efficiency, pollution control and disaster resilience of waste-management systems** across segregation, collection, treatment, recycling, and disposal. Use standardized waste-tracking tools for volume estimation and routine reporting, as outlined in the Health Care Waste Management Briefing Note.
- Disaster-proof existing health facilities and storage infrastructure using climate risk assessments and energy-efficiency investments.

Opportunities to increase optimization & efficiency

- Complement with co-financing where needed, emphasizing waste avoidance, segregation, reuse, and recycling over disposal.

Activities of lower priority (context dependent)

- **Consider deprioritizing procurement of new waste-management equipment**, particularly in settings that are not operationally ready to safely and sustainably operate and maintain such equipment.
- **Consider deprioritizing (for support from grants) operational costs such as fuel and consumables for waste destruction**, as these should be covered from national contributions as a first priority.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH/PP: Human Resources for Health (HRH) and Quality of Care

1. Planning HRH and governance for integration and sustainability

Areas prioritized for GF investment

- Strengthen **HRH analytics** to inform HRH planning and efficient deployment in alignment with PHC and public health priorities.
- **Develop or update HRH and community health strategies** where needed.
- Develop **HRH Compacts or investment plans**, including community health workers (CHWs), to align domestic and external financing to national HRH/CHW plans, informed by HRH/CHW resource mapping and expenditure tracking. These plans should include a clear pathway for transition from disease-specific to an integrated, sustainable HRH/CHW workforce.
- Develop or strengthen **national legal frameworks for CHWs and payment mechanisms** aligned to national plans and labor laws.
- Support **task sharing reform** to enable service integration at PHC level. E.g., scope of practice/curriculum review or updated legal framework to enable nurse- or midwifery-led care or service integration at the community level.
- Develop a **georeferenced CHW master list** to inform efficient CHW deployment within multi-professional PHC teams.

Opportunities to increase optimization & efficiency

Specific considerations for deployment and remuneration, including retention:

- Focus investments on the **PHC workforce**, aligned with national HRH and community health strategies and investment plans. Specify and justify the number and types of HRH and CHWs supported, in line with budgeting guidance, **with co-financing commitments and transition plans** for gradual transition to government systems.
- Harmonize remuneration for all types of HRH/CHW (including peers) with government-led pay and incentive packages. Where immediate alignment would disrupt services, initiate policy discussions to progressively achieve harmonization within a defined timeline.
- Prioritize deployment to underserved areas using HRH density data. Where deployment is linked to campaigns or outreach services, prioritize integrated approaches across multiple areas and use existing CHW platforms wherever feasible.

Activities of lower priority (context dependent)

- **Consider deprioritizing** large meetings: improve efficiency by using virtual options wherever possible. Limit frequency, duration, and number of participants for essential in-person meetings/workshops.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH/PP: Human Resources for Health (HRH) and Quality of Care

2. Optimizing approaches to HRH-CHW capacity building and quality improvement for integrated services

Areas prioritized for GF investment

- **Prioritize pre-service education over in-service training** that: a) contribute to PHC workforce strengthening (e.g., nursing, midwifery training programs); b) have clear added value to service integration, quality or innovation (e.g., e-learning or curricula revision to integrate HIV, TB and malaria into PHC workforce education); c) are competency-based and aligned with global standards.
- Prioritize **continuous professional development** models—such as low-dose, high-frequency virtual learning with digital solutions—over one-off, in-person training. Promote accredited courses, delivered by national training institutions.
- **Redesign performance improvement interventions** for greater effectiveness, efficiency, integration and sustainability:
- **Use structured continuous quality improvement (QI)** approaches at PHC level (e.g. QI teams using plan-do-study-act cycles for continuous problem-solving and collaborative learning), complemented by blended learning/clinical mentoring as appropriate. Target high-volume facilities and/or low-performing sites and focus on indicators with sub-optimal performance across HIV, TB and malaria and service integration priorities.
- **Integrate supportive supervision** at sub-national levels as part of QI, optimizing team size, frequency, number of days, targeting underperforming health facilities and content targeting on outcomes that are in most need of improvement.

Opportunities to increase optimization & efficiency

- Implement **integrated planning of QI, training and supervision** across programs for efficiency and sustainability: e.g., where the same cadre requires training on a range of issues, consider integrating these topics in continuous professional development programs, structured QI or integrated supportive supervision.

Activities of lower priority (context dependent)

- **Avoid off-site hotel-based refresher or standalone in-service training** for any HRH or CHW cadre; meetings for single-issue protocol updates. Leverage digital or mobile platforms, or—where these are unavailable—consider circulars and dissemination through routine supervisions, instead of meetings.
- **Move away** from single-disease or single-service supervision models.
- **Refrain from capital investments** in training institutions.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH/PP: Human Resources for Health (HRH) and Quality of Care

3. Consolidating investments in polyvalent community health worker programs

Areas prioritized for GF investment

- **Prioritize key bottlenecks in national CHW systems**, e.g., pre-service training, remuneration, equipment and commodities, digital data systems, supervision, referral linkages. Inform priorities through maturity assessment where available.
- **Integrate CHWs into multi-professional PHC teams**. Define and track key service outcomes and use data for CHW supervision; integrate CHWs for demand generation linked to integrated outreach; strengthen community follow-up of women in pregnancy and post-discharge and their children, consistent with triple elimination, malaria and MNCAH strategies.
- **Transition gradually or integrate disease-specific CHWs** (including peers) with national community health. This may include strategies that will strengthen polyvalent CHW capacity to deliver HIV, TB and malaria-specific community interventions; address barriers to recruitment of disease-specific CHWs into polyvalent CHW programs; and harmonize pay.

Opportunities to increase optimization & efficiency

- **Optimize CHW deployment** considering service delivery/population needs, workload and available resources.
- Strengthen the **quality of CHW supervision** from PHC facilities for continuous capacity building of CHWs (over refresher trainings).
- Align **commodity and equipment packages** with nationally approved packages, and planned changes in CHW scope of practice resulting from service integration. Align CHW training, equipping and commodity distribution plans.

Activities of lower priority (context dependent)

- **Consider deprioritizing single-topic CHW training**. Instead, training should prioritize the rollout of a pre-service integrated package, including requalification of single-disease/vertical CHWs into polyvalent ones through the integrated curriculum.
- **Consider deprioritizing the introduction of new CHW digital applications or platforms not endorsed by MOH** and/or not integrated into national community health information systems.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH/PP: Laboratory Systems

1. Leadership, coordination and governance of national laboratory services

Areas prioritized for GF investment

- **Strengthen leadership and coordination among key government entities**, including the national laboratory directorate, national public health institutes and reference laboratories, disease programs and surveillance authorities.
- **Consider conducting Laboratory Systems Maturity Monitoring (LMM)** to document the current status of laboratory systems and inform investment decisions.
- **Reinforce the laboratory workforce** as needed at each level, through credentialled training programs in laboratory medicine, biomedical engineering, bioinformatics, genomics, and biosafety/ biosecurity. Institutionalize the **Global Laboratory Leadership Program** within graduate degree programs and/or continuing education.
- **Promote regional and country peer-to-peer learning exchanges** to implement best practices, adopt proven innovations, address specialized needs for technical assistance, and promote career development opportunities for laboratory professionals.
- **Reinforce systems for the routine, accurate and collaborative reporting** of laboratory key performance indicators.
- **Establish laboratory system dashboards and/or data repositories** to track performance of diagnostic networks.

Opportunities to increase optimization & efficiency

- **Develop and maintain robust monitoring and evaluation mechanisms** to progress implementation of the National Laboratory Strategic Plan (NLSP), including metrics on diagnostic access and coverage for HIV, TB, malaria, and other essential diagnostics at each tier of the health pyramid, as per the national Essential Diagnostic List (EDL). Include metrics for quality management systems (e.g., numbers of accredited institutions, enrollment in External Quality Assessment Proficiency Testing schemes), utilization of molecular diagnostic platforms, and timeliness (turnaround times) for key laboratory services.
- Complete the **Value for Money Checklist** for any investments in laboratory-related capital assets.
- **Ensure step-wise transition of donor-funded laboratory systems investments** into government-led initiatives, via development of business plans, cost-recovery and fee-for-service models.
- **Consider cost sharing** between laboratory directorates, disease programs, and the NPHI for the development of policies, use of data, and management of assets concerning diagnostics, service delivery and laboratory-based surveillance.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH/PP: Laboratory Systems

2. Best practices for the management of laboratory systems and diagnostic networks

Areas prioritized for GF investment

- **Institutionalize Quality Management Systems (QMS)** at all tiers of the laboratory network.
 - Establish and/or sustain internationally recognized (ISO 17043) **National External Quality Assessment (EQA) schemes** that can generate income through the provision of services to private/ public laboratories.
 - Establish and sustain **National certification programs and Accreditation schemes** that provide audit and inspection services as part of regulatory oversight and licensing/**accreditation (ISO 15189)** of clinical and public health laboratories.
 - Strengthen quality through SLIPTA, SLMTA, LQMS/LQSI training and participation in ISO 17043-accredited proficiency testing (PT) schemes, including those coordinated by Regional Centers of Excellence and Supranational Reference Laboratories.
- Advance **digitalization, interoperability and triangulation of laboratory data with other health information systems** to enhance clinical and public health decision-making. **Strengthen integrated Laboratory Information Systems** for real-time data collection, aggregation and analysis. Leverage existing capabilities for data management (e.g., homegrown and/or open-source software).
- Strengthen **integrated Specimen Referral Systems (SRS)** to support decentralization of diagnostics services, drive improved access, support surveillance and rapid outbreak response. Build workforce capacity on geospatial analysis, specimen handling, transport and tracking, and contracting of transport agencies.
 - Encourage contracting with private sector providers and including specimen transport fees within National Insurance schemes.
 - Support SRS through a geographic information system (GIS)-based analysis to inform the configuration of the transport network to meet the needs of routine and specialized clinical diagnostics, public health surveillance, and outbreak response.
 - In collaboration with national public health laboratories, perform mapping and analysis of referral patterns for confirmatory testing of notifiable epidemic-prone pathogens. Inclusion of private sector facilities is strongly encouraged.
- Strengthen **laboratory supply chains** by establishing resources and procedures for **All-Inclusive Pricing (AIP) service-level agreements (SLAs)** and other contracting mechanisms to improve maintenance and servicing of laboratory equipment. Build staff expertise within national laboratory directorates to manage and oversee the contracts. Enhance inter-ministerial collaboration to improve cost efficiency and pricing for laboratory commodities and reagents, including pooled procurement, demand forecasting and quantification, and streamlined introduction of new in vitro diagnostics (IVDs).

Prioritization approach & considerations

Module	Prioritization considerations
RSSH/PP: Laboratory Systems	<ul style="list-style-type: none"> • Strengthen laboratory infrastructure, biosafety and biosecurity to meet international standards, including improving access to back-up power, internet connectivity, information and communication technology and contingency planning to enhance resilience to climate shocks on health systems. Support calibration and preventive maintenance through capacity-building of biomedical engineers. • Support laboratory-based surveillance for disease surveillance, outbreak detection, pandemic preparedness and response and antimicrobial resistance (AMR) containment strategies. <ul style="list-style-type: none"> • Determine which interventions should include multi-disease testing platforms, next-generation sequencing (NGS), wastewater surveillance, and strengthening capacity for bacteriology, mycology and antibiotic susceptibility testing of WHO GLASS pathogens. • Support one-health laboratory-based surveillance for emerging pathogens, including zoonoses and environmental infectious threats. • Support interventions to achieve the IHR 7-1-7 targets and AMR containment. • Strengthen public-private partnerships across all laboratory systems interventions and ensure systematic inclusion of private-sector facilities in laboratory network planning, particularly in urban settings. <p>Activities of lower priority (context dependent)</p> <ul style="list-style-type: none"> • Consider deprioritizing disease-specific laboratory systems investments, infrastructure, and stalled equipment investments, such as: • Prioritize integrated SRS and LIS, using a phased approach. Discontinue disease-specific referral systems. • Procurement of mobile biosafety level 3 (BSL-3) laboratories. • Diagnostic Network Optimizations (DNO) driven by disease or equipment-specific objectives or DNO exercises with no plans to institutionalize the collection, update and access of GIS data by MOH.

Prioritization approach & considerations

Module

RSSH/PP: Medical
Oxygen and
Respiratory Care
System

Prioritization considerations

1. Optimization and sustainability of existing Oxygen and respiratory care supply and services:

Areas prioritized for GF investment

- Prioritize Global Fund support only if alternative funds are not available and the health facilities are serving significant populations of people living with HIV, TB and/or malaria. Consider any grant funding with a clear transition and sustainability plan.

Opportunities to increase optimization & efficiency

- Align with national strategies to prioritize domestic investments, alternative donor funding or innovative & blended financing (public-private partnership/cost recovery where appropriate).
- Consider creating a national technical working group on oxygen and respiratory care to sustainably integrate oxygen services into the health system by coordinating stakeholders on policy, data, quality and regulatory standards for supply, distribution, and delivery.
- Develop a national oxygen plan or roadmap for integrated program and service delivery and long-term sustainability. The plan should address operations, maintenance, staffing, local capacity building, and monitoring. It should include integration of national biomedical systems to enable local servicing, extended warranties, and maintenance, as well as essential systems such as procurement and supply chain quality assurance. Digital asset management tools should be incorporated to reduce downtime and reliance on external service providers.
- Plan for surge oxygen capacity in emergencies such as epidemics, humanitarian crises, conflicts, or natural disasters.

Activities of lower priority (context dependent)²

- Consider deprioritizing scale-up of complex and auxiliary oxygen equipment or infrastructure.

2. Other integration/sustainability considerations:

Opportunities to increase optimization & efficiency

- Integrate distribution and quality assurance for medical oxygen services into existing supply chain, quality and regulatory systems.
- Integrate oxygen indicators (production, distribution, consumption, downtime) into national health management information systems.

Prioritization approach & considerations

Module

Prioritization considerations

RSSH/PP: Medical
Oxygen and
Respiratory Care
System

- Integrate human resources capacity building for management, operations and maintenance of oxygen systems within the capacity building of essential biomedical, technical staff and clinical providers.
- Consider, where relevant, using existing or planned alternative or clean energy sources such as photovoltaic systems to offset operational costs.

Prioritization approach & considerations

Module

RSSH: Monitoring and Evaluation Systems

Prioritization considerations

1. Health Information Systems (HIS) Foundations

Areas prioritized for GF investment

- Strengthen **national data governance, planning, and coordination structures** (policies, standards, roadmaps, working groups).
- Ensure **availability of appropriate integrated recording and reporting tools** across public, private, and community sectors.
- Strengthen **national integrated HIS platforms** (EMR, HMIS, surveillance, community), including essential system costs hosting (cloud/local), licenses, connectivity, hardware, and maintenance; core HIS functions: helpdesk, system updates, cybersecurity, and interoperability standards; and targeted technical assistance (e.g., on AI, data standards, system upgrades).
- Improve **data quality, analysis, and use** for patient care, quality improvement, program management, and planning.
- Ensure **data security**, including privacy and confidentiality.

2. Digital HIS Transformation and Sustainable Infrastructure

Areas prioritized for GF investment

- Strengthen **national standards-based digital enterprise architecture**, including an Architecture Blueprint.
- Build **interoperability** across systems (HMIS, CHIS, LIS, LMIS, IDSR, HRIS, EMR).
- Support **patient-level digital data systems and case-based surveillance**, and integrate across disease programs and within PHC.
- **Optimize/consolidate existing HMIS** or other data and analytics platforms for disease programs & broader health intelligence.

3. HIS Workforce Capacity

Areas prioritized for GF investment

- Integrate **HIS/M&E, surveillance and ICT staff roles** across disease programs within existing staff cadres while maintaining sufficient overall capacity to perform core functions; or consider staffing policy reforms to develop fit-for-purpose cadres if needed.
- Consider Frontline or Intermediate **FETP** or similar competency-based training to build data analysis and use capacity.

Opportunities to increase optimization & efficiency

- Use **efficient training approaches** (e.g., pre-service, on-the-job, virtual, use existing materials).

Prioritization approach & considerations

Module

Prioritization considerations

RSSH: Monitoring and Evaluation Systems

4. HIS Efficiency & Optimization

Areas prioritized for GF investment

- Invest in novel approaches to supporting HIS that may lead to medium–long term efficiencies, including AI, where relevant.
- Critical surveys and assessments to fill crucial data gaps using simplified methods .

Opportunities to increase optimization & efficiency

- Shift toward cost-efficient and integrated approaches for supportive supervision, data quality assessment, and continuous quality improvement (e.g., remote validation, desk reviews, routine self-assessment, and reduced frequency).
- Streamline indicators, data recording and reporting tools to reduce duplication. Promote the “collect once, use many times” principle.

5. Integrated surveillance for notifiable epidemic-prone diseases

Areas prioritized for GF investment

- Prioritize **early warning surveillance** for epidemic-prone diseases by strengthening and consolidating core public health functions.
- Support integrated, polyvalent training for community health workers on **community event-based surveillance (CEBS)**, aligned with national curricula and coordinated across community health and surveillance systems, with integrated supervision, data quality assurance and use of 7-1-7 performance metrics.
- Adopt or strengthen **Epidemic Intelligence from Open Sources (EIOS)** and other event-based surveillance approaches.
- Strengthen the **operation and maintenance of national digital surveillance systems**, including IDSR indicator-based modules and CEBS reporting tools, in alignment with digital health strategies and ICT/HMIS standards.
- Expand **multi-source surveillance data repositories and analytics platforms** within emergency operations centers to support epidemic intelligence, early warning (climate-informed) and monitoring of essential service continuity, aligned with national health data architecture and integrating clinical, laboratory, supply chain and population data.
- Advance **IHR implementation** by addressing priority capacity and operational gaps identified through Joint External Evaluations (JEE) and National Action Plans for Health Security (NAPHS).

Opportunities to increase optimization & efficiency

- Perform **mapping and referral patterns** in collaboration with national public health laboratories, for confirmatory testing of notifiable epidemic-prone pathogens, e.g., as reflected in national IDSR guidelines.



This guidance was developed with expertise and input across the technical partnership.

The prioritization recommendations draw from deep technical resources linked here as well (*non-exhaustive*)

WHO (2018). WHO guideline on health policy and system support to optimize community health worker programmes. <https://www.who.int/publications/i/item/9789241550369>

WHO (2025). Integrating community health workers into health systems: a step-by-step policy implementation guide. <https://www.who.int/publications/i/item/9789240110298>

WHO (2023). Global health and care workers compact: technical guidance compilation. <https://www.who.int/publications/i/item/9789240073852>

WHO (2023), Workload Indicators of Staffing Needs, <https://www.who.int/tools/wisn>
Global Laboratory Leadership Programme (GLLP), <https://www.who.int/initiatives/global-laboratory-leadership-programme>

WHO (2020) Digital Implementation Investment Guide (DIIG): Integrating Digital Interventions into Health Programmes, <https://www.who.int/publications/i/item/9789240010567>

WHO (2025) Guidance note on the inclusion of activities for AMR surveillance and laboratory strengthening into Global Fund proposals, <https://www.who.int/publications/m/item/guidance-note-on-the-inclusion-of-activities-for-amr-surveillance-and-laboratory-strengthening-into-global-fund-proposals>

WHO, Model Lists of Essential Medicines, <https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists>

WHO [Global Digital Health Monitor](https://digitalhealthmonitor.org/) and [DHIS2 Maturity Profiles](https://dhis2.org/maturity-profile/), <https://digitalhealthmonitor.org/> and <https://dhis2.org/maturity-profile/>

WHO (2025) Ethics and governance of artificial intelligence for health: Guidance on large multi-modal models, <https://www.who.int/publications/i/item/9789240084759>