

# Together for stronger health systems

*A comparative analysis of the coordination and alignment of the Global Fund, Gavi and GFF in the Democratic Republic of the Congo, Mozambique and Rwanda*



# Introduction

Known as the 3Gs, **Gavi**, the **Vaccine Alliance** (Gavi), the **Global Financing Facility** (GFF), and **The Global Fund to fight AIDS, Tuberculosis, and Malaria** (the Global Fund) are some of the main global health initiatives. For over two decades, they have been addressing health challenges in low- and middle-income countries (LMICs). While each initiative focuses on a different health issue, their common goal is to improve health outcomes for the most vulnerable populations. The role of Gavi, GFF, and the Global Fund is not limited to addressing current health challenges but also to building resilient health systems that can withstand future crises. In order to strengthen health systems effectively, global health initiatives need to be coordinated with each other and aligned with national priorities. The COVID-19 pandemic has stressed the critical need for strong partnerships and collaborations to ensure global health security. It has also demonstrated the significance of coordinated responses to outbreaks and underscored the importance of a One Health approach that recognises the interconnectedness of human, animal, and environmental health. With initiatives like the WHO's Global Action Plan for Healthy Lives and Well-being for All (GAP), development partners have taken several measures to improve their coordination, and set common targets.

This policy brief builds on [a study that examined the 3Gs' global-level strategies on coordination and alignment](#), and brings together three country case studies that examined the same topic in practice: in the Democratic Republic of the Congo (DRC), in Mozambique and in Rwanda.

This policy brief focuses on **six areas**: 1) health financing, 2) human resources for health, 3) health data and information systems, 4) supply chain management, 5) community engagement and inclusion, and 6) gender equity. Based on our findings, we provide recommendations for the 3Gs, which can also be valuable to other development partners.



health  
financing



human resources  
for health



health data  
and information  
systems



supply chain  
management



community  
engagement and  
inclusion



gender  
equity

# About the 3Gs

	GAVI	GFF	Global Fund
ABOUT	Gavi is a global public-private partnership established in 2000 to improve immunisation access for children in low-income countries and accelerate access to new vaccines.	The GFF was launched in 2015 to address the funding gap in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N). The GFF's grants act catalytically by leveraging additional funds from domestic and external resources.	The Global Fund is a public-private partnership established in 2002 to fight AIDS, Tuberculosis (TB), and Malaria and reinforce resilient and sustainable systems for health.
COORDINATION AT COUNTRY LEVEL	Interagency Coordination Committee, which participates in proposal development and progress monitoring.	Multi-stakeholder country platform, led by the Ministry of Health.	The Global Fund is a public-private partnership established in 2002 to fight AIDS, Tuberculosis (TB), and Malaria and reinforce resilient and sustainable systems for health.
FOCUS AND TARGET POPULATION	Immunisation for every child born	RMNCAH-N for women, children and adolescents	HIV/AIDS, TB, and malaria for every persons affected by these epidemics
CO-FINANCING MODEL	Countries applying for Gavi support have to co-finance part of the cost of vaccines. Co-finance is subject to Gross National Income, the country's transition phase and the type of the vaccine (routine or one-off).	Countries commit to domestic resource mobilisation and the allocation of the World Bank's International Development Association(IDA)/International Bank for Reconstruction and Development (IBRD) funding to increase the share for priority populations.	Co-finance from the recipient countries is based on national income levels and disease burdens. The Global Fund has a co-financing incentive (at least 15% of allocation) if a country makes additional commitments towards disease programmes and/or health systems.



# Health financing

## Policy and regulatory alignment

The 3Gs are working to align with national health policies and strategies to support countries' health system priorities. In **Mozambique**, the Global Fund and Gavi have integrated into the national Public Financial Management system, and their interventions align with the country's Multi-Year Plans. The GFF and Gavi financing are integrated into Mozambique's e-SISTAFE platform, showing effective alignment with national health policies.

In **Rwanda**, committed leadership has shaped a strong policy environment where the 3Gs operate, with the Rwanda Aid Policy 2006 being a key instrument. The GFF piloted its alignment framework in Rwanda in July 2022, which brought together various stakeholders and led to an action plan to improve alignment and coordination. In the **DRC**, governance, humanitarian and security crises have hindered optimal alignment with the 3Gs. Despite that, national plans have been established with 3Gs' support (e.g., National Immunisation Plan, National HIV Strategic Plan, National Development Plan) and donors have been aligning with the National Plan for Health Development.

## Domestic Resource Mobilisation

Rwanda, Mozambique, and the DRC have made some progress in increasing their domestic funding for healthcare but continue to rely heavily on external resources, including the 3Gs. Importantly, it is very difficult to attribute any progress in domestic resource mobilisation to the 3Gs' work in the countries.



In Mozambique, Gavi and the government are major financiers for the Expanded Programme of Immunisation (EPI), with Gavi contributing 64% and the government contributing 23%. The DRC government has doubled its contributions to immunisation and partnered with Gavi to create a sustainable financing strategy. For Gavi, Rwanda is at the initial self-financing phase and has adopted a co-financing model to mobilise resources for immunisation programmes while promoting accountability and sustainability. The GFF investment case in the DRC catalysed health financing reforms, including the introduction of strategic purchasing to enhance the quantity and quality of maternal and child services. In Rwanda, GFF technical assistance and USD 18 million in catalytic support is helping the government to implement key system and health financing reforms across health, nutrition, and social protection. In Mozambique, the GFF conducted a health expenditure review in 2018, showing a sustained national effort to increase funding for health.

## Public Financial Management

The 3Gs support public financial management systems and transparency in Rwanda, Mozambique, and the DRC by providing technical assistance. Gavi, in its 2021-2025 strategy, focuses on strengthening leadership and governance for financing immunisation. They track countries' progress through the Grant Performance Appraisal to ensure optimal resource utilisation. Gavi and the Global Fund, through the International Federation of Accountants, have also improved financial transparency, accountability, and anti-corruption efforts in the public sector. The GFF partnered with the World Bank to provide technical support to partner countries.

**Rwanda's** regular auditor reports have informed the 3Gs' support for financial management. The Global Fund invested in Rwanda's financial management system and introduced the Integrated Financial Management Information & System (IFMIS) Unit allowing for results-based financing that emphasises outputs over inputs. The GFF worked with the Rwandan government to enhance nutritional-responsive public financial management. It supports the Nutrition Expenditure and Institutional Review that provides detailed analysis of the level and composition of government and donor spending on nutrition and identifies critical institutional and public financial management arrangements.

**Mozambique** has struggled with accountability and transparency due to political instability and governance challenges. In Mozambique, the 3Gs established a Project Management Unit under the Planning and Cooperation Directorate to enhance grant implementation and ensure compliance. The GFF in particular has supported reforms aimed at strengthening fiduciary oversight and fiscal decentralisation to facilitate service delivery.

In the **DRC**, historically, the 3Gs have provided support through intermediaries and the focus has been on enhancing accountability and transparency in public finance management. Gavi and Global Fund investments have contributed to the establishment and strengthening of the Ministry of Health's Financial Management Support Unit (CAGF), which has improved accountability and transparency in managing public finances. The CAGF manages the allocation of external funding for national priorities, while the Inter Donor Group for the Health Sector (GIBS) facilitates cooperation between the Ministry of Health and external donors to ensure alignment between national policies and donor practices. Additionally, the GFF investment in DRC led to the introduction of strategic purchasing.

## Result and Performance Based Financing

The 3Gs have implemented result based financing (RBF) models, including performance based financing (PBF), to improve healthcare for hard-to-reach populations, providing financial incentives to enhance the demand and supply sides of healthcare. These financing models aim to enhance accountability, transparency, and service delivery outcomes in healthcare systems. Rwanda, for example, has seen significant successes. However, implementing PBF in fragile states like the DRC and parts of Mozambique requires new and different working methods and capacities at both institutional and individual levels.

In **Rwanda**, the Global Fund uses RBF to allocate funds to costed National Strategic Plans, while the GFF uses PBF to incentivise antenatal and postnatal visits and regular check-ups for children. The Programme-for-Results approach, applied by the GFF in **Mozambique**, combines technical assistance and monitoring to support service delivery and enhances the efficiency of health system operations. In the **DRC**, Gavi and the Global Fund have supported the national PBF programme to improve maternal and child health outcomes using Strategic Purchasing of Health Services.

## Blended finance

Blended finance is one way that development institutions work with the private sector, and it means that development finance is used to mobilise additional finance towards sustainable development. This is mainly by attracting private investment by removing part of the investment risk. However, there is always the risk that introducing private investors into development finance will result in inequitable outcomes.

The Global Fund and the World Bank focus on PBF in the **DRC**, combining public and private funds, leveraging debt financing, and mobilising resources from philanthropy and the private sector. In **Rwanda**, the Global Fund catalysed corporate donations for HIV/AIDS and COVID-19 relief programmes by working with RED, a private initiative which works with renowned brands to raise funds for the Global Fund. The Global Fund's Debt2Health programme has helped the DRC by converting debt repayments into health investments. In **Mozambique**, the Global Fund is supporting the implementation of the National Strategic Plan for HIV, involving Civil Society Organisations.

### Recommendations:

- ☛ Align policies with those of recipient countries, collaborate with governments and stakeholders, listen and adapt to feedback, support policy and institutional reforms, build local capacity, and encourage participation and ownership.
- ☛ Develop plans with national government/relevant authority and other development partners based on the national or local health strategy.
- ☛ Allow longer funding cycles of at least five years to create greater continuity, security and in-country planning capacity.
- ☛ Make funding as predictable, long-term and unconditional as possible. They should provide pooled funds, where possible, or "on budget".
- ☛ Consider the possibility of adopting lighter procedures for developing proposals and reporting, in consultation with country stakeholders.
- ☛ Continue to strengthen and build the capacity of lead ministries, particularly the Ministry of Health, for public finance management.
- ☛ Strengthen financial regulation regarding blended finance to discourage risky public-private partnerships.



# Human resources for health

LMICs face significant challenges with their human resources for health (HRH), including shortages, inequitable distribution, inadequate training, and challenging working conditions. The WHO's "Global Strategy for Human Resources for Health: Workforce 2030" calls for coordinated support from development partners and global health initiatives. The 3Gs have all recognised these issues and made some efforts. For instance, the GFF and the World Bank invest in in-service training and incentive programmes to bridge skill gaps and address personnel shortages in rural or underserved areas. In **Rwanda**, Global Fund and Gavi have provided financial incentives through PBF and salaries and top-ups through government payrolls. They have also invested in improving working conditions through infrastructure development and public facility rehabilitation, and in staff pre-and in-service training. The GFF has been supporting community health workers through capacity building, providing incentives, and offering certification and accreditation.

In **Mozambique**, one of the priorities of the GFF's Investment Case was to reach rural populations by expanding the community health worker network and mobile teams. According to the GFF's annual reports, this seems to be on track. As part of the Essential Health Services grants, the GFF also provided support and training to community health workers in rural areas in order to facilitate the rollout of the COVID-19 vaccine campaign during the pandemic.

## Recommendations:

- Coordinate funding for HRH to optimise resource utilisation, reduce administrative burden, and avoid overlapping interventions. This can be achieved through flexible funding, regular communication, joint planning, and shared monitoring and evaluation frameworks.
- Facilitate the development of national evidence-based policies that ensure the equitable distribution of health workers, particularly in underserved and marginalised areas. This would require robust data collection and analysis, stakeholder engagement, and alignment with national health plans.
- Sustain investments in the remuneration, training and capacity building of health workers through pre-service education and ongoing professional development. This would entail identifying priority areas for skill enhancement, leveraging technology and innovative approaches to training.
- 'Do no harm' needs to be taken into account sufficiently. HRH labour market distortions by external partners (including NGOs) is a huge issue of concern, draining capacity and motivation.



# Health data and information systems

The 3Gs have identified data management challenges in LMICs, such as poor information quality and data privacy concerns. The WHO's GAP has a specific accelerator for data and digital health, recognising that health data is essential for estimating health needs, allocating resources, developing and delivering services, identifying inequities and tracking progress towards the health-related SDG targets. The 3Gs, as members of the Global Health Initiatives Constituency within the Health Data Collaborative (HDC), are committed to aligning technical and financial resources with country-owned strategies for data collection, storage, analysis, and use.

In **Rwanda**, the Global Fund supports community health monitoring and electronic medical records. They collaborate with Rockefeller Foundation and Mastercard to strengthen national health information and surveillance systems. Gavi and GFF are working together to improve data quality and information systems for the entire health sector in Rwanda. In the DRC, the Global Fund has supported the development of the district electronic health information and online surveillance systems, while Gavi has supported the Mashako Plan app and GRID3 programme for Mapping for Health (M4H). Additionally, the World Bank and IFC have provided resources to modernise the national system for Civil Registration and Vital Statistics in the DRC. In Mozambique, GFF has played a role in enhancing data collection and monitoring in civil registration and vital statistics systems.

Despite efforts, countries continue to face challenges. In **Mozambique** and the **DRC**, the quality of data has been a significant issue. In the **DRC**, barriers to strengthening the health information system include delays in approval and integration of funds, poor internet connectivity, and delays in procurement of data collection tools. Mozambique also faced challenges with data quality despite support from Gavi. Rwanda has an integrated Health Management Information System, but it is not being fully utilised, and standard operating procedures are not consistently followed under the malaria programme.

These challenges highlight the importance of not only providing support for establishing health information systems but also ensuring that the systems are effectively utilised and maintained.

## Recommendations:

- Continue to strengthen countries' capacity to develop a sustainable and effective health information system by providing resources, training, and support.
- Employ common processes and international standards to disaggregate data, identify the needs of vulnerable populations, and inform planning, leading to more effective and accessible healthcare.
- Use local monitoring systems and conduct joint reviews and evaluations where possible.
- Consider establishing data-sharing agreements between organisations, utilising common data exchange standards and protocols.
- Develop policies that incentivise data sharing, forming strategic partnerships with healthcare providers and patient groups, and establishing procedures to encourage collaboration and involvement.
- Invest in technology infrastructure to expand data centre capacity by acquiring advanced data analytics software, and providing comprehensive staff training. To improve data quality and decision-making processes, it is important to tackle problems like bad internet connectivity, procurement delays, and adherence to standard procedures.





# Supply chain management

The Global Fund and Gavi have created a guide to improve logistics management systems by integrating digital logistics management information systems (LMIS) in a country's health supply chain. This digital LMIS helps to gather, analyse, communicate, and utilise accurate data for effective decision-making. It also tracks consumption rates, stock levels, risks of stock-outs, temperature excursions, asset functionality, and operational performance at all levels of the supply chain. Both Gavi and the Global Fund have strategies to strengthen supply chain management. By intervening in the international market, the Global Fund provides quality products at a reduced cost and strengthens country procurement and supply systems. Gavi and the GFF support procurement and capacity-building in forecasting, procurement, and logistics. The GFF also advocates for countries to use the private sector to manage the supply chain.

**Rwanda** has built robust supply chain frameworks with zero tolerance for corruption. The **DRC** is improving its healthcare supply chain by ensuring continuous product availability in Central Medical Stores and leveraging public-private partnerships to do so. The Global Fund has been vital in strengthening the distribution capacity of the Central Medical Store and facilitating procurement and distribution of malaria, HIV, TB products through trusted partners. **Mozambique** faces challenges in its supply chain management, but is working towards implementing its Strategic Plan for Pharmaceutical Logistics. Donor coordination is needed to improve supply chain management, with strategies aimed at exploring new models for vaccine reach and enhancing inventory management and distribution.

## Recommendations:

- Leverage local knowledge and expertise to design and implement effective and sustainable supply chain solutions at scale, and further explore new technology and innovative solutions. Strengthen partnerships and collaboration with government agencies, private sector partners, and other organisations.
- Scale up investments in digital technologies, such as supply chain management software and mobile health apps, to improve the visibility and tracking of health products, enhance forecasting and demand planning, and reduce inefficiencies in the supply chain.
- Increase investment in the training and development of health workers and supply chain professionals to help build long-term sustainable capacity in countries to manage and maintain their own supply chains.
- Increase support for the development of local production of vaccines and other health products to improve access, reduce dependence on foreign sources, and promote local economic development.
- Implement robust monitoring and evaluation systems and share data openly to ensure that resources are being used effectively and efficiently, and to promote transparency and accountability in the supply chain.



## Community engagement and inclusion

The 3Gs have made significant contributions to improving financial and physical accessibility to healthcare, to leave no one behind. They actively involve communities in various ways, with a focus on disadvantaged groups, including those living in conflict-affected, remote, and fragile states. In **Rwanda**, the Global Fund has contributed to a community-based health insurance scheme, which has reduced healthcare expenses for low-income households. Waiting time for healthcare facilities has also gone down from 90 to 30 minutes with investments made in infrastructure for accessibility. Additionally, the GFF has provided cash transfers to women and children from low-income households to access health and nutrition services. Gavi support in Rwanda has resulted in making vaccination free for the low-income households while ensuring equal coverage across the country.

In **Mozambique**, despite its Guide for Engagement with CSO, GFF does not have a platform to regularly interact with CSOs, relying only on the government channels. A limited engagement has been through the Joint Learning Agenda, consisting of financing activities for CSOs capacity strengthening. The Global Fund supports National Guidelines resulting in a standard package of services, including sexual and reproductive health and rights (SRHR), for key populations<sup>1</sup>.

<sup>1</sup> *Global Fund partners tailor services to the specific needs of so-called 'key populations'. These are groups that are marginalised and most affected by TB, HIV and malaria. These include (but not limited to) sex workers, transgender people, people who inject drugs, people in prison and detention and men who have sex with men.*



This has significantly improved access to essential services. Additionally, targeted interventions in lagging districts have improved healthcare access and quality through a combination of supply- and demand-side investments, systems-strengthening interventions, and increasing the volume, efficiency, and equity of financing.

Similarly, in the **DRC**, the Global Fund's Breaking Down Barriers initiative has made significant strides in eliminating human rights-related barriers to healthcare and addressing the needs of key populations. Moreover, Gavi and UNICEF's collaborative efforts in the DRC are aimed at reducing inequalities in vaccination, by developing georeferenced maps for some provinces, which will help identify areas with low vaccination coverage and prioritise efforts accordingly. This type of targeted interventions and partnerships are making important contributions to improving health outcomes and reducing inequities for vulnerable populations.

The WHO's GAP recognises the value of investing in civil society as a means to achieve the SDGs and the 3Gs acknowledge the significance of involving communities in programme implementation, accountability, and reaching vulnerable populations. However, some stigmatised, discriminated, or criminalised communities still get overlooked despite community engagement efforts. In addition to involving CSOs in consultative processes, it is crucial to allocate resources, especially to community-led service delivery infrastructure that addresses the health needs of disadvantaged populations.

### **Recommendations:**

- Scale the investment in community-based health services and train community health workers to bring healthcare closer to marginalised communities and increase their trust and acceptance of health services.
- Strengthen CSOs to advocate for and contribute to inclusive and respectful health systems that are responsive and accommodative to diverse needs, such as those with disabilities or facing structural and cultural barriers.
- Support and use existing national platforms for civil society engagement;
- Expand collaborations with partners to tackle social determinants of health that particularly impact communities that are marginalised, such as poverty, limited access to education, and discrimination.
- Increase funding and resources to CSOs, including technical assistance, training, equipment, and supplies to improve their capacity and operations. Sharing knowledge and best practices can also enhance the effectiveness of health programmes.
- Scale up meaningful participation and representation of marginalised communities in health programme decision-making by involving them in the design and implementation of health programmes.



## Gender equity

Gender norms and roles affect health-seeking behaviours and outcomes. Women and girls face inequalities in access to essential health services due to various factors such as low education, poor economic assets, and political participation barriers. The Global Fund and GFF have developed context-specific interventions that focus on disadvantaged groups and prioritise the needs and rights of women and girls. Gavi has developed a gender and immunisation policy to address gender-related barriers at various levels.

In **Rwanda**, gender equality objectives have been integrated across all programmes, and the Global Fund has supported joint missions with the government to advance human rights and gender equality, with a focus on key populations and vulnerable members of society. In the **DRC**, there is no evidence that the 3Gs coordinate their approaches on gender, nor that they align with national strategies established by the Ministry of Gender, Family and children. Although there are national policy documents in place, **Mozambique**, **Rwanda**, and the **DRC** are still facing a significant challenge of mainstreaming gender into the health sector.

### Recommendations

- Harmonise gender policies based on an intersectional understanding of gender that encourages disaggregating data to monitor programme implementation and to evaluate health consumption patterns.
- Continue to strengthen commitments to promoting gender equality and women's empowerment in all its programmes and activities through an intersectional lens. This involves increasing the participation of people of all genders in decision-making processes, and ensuring that programmes are designed and implemented in a way that addresses the specific needs and priorities of women and girls as well as gender-diverse persons.
- Promote gender-responsive health systems. Working with governments and partners, ensure that programmes are designed and implemented in a way that addresses the specific needs and priorities of women and girls as well as gender-diverse people.



# Conclusion

The 3Gs have made progress in coordinating their responses to better address health challenges in LMICs. To achieve SDG3 on health, an even more committed and robust collaboration is necessary. Strengthening the health system is an effective approach. To align well with the countries, the 3Gs should recognise that processes should be locally-driven. Development partners need to act as collaborators and not decisionmakers, and have a clear agreement with the countries as to how development cooperation takes place - and how it does not. In conclusion, development partners, including the 3Gs, should

- Improve coordination to maximise the impact of programmes and activities by conducting joint assessments, developing joint programmes, and sharing best practices.
- Improve the alignment with national strategies and stakeholders by fostering strong, country-led partnerships, conducting joint reviews to ensure alignment with national plans, and engaging with local stakeholders and communities to ensure their diverse needs are reflected in the design and implementation of programmes and activities.
- Rethink attribution and move away from the need to link every donor's individual contribution to an outcome.
- Create strategic indicators on mutual coordination and alignment with countries priorities using, for example, the indicators of the WHO GAP's implementation progress.

## Who are the authors?

This policy brief is a joint product developed by [Cordaid](#) (the Netherlands), [N'weti](#) (Mozambique) and [Wemos](#) (the Netherlands). These findings compare the results of three independent studies carried out by these organisations. All three country case studies followed a similar methodology: literature review and key informant interviews. Further research to produce this comparative study was carried out by **Dr Stellan Bosire**, independent consultant.

Read Cordaid's [policy brief](#) on the DRC

Read Wemos' [policy brief](#) on Rwanda

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