RSSH Gaps and Priorities Annex

Section 1 – Analysis of RSSH priorities, including those related to community systems strengthening, based on programmatic gaps

Identify the top three priorities for RSSH (by module) for each disease program and briefly explain how investing in these areas will help to address specific programmatic gaps for HIV, TB and malaria, while contributing to RSSH and pandemic preparedness.

Disease component (based on allocation letter)	Top three RSSH priorities (by module), including those related to community systems	Link with specific programmatic challenges and/or priorities to ensure quality
HIV	1. Community Systems Strengthening 2. Monitoring and Evaluation Systems 3. Health Products Management Systems 4. Human Resources for Health and Quality of Care	1. Disproportionately high HIV prevalence among key and vulnerable populations with capacity gaps to deliver quality services to the specific target groups, coupled with a relatively weak community structure and system for client tracing, care, referral and follow up. 2. Limited capacity to collect, analyse and use strategic information for decision making. 3. Sub-optimal supply chain management of medical and pharmaceutical products for commodity security with stock-outs of essential products. Poor quality and limited space for storage of commodities at health facility level. 4. Gaps in provider skills for delivery of evidence-based care and performance, with uncoordinated and unintegrated engagement of front-line health workforce (capacity building, mentorships and supervision)

Disease component (based on allocation letter)	Top three RSSH priorities (by module), including those related to community systems	Link with specific programmatic challenges and/or priorities to ensure quality
TB	1. Monitoring and Evaluation Systems 2. Laboratory Systems 3. Community Systems Strengthening 4. Human Resources for Health and Quality of Care	1. TB surveillance and recording systems are largely paper based with non-availability of community data and overall, limited use of data for decision-making. Limited linkage of laboratory data to case management with different reporting pathways, under-reporting and poor data quality. 2. Limited access to rapid TB diagnostics and long turnaround time for results (storage of samples, transportation and results transfer). Limited access to drug susceptibility testing and inefficient sample referral system with decline in proportion that reach the NTRL within 3 days. 3. inadequate facilitation for contact tracing and poor coordination between the community and the formal TB care system. Low level of TB knowledge with a high stigma about the disease at community level. Low demand creation for TB services leading to limited access and low uptake. 4. Gaps in provider skills for delivery of evidence-based care and performance improvement, with inadequate application of continuous quality improvement collaboratives for better service delivery.
Malaria	1. Monitoring and Evaluation Systems 2. Health Products Management System 3. Community Systems Strengthening 4. Human Resources for Health and Quality of Care	1. Inadequate quality and use of surveillance data for decision making. 2. Ineffective supply chain management system/ logistics management information system with inadequate stock management at health facility level. 3. Low risk perception and ownership for malaria control and prevention at the community level 4. Inadequate number of HRH at health facility and community levels, most of whom have low motivation for services delivery. Inadequate knowledge amongst the health

Disease component (based on allocation letter)	Top three RSSH priorities (by module), including those related to community systems	Link with specific programmatic challenges and/or priorities to ensure quality
		workforce to manage the 3 diseases and lack of integrated implementation manual for capacity building.

Section 2 – Prioritization process

Based on the analysis above: (1) Explain the approach used by the disease programs to collaboratively discuss and prioritize their health and community system bottlenecks; (2) Summarize why these RSSH areas have been prioritized between the three diseases for inclusion in the funding request; and (3) Explain how these priorities are aligned with those articulated in the national health sector plan and other key national policies and strategies.

1. At the individual HIV, TB and Malaria programmes, an internal review/ assessment of the current implementation plan was conducted, as well as the program essentials assessment, which was followed by filling of the appropriate tables. Program stakeholder conferences were utilised to discuss and provide action points on the key health and community system bottlenecks, which led to prioritization under the RSSH. A national dialogue meeting was convened by the Country Coordinating Mechanism (CCM) with representation of stakeholders from each constituency. The Managers of the disease specific programmes (HIV/AIDS, Tuberculosis and Malaria) each made a presentation that highlighted progress at programmatic level but more importantly, priorities for the the next three-year period. A working group was constituted during the meeting for each of the disease-specific priorities and one group specifically assigned to discuss the RSSH priorities. The group reviewed the different disease specific RSSH priorities and came up with emerging priorities from amongst the identified ones. The group's discussion included dialogue on which amongst the emerging priorities in health and community bottlenecks fitted in the disease-specific programmes and the more cross-cutting issues for consideration under the RSSH. This was aligned to the priorities and targets spelt out in the relevant National Strategic Plans. The group's work, which included the community system bottlenecks, was presented back at plenary to the general meeting for consensus and adoption. This highly participatory approach was utilized to engage the community stakeholders, identify high impact priorities to enable closure of the gaps.
2. The national dialogue meeting singled out the key cross-cutting programmatic bottlenecks of accessibility, acceptability, availability and quality (AAAQ) of health services by different population categories. Investment in strengthening the Community Systems will improve coordination, joint planning, accountability and strengthen the linkages between communities and health systems (public, private-not-for-profit, and the private sectors). This investment will also address the gaps in leadership and capacity of the CSO networks and movements to deliver and monitor health services.

Investment in the Health Products Management Systems will promote the rational use of medicines for better treatment outcomes. It will limit accumulation of toxic and biohazardous waste products

at the health facilities and enable proper disposal in a sustainable and environmentally friendly manner. Safe storage of medicines contributes to high quality, which has a positive impact on all the disease outcomes and patients' quality of life.

Investment in the monitoring and evaluation system will enable easy data capture, analysis, visualization and use for decision making at all levels from the community through district to national, for all actors from the public, private-not-for-profit and private sectors. This will greatly contribute towards addressing the observed persistence of inequities in the delivery and uptake of services across the three diseases, and other health sector programs. It will facilitate provision of data collection tools and support processes for continuous quality improvement and accurate surveillance, epidemic preparedness, and response. It will improve tracking and accountability for medicines and other health commodities at the health facility and community levels and thus contribute towards rational use of medicines for better treatment outcomes.

Investment in the Laboratory Systems will be critical for timely and accurate diagnosis in the continuum of quality care, which includes availability of quality and reliable mechanisms for monitoring treatment. It will contribute towards a robust surveillance system, early identification, and notification of disease outbreaks.

Investment in human resources for health aims at a more sustainable approach for integrated capacity building and continuous professional development for frontline health workers. It will improve delivery of accredited in-service training content and programs to enhance knowledge and skills of health workers for effective provision of HIV, TB, and Malaria services. It will also address the critical issue of quality of care and improve utilization of performance management tools.

3. The identified priorities are aligned to the Ministry of Health Strategic Plan 2020-2025, National HIV and AIDS Strategic Plan 2020/21 – 2024/25, National Strategic plan for Tuberculosis and leprosy Control 2020/2021-2024-2025 and The Malaria Reduction and Elimination Plan 2021-2025. The various sections in the National strategic plans that speak to the priorities are outlined below.

Ministry of Health Strategic plan 2020-2025: Emphasis on strengthening community systems which constrained response efforts during the covid-19 pandemic (p.18); prioritizing improvement of the National Health Laboratory and Diagnostic Services; (p.77); strengthening the supply chain system to address challenges of stockouts, limited monitoring, supervision as well as regulations (p.47); strengthening the HMIS and transitioning from a paper based to an electronic system based system (p.47); and overall guiding principle of providing quality health services and scaling up quality improvement initiatives (p.26).

National Strategic plan for Tuberculosis and leprosy Control 2020/2021-2024-2025: Limited community awareness and involvement in the fight against TB and Leprosy (p.2) and strategic focus on strengthening community systems (p.26); strategic objective 2 on system strengthening, to Increase access to quality laboratory services (p.53); strategic objective 5, to strengthen the supply chain of TB commodities (p.54); strengthen health information system as well as digitalisation (p.17); and the Guiding Principle of upholding the quality of care with quality improvement initiatives (p.27).

Malaria Reduction and Elimination plan 2021-2025: strategic priorities to take malaria programming to community level (p.42); improve and sustain diagnosis of malaria (p.45); ensure malaria commodity security at all levels (p.56); strategic objective emphasizing monitoring,

evaluation and data use (p.35) and emphasis on quality of services in all strategic areas in the NSP.

National HIV and AIDS Strategic Plan 2020/21 – 2024/25: The first game changer identified as strengthening community structures and systems for client tracing, care, referral and follow-up (Pg 22); priority activity of strengthening the laboratory system (Pg 41); objective to strengthen the supply chain system (Pg 54); strengthen Health Information System and digitalisation (Pg 58); and improving access to HIV services through continuous quality improvement (Pg 23).Investment in human resources for health

Section 3 – Funding gap analysis

Module	Intervention	Funding gap analysis
Health Products Management Systems	Improve Infrastructure for Storage at the Central (JMS) and Lower Facility Levels	A. Total amount needed: $10,000,000 with Central Storage at $7,000,000 and 50 lower-level health facilities at $3,000,000. B. Total amount funded and by whom: co-financing by Joint Medical Stores of $4,000,000 C. Gap (A-B): S3,000,000 for Central Storage (JMS) and $3,000,000 for lower-level health facilities D. Global Fund investment: $3,000,000 E. Remaining gap (C-D): *$3,000,000 under PAAR*
Health Products Management Systems	Conduct Commodity Traceability and Accountability, and Support Supervision at Central Level to Promote Evidence-Based Planning and Performance Monitoring	A. Total amount needed: *$671,814.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$671,814.* D. Global Fund investment: *$589,577.* E. Remaining gap (C-D): *$82,237 under PAAR.*
Health Products Management Systems	Strengthen Appropriate Use of Medicines and Pharmacovigilance	A. Total amount needed: *$2,473,007.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$2,473,007.* D. Global Fund investment: *$1,578,947.* E. Remaining gap (C-D): *$894,060 under PAAR.*
Health Products Management Systems	Conduct National Quantification for HIV, Malaria and TB; Improve Central Level Supply Chain Operations and	A. Total amount needed: *$282,544.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$282,544.*

Module	Intervention	Funding gap analysis
	Provide PSM Mentorship in Selected Health Facilities	D. Global Fund investment: *$158,667.* E. Remaining gap (C-D): *$123,877 under PAAR.*
Health Products Management Systems	Increase Capacity to Collect, Store, Test and Supply Safe Blood and Blood Products for Emergency and Routine Care of Malaria, HIV, TB and other Diseases	A. Total amount needed: *$19,457,846.* B. Total amount funded and by whom: *$15,800,000 by GOU.* C. Gap (A-B): *$3,657,846.* D. Global Fund investment: *$2,631,544.* E. Remaining gap (C-D): *$1,026,302 under PAAR.*
Laboratory Systems	Strengthen Integrated Sample Transportation Network and Diagnostic Network Optimization	A. Total amount needed: *$24,452,465* B. Total amount funded and by whom: *$11,507,000 by PEPFAR.* C. Gap (A-B): *$12,945,465* D. Global Fund investment: *$3,051,087* E. Remaining gap (C-D): *$9,894,378; with $2,890,023 under PAAR*
Laboratory Systems	Strengthen Laboratory Quality Management System (UGANAS, EQA Panel Production, and Accreditation) in Uganda	A. Total amount needed: *$6,115,697.* B. Total amount funded and by whom: *$2,622,811* [$*1,050,000 from PEPFAR, 1,572,811 (C19RM PO1)].* C. Gap (A-B): *$3,492,886.* D. Global Fund investment: *$1,795,678.* E. Remaining gap (C-D): *$1,697,208 with 660,863 under PAAR.*
Laboratory Systems	Strengthen the Laboratory Equipment Management System and Integration of POCT Diagnostics	A. Total amount needed: *$ 17,562,405.* B. Total amount funded and by whom*: $ 3,841,993. [$2,909,933 (C19RMPO1), 532,060 (PEPFAR)].* C. Gap (A-B): *13,720,412.* D. Global Fund investment: *$2,707,722* E. Remaining gap (C-D): *$ 11,012,691 with 2,171,425 under PAAR.*
Laboratory Systems	Scale up the Laboratory Information System – (connectivity)	A. Total amount needed: *$ 1,035,383.* B. Total amount funded and by whom*: $200,000 by PEPFAR.*

Module	Intervention	Funding gap analysis
		C. Gap (A-B): *835,383.* D. Global Fund investment: *$835,383.* E. Remaining gap (C-D): *$0*
Laboratory Systems	Improve Biosafety and Biosecurity at National, Regional, District and Facility Level	A. Total amount needed: *$ 613,845.* B. Total amount funded and by whom*: $100,000 by PEPFAR.* C. Gap (A-B): *513,845.* D. Global Fund investment: *$163,845* E. Remaining gap (C-D): *$ 350,000 under PAAR.*
Laboratory Systems	Strengthen Laboratory Governance and Management Structures (policy and guidelines, HR, capacity building and regionalization)	A. Total amount needed: *$ 1,397,539.* B. Total amount funded and by whom*: $185,135 [$50,000 (PEPFAR), $135,135 (GOU)].* C. Gap (A-B): *1,212,404.* D. Global Fund investment: *$139,587.* E. Remaining gap (C-D): *$ 1,072,817 under PAAR.*
Laboratory Systems	Improve Existing Laboratory Infrastructure at National and Regional Level	A. Total amount needed: *$12,212,324.* B. Total amount funded and by whom*: $2,162,162 (World Bank Project for upgrade of 2 RRH Labs)* C. Gap (A-B): $*10,050,162.* D. Global Fund investment: *$0* E. Remaining gap (C-D): *$10,050,182 with $7,888,000 under PAAR.*
Laboratory Systems	Establish Laboratory-Based Surveillance Across all Diseases (Genomic Sequencing and AMR)	A. Total amount needed: *$ 1,805,554.* B. Total amount funded and by whom*: $206,000.* C. Gap (A-B): *1,599,554.* D. Global Fund investment: *$0* E. Remaining gap (C-D): *$ 1,599,554 under PAAR.*
Community Systems Strengthening	Community Led Monitoring of HIV, TB and Malaria Programs	A. Total amount needed: *$ 5,492,142.* B. Total amount funded and by whom: *$1,200,000 (PEPFAR in 80 districts).* C. Gap (A-B): *$4,292,142.* D. Global Fund investment: *$3,084,142.*

Module	Intervention	Funding gap analysis
		E. Remaining gap (C-D): *$1,208,000 under PAAR.*
Community Systems Strengthening	Community Led Research and Advocacy for HIV, TB and Malaria	A. Total amount needed: *$908,050.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$908,050.* D. Global Fund investment: *$630,005.* E. Remaining gap (C-D): *$278,045 under PAAR.*
Community Systems Strengthening	Community Engagement, Linkages and Coordination of HIV, TB and Malaria Services	A. Total amount needed: *$2,428,235.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$2,428,235.* D. Global Fund investment: *$982,235.* E. Remaining gap (C-D): *$1,446,000 under PAAR.*
Community Systems Strengthening	Capacity Strengthening and Leadership Development for CSOs and CBOs	A. Total amount needed: *$3,135,703.* B. Total amount funded and by whom: *$500,000 by PEPFAR.* C. Gap (A-B): *$2,635,703.* D. Global Fund investment: *$2,482,423.* E. Remaining gap (C-D): *$153,280 under PAAR.*
Human Resources for Health & Quality of Care	Strengthen Coordination of In-Service Training for Health Workers on HIV, TB and Malaria	A. Total amount needed: *$3,484,548.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$3,484,548.* D. Global Fund investment: *$ 222,516.* E. Remaining gap (C-D): *$3,262,032 under PAAR.*
Human Resources for Health & Quality of Care	Improve Performance Management for Health Workers on HIV, TB and Malaria	A. Total amount needed: *$ 338,333.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$ 338,333.* D. Global Fund investment: *$0.* E. Remaining gap (C-D): *$ 338,333 under PAAR.*
Human Resources for Health & Quality of Care	Ensure an Equipped, Competent, Committed, and Compensated	A. Total amount needed: *$9,900,918.* B. Total amount funded and by whom: *$5,000,000 by World Bank.*

Module	Intervention	Funding gap analysis
	Community Health Workforce	C. Gap (A-B): *$ 4,900,918.* D. Global Fund investment: *$3,508,746.* E. Remaining gap (C-D): *$1,392,172 under PAAR.*
Human Resources for Health & Quality of Care	Strengthen Capacity for Implementation of Quality of Care and Collaboratives for HIV, TB and Malaria	A. Total amount needed: *$ 542,974.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$542,974.* D. Global Fund investment: *$333,724.* E. Remaining gap (C-D): *$209,250 under PAAR.*
Human Resources for Health & Quality of Care	Strengthen Assessment for Quality of Care and Performance Monitoring for Action	A. Total amount needed: *$ 649,400.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$649,400.* D. Global Fund investment: *$624,400.* E. Remaining gap (C-D): *$25,000 under PAAR.*
Monitoring and Evaluation Systems	Strengthen Digitization of Health Service Delivery for Continuity of Care, Surveillance, Reduced Burden of Reporting and Improved Referral Mechanisms	A. Total amount needed: *$4,986,116.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$4,986,116.* D. Global Fund investment: *$2,908,615.* E. Remaining gap (C-D): *$2,077,501 under PAAR.*
Monitoring and Evaluation Systems	Strengthen Routine Reporting and Availability of Quality Assured HMIS Data at Health Facilities in the Public and Private Sectors for Surveillance, Reporting and Accountability	A. Total amount needed: *$6,826,905.* B. Total amount funded and by whom: *$0.* C. Gap (A-B): *$6,826,905.* D. Global Fund investment: *$2,843,293.* E. Remaining gap (C-D): *$3,983,612 under PAAR.*