Evaluation of Community Responses and Systems Strengthening

Secretariat Management Response

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1. Introduction

The Global Fund welcomes the final evaluation report on Community Responses and Systems Strengthening (CRSS), which examines the scope, implementation, and results of CRSS investments in Grant Cycle 6 (2020–2022) and the early phase of Grant Cycle 7 (2023). As the largest and most consistent donor to community systems in HIV, TB, and malaria responses, the Global Fund has a long-standing commitment to ensuring that communities are recognized and supported as essential partners in resilient, inclusive, and accountable health systems.

The evaluation was commissioned to assess how effectively the Global Fund's CRSS investments have supported its strategic goals, advanced community priorities, and contributed to broader health systems strengthening. It confirms several positive trends: CRSS investments have improved access to and quality of services for underserved populations, strengthened collaboration across Secretariat teams, and increased integration of CRSS into grant design and implementation in GC7. It also highlighted areas where progress is uneven, including persistent fragmentation and conceptual ambiguity, measurement challenges, declining or unstable funding for CRSS functions, and limited integration of CRSS priorities into sustainability and transition planning.

While these findings are helpful, many of the challenges identified were already well known to the Secretariat and its partners. Of the seven recommendations, one is accepted in full, four are partially accepted, and two were classified as "for consideration," and the secretariat did not respond since no acceptance or integration was needed.

For future evaluations to be more useful, especially in the current funding landscape, recommendations should be framed with greater operational clarity, aligned to emerging risks from declining fiscal space, and responsive to the political and financing realities countries face during transition – not only the Secretariat. This includes addressing the persistent gap where CRSS priorities are overlooked in national sustainability planning and transition pathways which at the moment, CRSS remain largely absent from negotiations on universal health coverage (UHC) financing with multilateral development banks (MDBs).

2. Statement about the findings and conclusions of the evaluation – areas of agreement and/or disagreement.

The evaluation affirms the central importance of CRSS to the Global Fund's strategic vision, while candidly highlighting persistent gaps in conceptualization, measurement, and sustainability. The evaluation echoes many of the observations made by the Secretariat and, while celebrating the progress that's been made, reinforces the need to evolve our approach to ensure community systems are better integrated, visible, and positioned for long-term impact and sustainability. We welcome the evaluation's recognition of the work already underway to address these challenges. The development of the CRSS maturity model, a Theory of Change, improvements to GC8 guidance and processes, enhanced collaboration between Community Rights and Gender (CRG), Technical Advice and Partnerships (TAP), Health Financing and RSSH and the use of the catalytic investments i.e. HR-SI, CE-SI, CS&R CI and HF-SI to support targeted countries reflect our commitment to ensure sustainability and transition for integration as part of larger RSSH efforts.

We recognize the need to go further. The Secretariat is prioritizing work to ensure that community programming is not only technically strong but financially and institutionally embedded in national management and financial systems for sustainability. This includes:

- Supporting Ministries of Health and Finance to **understand, cost, and plan for the long-term value of community-led services and community health workers, including peers supporting vertical programming**.
- Equipping community networks and coalitions with **health financing literacy and investment cases** to advocate effectively in national planning and budgeting processes to sustain community level interventions in support of UHC.
- Identifying high-impact opportunities to **institutionalize CRSS within transition pathways**, including social contracting, HRH/CHW absorption, and alignment with UHC reforms.

While some recommendations provide useful direction, others were assessed as either duplicative of existing processes, insufficiently actionable, or missing strategic entry points for CRSS to effectively advance across the Secretariat. For example, the recommendation on Fund Portfolio Manager (FPM) incentives[1] contains no details of how this can be done, or establishing separate Multi-Develop Bank (MDB) coordination mechanisms for civil society engagement would not address the core operational challenges identified, and risk diverting effort from embedding CRSS within existing grant management and sustainability

[1] Recommendation 4: Adjust incentives for FPMs to be accountable to supporting countries adhere to the CRSS framework and make progress on sustainability plans.

planning. Similarly, calls for a dedicated CRSS sustainability strategy[2] overlooked the more impactful approach of integrating CRSS priorities into national sustainability and transition pathways, supported through cross-departmental collaboration.

3. Concluding statement about the utility of the evaluation

This evaluation has provided evidence on both the progress and persistent challenges in advancing CRSS within the Global Fund partnership. It affirms the strategic importance of community systems for impact, while confirming well-known measurement challenges, integration into sustainability planning, and protection of community functions in constrained funding contexts.

The Secretariat has accepted one recommendation in full and partially accepted four. Many recommendations are aligned with the Secretariat's priorities but required adaptations in order to action and reflect operational realities, avoid duplication, and ensure alignment with existing workstreams i.e. sustainability, financing, and partner coordination mechanisms. Others lacked the specificity needed to be actionable across diverse contexts.

Its primary utility lies in validating known structural gaps with new evidence, highlighting where strategic adjustments are needed, and sharpening our focus on embedding CRSS into national systems, financing pathways, and grant management processes. The evaluation also underscores the urgency of taking a step-change in approach: in the current context of changing financial landscapes accelerating transitions, the Global Fund and its partners cannot wait until later to act. Funding to communities, alignment with the Community Engagement, and deliberate anchoring of CRSS within broader RSSH and community systems strengthening efforts will be critical. The evaluation further highlights a persistent challenge of terminology and conceptual clarity, underscoring the need for consensus across the partnership so that CRSS priorities are discussed with coherence and global alignment.

The Secretariat will use the accepted and partially accepted recommendations to strengthen internal alignment, review and attempt to improve relevant performance indicators, and guide investment decisions—while ensuring that communities remain at the center of the Global Fund's work.

[2] Recommendation 3: Develop a multi-cycle sustainability plan for countries which includes critical community-led responses as part of funding requests, based on the new CRSS framework and the maturity model

Annex 1 Detailed Secretariat Response to Recommendations

Recommendation 1		Type*	Response**	Responsible***
Develop a comprehensive framework for CRSS, which links to RSSH and health systems maturity framework.		**Critical**	**Accept**	**CRG and TAP**
Justification for "partially accepted" and "rejected" (for critical and important recommendations)	**N/A**			
Description of intended impact (required for "accepted" and "partially accepted" critical and important recommendations)	The CRSS maturity framework aims to address the current fragmentation and conceptual ambiguity highlighted in the evaluation, where community-led responses (CLR) and community systems strengthening (CSS) are inconsistently understood and applied, and where CRSS investments are too often implemented in parallel to—rather than integrated within—national health systems. It will also help better align short-term delivery priorities with **long-term systems development**, reinforcing community contributions to improved access, equity, and accountability in HIV, TB and malaria responses and beyond and supporting their sustainability. The intended impact of this recommendation is to **establish a clear, coherent, and operational framework** for Community Responses and Systems Strengthening (CRSS) that: • Anchors CRSS firmly within the broader Resilient and Sustainable Systems for Health (RSSH) agenda while ensuring that disease programs are clear on the value, contribution and effectiveness of CRSS towards disease goals • Clarifies the conceptual and functional linkages between community-led responses (CLR), community systems strengthening (CSS), and formal health systems • Provides a staged, maturity-based framework and assessment tools that countries and partners can use to design, implement, and assess CRSS investments over time, and • Supports greater alignment, integration, and sustainability of community responses in national health strategies, while preserving the distinct role and autonomy of communities and civil society.			
Activities or initiatives required to achieve the intended impact (including those already planned,	The development of a comprehensive CRSS framework will build both existing and new work, and include the following core activities: **Develop a Clear, Unified, Relevant Theory of Change (TOC)** responding to current realities			**CRG**

under way or completed) (required for "accepted" and "partially accepted" critical and important recommendations)	• Develop a conceptual framework (ToC in progress) that links CLR and CSS with each other and with RSSH and broader health systems strengthening. • Clarify key definitions and roles (e.g., CLR vs. CSS, CBO vs. CLO, community-based vs. community-led) to enable consistent application across countries and Secretariat teams **Develop, pilot and adapt the CRSS Maturity Framework** • Finalize the CRSS maturity framework to provide a staged approach that countries can use to assess, plan, and implement CRSS investments over time. • Identify and support targeted countries to apply the framework in GC7 implementation, leveraging current CRSS investments to capture lessons and inform broader rollout, while providing dedicated support from CRSS Team to inform GC8 priorities. • Link the framework pilot and eventual rollout to contribute to KPI S4 revisions and potentially use assessment findings as complimentary insights into community systems for service delivery (in the pipeline for 2026) across a subset of priority portfolios.	**SIID & GMD**

Recommendation 2	Type*	Response**	Responsible***
Improve the monitoring and results framework to make community contributions to health outcomes more measurable and visible.	**Critical**	**Partially accepted**	**SIID**
Justification for "partially accepted" and "rejected" (for critical and important recommendations)	While the Secretariat agrees with the importance of more systematically capturing and communicating community contributions, there are intrinsic methodological challenges in attributing specific national health outcomes to the actions of any single actor, including communities. These challenges are widely recognized across global health monitoring frameworks, and many of the gaps identified in the evaluation are already well known to the Secretariat. Moreover, the evaluation provided few new, feasible, and actionable proposals for addressing these measurement challenges. The Secretariat will therefore focus on advancing changes that are operationally realistic, build on existing data systems, and can be implemented within current resource constraints.		
Description of intended impact (required for "accepted" and	To strengthen the Global Fund's ability to **systematically measure, analyze, and make visible the contributions of communities**—including community-led organizations (CLOs), community-based organizations (CBOs), and key population (KP) organizations and networks—to health outcomes and health system performance across HIV, TB and malaria programs. Currently, measurement of CRSS outcomes remains sub-optimal to show the link between community		

"partially accepted" critical and important recommendations)	systems and responses and community contributions, nor does it create the incentive to fully support the Global Fund's strategy intention of being community centered. Improving monitoring of outputs and outcomes would enhance visibility and credibility of community (led and based) efforts; generate effective models for adoption to implementing CRSS; provide important data to support the critical need for countries to invest in CRSS, and support strategic decision-making on integration, scale and sustainability of CRSS.	
Activities or initiatives required to achieve the intended impact (including those already planned, under way or completed) (required for "accepted" and "partially accepted" critical and important recommendations)	• Review KPI S4 (in the pipeline for 2026) and link the CRSS Maturity Framework results to have a more comprehensive understanding of system-related weakness at country level (or programmatically). • Through routine grant monitoring, assess the use of community-generated data at grant or national levels e.g. in program reviews and national M&E plans and systems. For example, include CRSS progress markers (e.g., use of maturity model, sustainability milestones) in routine grant and portfolio review discussions to reinforce internal accountability.	**SIID and GMD**

Recommendation 3	Type*	Response**	Responsible***
Develop a multi-cycle sustainability plan for countries which includes critical community-led responses as part of funding requests, based on the new CRSS framework and the maturity model	**Critical**	**Partially Accepted**	**SIID and Health Finance**
Justification for "partially accepted" and "rejected" (for critical and important recommendations)	This recommendation is partially accepted, with adjustments to ensure alignment with broader sustainability efforts already underway within the Global Fund and to avoid the creation of parallel or duplicative strategies. We fully agree that the sustainability of CRSS investments is critical, especially in the context of shrinking fiscal space, increasing demands on health systems, and the transition toward domestic financing. However, we believe that a standalone CRSS sustainability plan or strategy would risk fragmentation and create artificial boundaries between CRSS and the broader health systems and programmatic planning processes into which community responses must be integrated. This integrated approach reflects the Secretariat's commitment to sustainability as a shared, cross-departmental responsibility. It also positions CRSS more effectively within policy and financing spaces where long-term decisions are being made. Rather than creating a dedicated CRSS sustainability strategy, what is needed is structured, consistent		

	integration into country planning processes, improved measurement and costing, and targeted, context-sensitive engagement with government and financing actors to ensure CRSS elements are not overlooked in transition pathways.	
Description of intended impact (required for "accepted" and "partially accepted" critical and important recommendations)	The intended impact is to ensure that community responses and systems—particularly community-led and community-based services, community health workers, social support mechanisms, and accountability platforms—are meaningfully and sustainably integrated into national health systems and financing. The goal is to embed CRSS into country-led sustainability and transition pathways, positioning community investments as essential components of long-term system resilience, equity, and responsiveness. This includes: • Promoting institutional and financial sustainability of CRSS investments through inclusion in health financing strategies, co-financing commitments, and transition pathways for domestic funding. • Ensuring government recognition, costing, and prioritization of CRSS functions—particularly those currently funded by the Global Fund but not always visible in national budgets for example HRH/peers that deliver vertical services for key and vulnerable populations. • Enhancing country capacity and community literacy to engage effectively in sustainability and financing discussions, and advocate for the inclusion of CRSS in domestic resource mobilization. • Aligning CRSS with broader reforms—such as UHC, primary health care, public financial management (PFM), and social protection—to enable multi-sectoral support and cross-cutting investment. By aligning CRSS sustainability with national and partner-led processes, and by strengthening internal coherence and collaboration across Global Fund departments, this approach aims to secure the long-term integration, relevance, and impact of CRSS as part of resilient and sustainable health systems.	
Activities or initiatives required to achieve the intended impact (including those already planned, under way or completed) (required for "accepted" and "partially accepted" critical and important recommendations)	• Coordinate internally: Conduct joint planning and technical engagement across CRG, Health Finance, RSSH, TAP, and GMD to ensure CRSS sustainability is embedded in grant-making, transition readiness assessments, and ongoing portfolio management. • Leverage existing mechanisms: Use the Community Engagement Strategic Initiative (CE-SI) and health financing technical assistance to help countries cost, advocate for, and integrate CRSS priorities into national health strategies, budgets, and domestic resource mobilization plans. • Embed in national processes: Support inclusion of CRSS elements—such as community health workers, peer-led services, CLM, and social enablers—in Annual Operational Plans, local government financing streams, and national health budgets through co-financing discussions and policy dialogue.	**SIID, GMD and Health Finance**

	• Engage Ministries and partners: Work strategically with Ministries of Health and Finance, multilateral development banks, and reform-oriented stakeholders to secure sustainable financing for CRSS within broader health system reforms. • Build community capacity: Strengthen literacy of communities and civil society on health financing, transition planning, and advocacy through targeted tools, TA, and participation in relevant budget and policy spaces. • Document and share learning: Capture and disseminate examples of effective CRSS integration into financing and governance systems to inform replication in other countries. • Ensure shared accountability: Define clear cross-departmental roles and responsibilities for advancing CRSS sustainability, ensuring alignment between grant management, technical teams, and country-level support.	

	Recommendation 4		Type*	Response**	Responsible***
	Adjust incentives for FPMs to be accountable to supporting countries adhere to the CRSS framework and make progress on sustainability plans.		**Critical**	**Partially Accept**	**GMD**
	Justification for "partially accepted" and "rejected" (for critical and important recommendations)	The Secretariat agrees with the intent of the recommendation, but the evaluation provides no clarity on what "incentives" for FPMs would entail, making it too vague to implement. This recommendation is partially accepted to use this as an opportunity to close the gap in knowledge and importance of CRSS through CCMs and PRs who play a central role in shaping investment priorities, while broader organizational disconnects between Strategy (Board/SC), SIID (technical advice), and GMD (grant management) weaken consistent prioritization of CRSS in grants. Current performance frameworks also do not link results to disbursements, limiting their effectiveness as accountability tools.			
	Description of intended impact (required for "accepted" and "partially accepted" critical and important recommendations)	To ensure CRSS priorities are consistently recognized and addressed in program design, adequately costed in grants, monitored through performance frameworks, and integrated into sustainability and domestic resource mobilization discussions. The intended impact is to strengthen accountability for CRSS across the grant lifecycle, not only for FPMs, but also for CCMs and PRs who ultimately drive program design and budgeting decisions. This			

		approach positions CRSS as a foundational element of program objectives, rather than a parallel or add-on investment.	
	Activities or initiatives required to achieve the intended impact (including those already planned, under way or completed) (required for "accepted" and "partially accepted" critical and important recommendations)	• **Strengthen Country Team expertise and capacity on CRSS** – Review portfolio needs and ensure CTs in priority contexts (e.g., transition, high CRSS reliance) have the right mix of technical expertise in community systems alongside grant management skills. Provide targeted orientation and training for CTs, CCMs, and PRs on embedding and sustaining CRSS in program design, budgeting, and sustainability planning. • **Embed CRSS into country dialogue and grant processes** – Integrate CRSS "checkpoints" into funding requests, grant-making, and CCM oversight (similar to the RSSH Acceleration model), ensuring CRSS actions are costed, visible in performance frameworks, and tracked throughout the grant cycle without creating parallel or symbolic incentive structures. • **Review and adjust internal business processes and policies** to better align with the Global Fund Strategy and CRSS framework. This includes streamlining grant-making, budgeting, and reporting requirements to reduce bottlenecks, creating policy space for innovative community financing models, and embedding clear incentives for Country Teams and partners to prioritize CRSS investments and sustainability.	**SIID and GMD**

	Recommendation 5	Type*	Response**	Responsible***
	Update investment guidance for CLM to provide more explicit steer on how CLM should be integrated into health systems, appropriate pathways to scale, and better adaptation to context	**Important**	**Partially accept**	**SIID and GMD**
	Justification for "partially accepted" and "rejected" (for critical and important recommendations)	This recommendation is partially accepted on the basis that the Global Fund does not plan to issue a standalone Technical Brief on Community-Led Monitoring (CLM) for GC8. Instead, existing information notes —developed collaboratively with partners—from TAP and RSSH will include CRSS and CLM which remain relevant and sufficient for supporting countries in designing and implementing CLM within their grants.		

		Numerous partner-developed resources, including design and implementation guidance, case studies, and costing guidance continue to provide practical direction on how to plan for, deliver, and scale CLM. These materials are context-sensitive and grounded in country experience. Rather than duplicating these efforts, the Global Fund's approach is to focus on documenting and distilling integration models that are already emerging across the portfolio, with the aim of supporting CLM programs that are seeking understanding and clarity on when appropriate to integrate, what and how to approach and shift to integration. By the end of 2025, the Secretariat will publish a targeted resource on CLM integration. This guidance will focus on three critical integration pathways: • Integration across multiple CLM implementers, ensuring coherence and shared learning among civil society and community networks. • Thematic integration of CLM, including HIV, TB, malaria, and broader areas such as climate, gender-based violence, budget monitoring, and primary health care. • System-level integration, where CLM data and findings are linked to national health information systems and accountability platforms. This resource will provide practical pathways for integration and how to consider scale-up. In the meantime, partners and country stakeholders are encouraged to continue using the robust set of existing CLM technical materials available through the Global Fund's website and implementing partner resource hubs.	
	Description of intended impact (required for "accepted" and "partially accepted" critical and important recommendations)	The intended impact of this recommendation is to ensure that the internal **Community-Led Monitoring (CLM)** guidance evolves into a more **practical, context-sensitive, and systems-oriented tool** for countries, partners, and Global Fund Country Teams. While the current guidance has supported an expansion of CLM across portfolios, the evaluation found that its framing is often too general, leading to inconsistent interpretations of CLM's purpose, structure, and relationship to health system strengthening. Adding to the library of CLM technical resources to help stakeholders understand CLM integration, pathways to scale and adaptations to different disease burdens. Ultimately, these resources are intended to focus on the framing of CLM not as a standalone activity, but one that contributes to **institutionalized accountability, improved service delivery, and systems resilience**, without encouraging competition, creating duplication, inefficiencies, or tensions with national stakeholders.	
	Activities or initiatives required to achieve the intended impact (including those already planned, under way or completed) (required for	• **Complete CLM Resource on integration** to reflect current implementation experiences, lessons learned, and the link between CLM and health system accountability and responsiveness including:	**SIID**

	"accepted" and "partially accepted" critical and important recommendations)	○ **Include typologies of CLM models**, outlining different approaches based on context (e.g. rights-constrained settings, COE, strong civil society ecosystems, or countries with advanced HMIS). ○ **Provide clearer technical guidance** on integration pathways, including how CLM data can align with or complement national M&E systems without compromising community autonomy. ○ **Provide guidance on CLM sustainability, including leveraging domestic financing for continued implementation.**	


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