## Investments in six priority areas

<table>
<thead>
<tr>
<th>Investment priority</th>
<th>Desired end state</th>
<th>Possible investments</th>
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| **Financing**       | • Increased and more optimized allocation of funding  
• 2Bn dollar financing gap is closed and countries meet their Abuja commitments for domestic financing                                      | A High-level international meetings with Ministers of Finance to illustrate case for investment  
B Targeted catalytic financing support to MoHs, e.g., expanding GFF and Financing Alliance for Health to more countries, funding national priorities through the Roadmap catalytic fund, etc  
C Product design for new sources of financing, i.e., diaspora bonds  
D Cost-effectiveness analysis to evaluate contributions of community health platform to different disease programs  
E Best practice and information sharing on integrated financing platforms to coordinate donor/domestic finances and align to government-led performance framework |
| **Delivery integration** | • Increased alignment and reduced overlap across stakeholder initiatives, leading to reduced stock-outs, improved community health performance & ultimately, more accessible and better continuity of care | A Evidence on the case for integration – Data and analysis demonstrating cost savings and outcome improvements from integration initiatives  
B Blueprint for data systems integration – Guidelines on key data use cases for CH, underlying architectures for interoperability, and critical pathways/next steps for countries to develop integrated data systems  
C DHIS2 module for CH systems – New functionality for DHIS2 can integrate and standardize CH data collection across countries |
| **Quality of design & implementation** | • WHO guidelines to optimize CHW programs are adopted in national policy and strategy and implemented consistently  
• Countries have useful tools & resources to enable this adoption  
• A coordinated implementation research agenda fills evidence gaps to strengthen WHO guidelines | A Quantifying the case for quality to illustrate how quality practices mutually reinforce and add on each other  
B Coordinated operational research on program components required for high quality implementation & to fill in the gap  
C Tool organization and generation, i.e., aggregating tools, organizing them vis-a-vis the guidelines, making them easily accessible, and filling in gaps that exist |
| **Future CH/PHC systems** | • Patient-centered community care delivery that is responsive to and takes advantage of future trends (e.g., demographic shifts, technological advances etc.) | A Innovative models for care delivery – Supporting innovation and piloting tech-enabled delivery channels (e.g., telehealth, UAV-assisted supply chains, demand-side innovations like mobile campaigns)  
B Landscape of private sector providers across Africa at the community level  
C Feasibility and business case analyses for community-health delivery  
D Documentation on best practice and experience on how to drive social accountability |
| **Performance management** | • Further ownership of programs by public health system  
• Greater degree of data-driven decision-making by country actors  
• More effective and responsive community health delivery | A Develop metrics for community health – Incorporate citizen feedback into service planning, delivery, and assessment  
B Add and reinforce data-based decision-making curriculum to existing management TA programs (e.g., AMP Health, MSH) and CHW training curricula |
| **High-level political commitment** | • High-level political commitment to CH, creating a cascade of political will within and across countries leading to realter funding and policies supportive of community health | A TBD |