

The Global Fund's Strategic Approach To Health System Strengthening Background note 4 for July 30 - 31 2007 Consultation¹

The Global Fund and health system strengthening: a short history

This paper summarizes the Global Fund to Fight AIDS, Tuberculosis and Malaria's (Global Fund) experience in funding health system strengthening (HSS) activities. It is based on previous Global Fund documents, and incorporates more recent experience.

I. Global Fund mandate

The Global Fund's founding principles, as set out in the Framework Document, state that the Fund will:

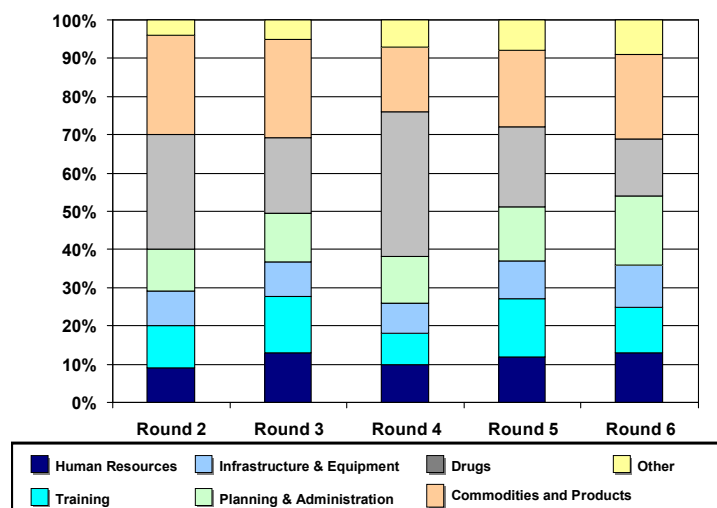
- Support the substantial scaling up and increased coverage of proven and effective interventions, which strengthen systems for working: within the health sector; across government departments and with communities; and
- Support programmes that address the three diseases in ways that will contribute to strengthening health systems.
- Support performance based funding, and a focus on results

The key issue is therefore not *whether* the Global Fund should invest in strengthening of health systems, but rather *how* it can best do so.

II. Global Fund expenditures on health system strengthening

Out of the Global Fund's seven budget categories, four categories may contain significant components of HSS expenditure: human resources; training; infrastructure and equipment; and planning and administration (shown here in blue and green). Trends by budget category over 5 proposal rounds are shown in box 1.

Box 1: Trends in Global Fund expenditures



¹ Prepared by the WHO Secretariat

III. Global Fund application processes for health systems strengthening

Over the seven rounds there have been a number of variations in how to apply for funds for HSS activities.

- In Rounds 1-3, applicants had the option of applying for HSS expenditures through a 'cross-cutting' (or "Integrated") component in addition to the three stand alone disease- components (plus HIV/TB component). Applicants were able to request funds through this integrated component for programmes addressing system-wide or 'cross-cutting' issues relevant to the fight against the three diseases. Rounds 2 and 3 guidelines stated that 'where relevant', intervention strategies for the three diseases should be integrated to maximise available resources.
- Round 4 continued the specific "Integrated" component but with increased information to applicants on what could be requested. Guidelines defined this as “a comprehensive response to the three diseases that focuses on system-wide approaches and cross-cutting aspects to strengthen health systems”.
- Round 5 introduced a separate "Health Systems Strengthening" component, to improve upon and clarify the “Integrated” component in Round 4. In practice, the guideline definitions for both were very similar.
- In Round 6, there was no separate component for HSS. Applications for activities to strengthen health systems could only be included within the disease component for which such activities were deemed necessary.
- Round 7 used the same approach as Round 6, but introduced the notion of a health system 'strategic action' within a disease component. Round 7 guidance more explicitly allows applicants to request funding for cross-cutting HSS actions that will benefit other components, whether or not these are included in the application, provided that there is no duplication of funding requested.

IV. Global Fund guidance on allowable activities: scope and trends

There has been a significant evolution in the Global Fund’s guidance for applicants.

1. The readiness to provide grants to public, private and non governmental programmes to address the three diseases in ways that contribute to health systems strengthening, and the need to consider how to sustain results, has been explicit in all rounds.
2. In terms of *directly funded* HSS activities, the implicit scope of allowable activities has remained largely the same over succeeding rounds, but examples of the types of activities that the Global Fund is willing to fund have become more extensive and explicit, in efforts to provide greater clarity. (See table below)

Round	Examples of allowable HSS activities, given in guidelines
1	Guidelines state any proposed actions must be shown to be linked to achievement of clear, measurable and sustainable HIV/AIDS, TB and malaria outputs and outcomes. One explicit example given: strengthening of comprehensive commodity management systems at country level.
2	Four examples listed: actions that enhance increased access to health services; recruitment and training of personnel and community health workers; strengthening of comprehensive national commodity management systems; strengthening of information systems
3	Same as above, but expanded the examples of allowable health workforce activities to include interventions to improve deployment and supervision
4	Four areas mentioned: human capacity development (including training and compensation for both technical and managerial staff, in public and private sectors); procurement and supply management systems; monitoring and evaluation systems; coordination
5	Same four areas, plus operational research (check wording)
6	11 examples; with proviso that these include but are not limited to: HRH mobilization, training and management capacity development; general local and high level management capacity development; infrastructure renovation; equipment maintenance capacity; health information systems; supply chain management; innovative financing mechanisms; engagement of community and non state providers; quality of care management; operations research
7	15 examples of HSS strategic actions: governance; strategic planning & policy development; monitoring and evaluation; coordination / partnerships; community and client involvement; policy research; information systems; health management; health financing; human resources; essential medicines and other pharmaceutical products management; procurement systems; logistics including transport and communications; infrastructure (excluding large scale investments); technology management and maintenance.

3. While proposals have always been required to base their plans on an analysis of technical programme need, from Round 5 guidelines have explicitly required any proposals to be based on a comprehensive review of 'health system capacity' (both public and private). In Round 7 the wording is for proposals to be based on an analysis of health system constraints.
4. Round 7 emphasized for the first time a request for applicants to demonstrate that they had thought through the *implications of proposed activities on other health services*, and had plans for risk mitigation where needed.
5. Over succeeding rounds there has been an *increasing emphasis on alignment with national policies and processes*, with more explicit requirements for proposals to situate proposed activities within the broader national context; to explain how they complement and align with national health sector strategies and broader development frameworks; and to demonstrate synergies and linkages with existing grants and to other related donor-funded programmes. Round 6 and 7 proposal forms contained a section for those wanting to use common funding arrangements as the channel for receipt of Global Fund additional financing.

V. Lessons from experience, with a focus on Rounds 5 and 6

Rounds 1 to 4 'integrated' proposals had low application and low success rates: only one proposal was approved out of a total of ten submitted.

In Round 5, out of 30 applications for the 'HSS' component, only three were approved (10%).

Observations from the TRP

The TRP observed that the successful HSS proposals, which covered different dimensions of health systems, shared characteristics of other successful proposals: they were generally focussed on a small range of activities; were judged to be realistic; had clear objectives, strategies and activities which were linked to coherent budgets and work plans. They made a compelling case for the HSS activities, and argued this would contribute to the fight against one or more of the diseases. Unsuccessful proposals tended to be too broad and ambitious, too vague in their objectives, proposed activities, and with poor work plans and/or budgets.

Nevertheless a greater proportion of HSS than disease specific proposals were judged below standard. While some have argued that this was the first time, and - as happened with disease components - the quality could be expected to improve in subsequent rounds, there were TRP observations specific to the HSS component that suggested this would not be automatic.

- The definitions of what constitutes an HSS proposal were too vague and too broad with little guidance to applicants on any specific focus.
- The proposal form was originally designed for the disease specific components and was largely unsuitable for the submission of HSS proposals.
- Insufficient guidance was provided on what an effective linkage between HSS and a disease component should or could look like. In many proposals, these linkages were superficial and not convincing.
- There was insufficient clarity on whether to include HSS elements only in the HSS proposal or in both HSS and disease-specific proposals. This had the obvious downside of potential duplication between two successful applications, or in few cases, a disease component was recommended for funding but was contingent for successful implementation on resources applied for in an unsuccessful HSS component.
- The Global Fund system is not currently set up to generate strong HSS proposals nor to evaluate these effectively.

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In Round 6, in which HSS elements were reintegrated into the disease specific components on recommendation of the TRP, the TRP had the following observations on HSS:

- The overall quality of the HSS elements proposed within the many of the Round 6 proposals remained low.
- There remained a lack of justification for proposed HSS activities on the basis of specific constraints faced by countries.
- As in the previous round, proposals were too broad, ambitious and vague in their objectives and/or proposed activities, work plans and budgets.

- The failure of many proposals to locate specific proposed HSS strategies within the broader national context made it difficult for the TRP to assess their likely impact on disease-specific targets and on the broader healthcare system.
- Some proposals suggested HSS activities that were very likely to undermine other elements of the healthcare system.

The TRP made the following recommendations

- The Global Fund needs to **define the scope, boundaries** and extent of activities that it is willing to fund under the rubric of HSS activities. The broad scope in Round 6 created difficulties for countries in focussing their proposals and caused significant problems for the TRP in evaluating such proposals.
- Any process to clarify the scope of HSS activities would **need to ensure harmonization and consistency** between the Global Fund's HSS mandate and those of other technical partners and agencies.
- Activities that fall within the scope of Global Fund mandated activities must be located **within national policies, plans and standards**, and justified in terms of disease specific targets. [It suggested criteria for HR activities, equipment and infrastructure].
- There is a need for more specific guidance to applicants to provide a clear explanation of **HSS related constraints**, and how proposed activities will address them; and on the nature of **linkages** between HSS elements and the disease proposal.
- There is a need for the Global Fund to work with its partners to develop an agreed harmonized **toolkit of monitoring indicators** to track the results of investments in HSS elements and for applicants to be guided to include these within their proposals in future funding Rounds.

The TRP also suggested that, as part of the Secretariat's agenda of working to strengthen CCMs, it consider CCM capacity to develop/oversee proposals with stronger HSS elements.

Conclusion

The Global Fund Board, its Committees, the TRP, the Secretariat, country applicants and supporting advisers have all wrestled with how to define, interpret or apply the guidance on the ways in which the Fund can support the strengthening of health systems. The debate has been influenced by a wealth of studies and by developments in other agencies, many of whom who have been re-examining their role in the international health system agenda. Another significant development has been the Global Fund's commitment to the Paris Principles of Harmonization and Alignment. If taken to their logical conclusion, these will also have a major influence on how the Global Fund supports health system strengthening.