GFATM Strategic Approach to Health System Strengthening

DAY 1

0800 - 0900  Registration

0900 - 0930  Session 1
Welcome, background and purpose of the consultation

Background, scope and purpose: The fifteenth GFATM Board meeting decided that the Global Fund’s strategic approach to health system strengthening is ‘investing in activities to help health systems overcome constraints to the achievement of improved outcomes for HIV/AIDS, TB and malaria’. The question is therefore not whether the GF invests, but how. The GF Board identified four questions to be addressed. It also requested that WHO convene a forum to provide input on health system strengthening as related to the Global Fund and other partners, before the Sixteenth Board meeting.

This session will recap the GF mandate. It will set out the 4 questions, and clarify meeting objectives, process and products.

Overview of background and purpose of consultation: 5 minutes
Plenary discussion: clarifications only
Introduction of participants and election of meeting Chair

0930 - 1030  Session 2 part 1
The health systems agenda: global developments and country perspectives

Background and scope: The aim of this session is to set the broader and evolving context within which the GFATM Board’s specific questions are to be discussed. It will briefly review the accelerating international focus on strengthening health systems; emerging clarity on the health system strengthening agenda, funding needs, and on roles of different players; the current status of national sector strategies, medium term expenditure frameworks; and approaches to monitoring health system performance. Two country perspectives will reflect on how all this is being translated at country level.

Overview of global developments: 15 minutes;
Two country perspectives: 5-7 minutes each
Plenary discussion

1030 - 1100  BREAK

1100 - 1200  Session 2 part 2
Plenary discussion continued

1200 - 1330  LUNCH

1330 - 1500  Session 3 part 1
Parameters for defining priority areas for GF funding of health system strengthening activities

Background and scope: The aim of this session is to address the first of the four questions posed by the GFATM Board. Parameters for allowable HSS investments can be set in a number of different ways. The challenge is to frame GFATM parameters in ways that are sufficiently flexible to respond to different country needs, but also provide sufficient direction to reduce the confusion and uncertainty experienced by countries, the TRP and the Board. The session will review the biggest health system constraints faced by HIV, TB, and malaria. It will summarize GFATM experience across the seven rounds in
defining parameters for investment to overcome these constraints, and how these have worked at country level. It will draw on GAVI experience with defining parameters for funding. Some options for defining parameters identified so far include: defining a set of 'thematic' or focus areas; focusing on a particular level of the system; defining non-allowable activities more clearly; having greater clarity on what it makes sense to fund on a programme specific basis, and what through other modalities. The session will consider these and other options, their pros and cons, and how they are likely to work in practice. Two country perspectives will be presented.

Introduction: 10 minutes
GAVI experience: 10 minutes
Two country perspectives: 5-7 minutes each
Plenary discussion (part 1)

1500 - 1530 BREAK

1530 - 1700 Session 3 part 2
Continued discussion in plenary

1700 Summary of day 1
Review of progress; links to and challenges for day 2

DAY 2

0830 - 0840 Day 2 objectives and programme

0840 - 1000 Session 4
The possible use and nature of conditionality

Background and scope: The aim of this session is to address the question posed by the Board on whether to attach conditions to any HSS funding. Here the term is used to mean pre-conditions or prerequisites for application for HSS funds - beyond those already in place. The session will consider the pros and cons of alternatives, from the perspectives of countries and the GFATM. Issues to consider include: a need to be clear what any conditions are for: are they to restrict entry? to provide guidance to applicants? to facilitate spending? Second, the GFATM as a major donor has an important role in signalling to others, and it also wants to avoid 'going backwards' in terms of its shift from project to programme support. Third, any conditions should be as simple as possible, as they will have implications for transaction costs for countries; for proposal development support; for TRP processes, and for other donors. Options so far identified fall into two broad categories: conditions to encourage greater harmonization and alignment, and - not unrelated - conditions on proposal preparation process. Examples that have been suggested include: proposals should show how intended actions fit with priorities in a national health sector framework; where a country lacks an accepted and costed national health sector strategy, health workforce development plan or costed programme plan, a condition of obtaining GFATM funds could be that it agrees to develop these. Matching funds is another possibility. Additional conditions on proposal preparation processes that might help quality and prospects for implementation have been suggested: revised membership of the proposal preparation team and the CCM; some more inclusive consultation processes. In proposal review, many would argue that the spirit of any conditions must be understood and interpreted as guidance rather than rigid rules. Respondents will provide practical perspectives.

Introduction 7-10 minutes
Perspectives from two respondents 5 minutes each
Plenary discussion

1000 - 1030 BREAK

1030 - 1200 Session 5
The possible use and nature of ceilings for HSS funding

**Background and scope:** The aim of this session is to address the third question: whether limits should be set on the quantity of funds that could be requested for HSS activities. As before, this session will discuss different options, and implications from the perspectives of different stakeholders. There are a number of issues to consider. Currently, the GFATM does not have ceilings for disease specific applications. There are arguments for and against ceilings. Behind the Board's question is a concern about responsible risk management. In terms of options, the discussion on ceilings can be cast in different ways: for example, by the **nature of activity** to be funded and in terms of **financial limits**. Financial ceilings may be set as a **global ceiling** (setting aside a fixed sum over a certain time frame) and / or on a **country specific** basis. GAVI does both. Global ceilings address the 'bottomless pit' concern, but raise questions about how to manage applications for funds. Country ceilings can be set using a formula, which must be very simple to be workable. Financial ceilings can also be set in **absolute** terms or as a **percentage** of a specific grant. Another suggestion is that ceilings be determined by the quality of the proposal and past absorption capacity. Any ceilings could be reviewed after an agreed time. The question of having a **'floor' as well as a ceiling** to HSS proposals has also been raised, as one way for the Fund to encourage actions on major health system constraints. Respondents will provide practical perspectives.

- **Introduction** 7-10 minutes
- Two respondents, 5 minutes each
- Plenary

**1200 - 1330**
**LUNCH**

**1330 - 1530**
**Session 6**
Pulling things together - options for channelling GFATM investment, and implications for GF structures and procedures

**Scope:** The aim of this session is to address the fourth question asked by the Board, which concerns modalities for channelling GFATM funds for HSS. This session will take stock of discussion in previous sessions to inform the very practical question on options for channelling GFATM investments. A range of options exist, and the discussion will include but not be limited to the question of whether or not to have a separate HSS component. The implications of different alternatives, primarily from a country perspective but also implications for GFATM structures and processes, will be considered. The session will begin with three participants from different constituencies reflecting on discussions to date; and considering implications for GFATM funding modalities, and associated structures and procedures.

- Taking stock; looking forward: reflections from three participants (5-7 minutes each)
- Plenary discussion

**1530 - 1600**
**BREAK**

**1600 - 1730**
**Session 7**
Emerging recommendations and conclusions

- Plenary, and summary by Chair

**1730 - 1745**
**Session 8**
Closure