

THE GLOBAL FUND'S APPROACH TO HEALTH SYSTEMS STRENGTHENING (HSS) INFORMATION NOTE

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What is Health Systems Strengthening in the Context of the Global Fund Mandate?

An effectively performing health system is key to improving the population's health status, providing protection against health-related financial risks and enhancing the health sector's responsiveness to customers' needs. The Global Fund's major objective in providing support for HSS is to maximize the overall impact of the response to HIV, tuberculosis and malaria and to contribute to achieving the health-related Millennium Development Goals (MDGs). The Global Fund views health systems strengthening as a means to an end, not the end objective in itself. Based on country circumstances, and depending on countries' national health strategy goals, HSS interventions may be designed to address a wide range of health system bottlenecks. The Global Fund provides flexibility to strengthen any area of the health system. The Global Fund's experience in supporting HSS and recent independent research highlighted several components that are key to building a well-functioning health system capable to effectively address priority health objectives. These include, but are not limited to:

- An effective healthcare delivery system, capable to efficiently deliver high quality personal and public health services to those who need them;
- Easy access to a skilled, motivated and supported health workforce that is responsive, fair and efficient in achieving the best health outcomes possible, given available resources and circumstances;

- A well-functioning health information system that ensures the production, analysis, dissemination and use of reliable and timely information on critical health determinants, health systems performance and health status;
- A well-functioning procurement, supply chain management and logistics system for providing equitable access to quality medical products and technologies;
- A strong health financing system to raise and equitably distribute adequate funds for health, and to ensure population's protection from health-related financial risks;
- An effective leadership and governance system to ensure that strategic policy frameworks exist which enable and support effective oversight, coalition-building, identification of areas of responsibility and development of appropriate regulations, incentives and accountability mechanisms.

Community systems are an important part of the health system. Community Systems Strengthening (CSS) is a way to improve access to and utilization of health services, but it is also aimed at increasing community engagement in health and social care, advocacy, health monitoring and wider responses to ensure an enabling and supportive environment for health and disease control interventions¹. More information on CSS, in the context of HSS funding, is provided in Annex 1.

How can Funding for Health Systems Strengthening be Requested in Round 11?

In Round 11, eligible countries have several possibilities to request HSS support from the Global Fund:

Disease-specific HSS: As in previous rounds, countries may integrate HSS interventions in HIV, tuberculosis and malaria proposals. This is the case both for the traditional 'Rounds-based' proposals and for proposals submitted under the Second Wave of National Strategy Applications. These will be disease-specific HSS activities, aimed at strengthening those aspects of the health system that are relevant for improving outcomes of a specific disease (e.g. mainstreaming TB-DOTS competencies in pre-service and in-service training can be integrated in a TB proposal; efficient procurement and distribution of rapid diagnostic tests for malaria - in a malaria proposal; upgrading facilities for scaling-up ARV provision in an HIV proposal). Applicants are NOT expected to allocate a separate section in a disease proposal for HSS activities. Rather, these activities should be proposed as part of disease control measures included in the disease proposal.

Cross-Cutting HSS: As in previous rounds, Round 11 also offers the opportunity to request support for cross-cutting HSS interventions. The scope of cross-cutting HSS interventions would cover broader health system areas, which affect more than one of the three diseases (HIV, tuberculosis, malaria) (e.g. upgrading primary health care facilities, strengthening planning and policy-making capacity of the Ministry of Health, improving the national health management information system). An important new development in Round 11 is that cross-cutting HSS proposals can be submitted as separate, stand-alone proposals, just like HIV, tuberculosis and malaria proposals. The "common HSS proposal form" has been developed for this purpose. Unlike previous rounds, in Round 11, a cross-cutting HSS proposal should NOT be attached to a disease proposal (there is no longer a "4B/5B section", which was available in

¹ The Global Fund (2010), Community Systems Framework. Available at: http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf

previous rounds). Countries applying for cross-cutting HSS support should justify how the proposed activities improve the health system's performance in terms of outcomes related to more than one of the three diseases (HIV, tuberculosis, malaria). Potential benefits to the health system, through proposed cross-cutting HSS activities may at times go beyond the three diseases, and may address broader health MDGs, by for example contributing to maternal and child health. This is encouraged, as long as the minimum requirement of *"improving the health system's performance in terms of outcomes related to more than one of the three diseases (HIV, tuberculosis, malaria)"* is satisfied. A sub-set of countries eligible for HSS support will have the option of requesting cross-cutting HSS funding to the Global Fund and the GAVI Alliance within a same proposal (using the common HSS proposal form, which has been designed for HSS applications to either the Global Fund or GAVI or to both agencies. When used for both agencies, the form only needs to be filled in once, but the applicant needs to clearly delineate the funding request to the two agencies and how this is linked to specific objectives. This is explained in more detail in the Common HSS proposal guidelines that accompanies the form). In addition, in 2011, the Global Fund is conducting a pilot in 4-5 countries through which countries can submit a cross-cutting HSS funding request that is based on a jointly assessed National Health Plan².

Considerations for Preparing Quality HSS Proposals

Applicants requesting HSS support from the Global Fund are encouraged to review the following considerations for maximizing the quality of HSS proposals.

As a general principle, HSS proposals should demonstrate that proposed interventions:

- Are coherent with national health policies, strategies and plans;
- Bring added value to existing programs by addressing identified gaps and unmet needs;
- Contribute to equitable coverage across population groups in need;
- Ensure the most efficient use of available resources and high value for money;
- Ensure the use of feasible, effective and technically sound approaches that are adapted to suit the local context;
- Are aligned to country processes and demonstrate a meaningful involvement of a broad range of stakeholders.

Additionally, applicants are advised to build on the existing knowledge of strengths and weaknesses of HSS proposals submitted to the Global Fund during previous rounds. In this context, several observations suggested by the Technical Review Panel^{3,4} and by technical partners can be taken into account:

1. *Provide the evidence base for the HSS funding request:* To identify HSS funding needs, it is recommended that countries undertake a robust analytical assessment of constraints and gaps in the health system that constitute bottlenecks in the achievement of desired health outcomes. This ensures that the proposed HSS interventions are based on a diagnosis of underlying causes of health systems challenges and not merely address the

² Health Systems Funding Platform. Guidance Note for Health Systems Strengthening (HSS) Support 2011 ([link available shortly](#)).

³ The Global Fund Technical Review Panel (TRP) Round 8 Report (2008), (pp. 23-25). Available at: http://www.theglobalfund.org/documents/board/18/GF-B18-10_TRP_ReportToBoard_and_Annexes2-5-6.pdf

⁴ The Global Fund Technical Review Panel (TRP) Round 9 report (2009), (main text pp. 20-21 and Annex 5: pp. 12-14). Available at: http://www.theglobalfund.org/documents/board/20/GF-BM20-09_TRP_ReportToBoard_and_Annexes1-5-6.pdf

visible symptoms of poor health system performance. Applicants are expected to include evidence of such analytical assessments in their proposals.

2. *Engage multiple HSS stakeholders in proposal development:* a wide range of health systems and cross-disease focused stakeholders should be integrated into the Country Coordinating Mechanism to support proposal development. In particular, the Global Fund encourages applicants to include stakeholders who are involved in the planning, budgeting and resource allocation processes for national disease programs and health system reform. The Global Fund also encourages applicants to include community stakeholders or representatives in the development of cross-cutting HSS proposals that include Community Systems Strengthening activities. The role of these stakeholders in the proposal that is submitted should be properly explained.
3. *Consider how best to submit your HSS funding request:* Some HSS proposals reveal a general lack of understanding among applicants regarding the difference between HSS interventions which should be included in disease proposals versus those that are well suited to be presented as a separate cross-cutting HSS proposal. Applicants should ensure that adequate justification is provided explaining the way they choose to present the HSS funding request. As a guidance for countries, those HSS interventions that will benefit more than one disease (HIV, tuberculosis, malaria), and will be more effectively managed as a stand-alone HSS grant should be included in a separate cross-cutting HSS proposal. If proposed HSS interventions do not benefit more than one disease, these must be incorporated into the relevant disease proposal.
4. *Align the HSS request with national health sector and/or sub-sector strategies:* HSS should not be perceived as a separate programmatic entity in itself. Rather, the funding request should be presented as being auxiliary to, and flowing from, a national health strategy and/or sub-sector strategies, and being aligned with broader national development goals. Applicants are expected to demonstrate links between proposed HSS activities and national health sector goals.
5. *Consider linkages and interactions between health system components:* Many proposals in previous rounds have often requested a "shopping list" of all theoretical HSS needs, without giving thought to longer-term HSS programmatic planning and expected impact. Applicants are encouraged to base their HSS proposals on an understanding of the complex nature of interactions that exists between health systems components, functions, institutional and structural elements. In addition to focusing on strengthening specific health system components, or building blocks, proposed HSS interventions should also consider linkages among various health system components, and between them and the broader context in which they exist.

Additionally, applicants are encouraged to refer the “Technical Reference for Developing Successful Cross-Cutting Health Systems Strengthening Applications for the Global Fund’s Round 11 Support”, which provides useful and practical information on preparing HSS funding proposals for the Global Fund⁵.

⁵ Physicians for Human Rights (2011), Technical Reference for Developing Successful Cross-Cutting Health Systems Strengthening Applications for the Global Fund’s Round 11 Support. Available at: https://s3.amazonaws.com/PHR_other/round11-gf-hss-technicalreference.pdf

Further Reading / Resources

de Savigny, D. and Adam, T., editors (2009). Systems thinking for health systems strengthening: Alliance for Health Policy and Systems Research, Geneva: World Health Organization. Available at:
http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf

Shakarishvili G, Lansang MA, et al. (2010), Health systems strengthening: a common classification and framework for investment analysis.
<http://heapol.oxfordjournals.org/content/early/2010/10/14/heapol.czq053.full>

The Global Fund (2010), Framework for community systems strengthening. Available at:
http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf

The Global Fund Technical Review Panel (TRP) Round 8 Report (2008), (pp. 23-25). Available at:
http://www.theglobalfund.org/documents/board/18/GF-B18-10_TRP_ReportToBoard_and_Annexes2-5-6.pdf

The Global Fund Technical Review Panel (TRP) Round 9 report (2009), (main text pp. 20-21 and Annex 5: pp 12-14). Available at: http://www.theglobalfund.org/documents/board/20/GF-BM20-09_TRP_ReportToBoard_and_Annexes1-5-6.pdf

The Global Fund Technical Review Panel (TRP) Round 10 report (2010), (main text p. 13 and Annex 5: pp. 14-15). Available at:
http://www.theglobalfund.org/documents/board/22/BM22_13TRPRound10_Report_en.pdf

Physicians for Human Rights (2011), Technical Reference for Developing Successful Cross-Cutting Health Systems Strengthening Applications for the Global Fund's Round 11 Support. Available at:
https://s3.amazonaws.com/PHR_other/round11-gf-hss-technicalreference.pdf

WHO (2007), Everybody's business: strengthening health systems to improve health outcomes: Geneva: World Health Organization, 2007. Available at:
http://www.searo.who.int/LinkFiles/Health_Systems_EverybodyBusinessHSS.pdf

USAID (2007), Health System Assessment Approach: A How to Manual. Available at:
<http://www.healthsystems2020.org/content/news/detail/516/>

Links to Technical Partners' Resources

Alliance for Health Policy and Systems Research: <http://www.who.int/alliancehpsr/en>

GAVI-Global Fund-World Bank-WHO HSS Funding Platform:

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/0,,contentMDK:22299073~menuPK:282516~pagePK:148956~piPK:216618~theSitePK:282511,00.html>

Global Health Workforce Alliance: <http://www.who.int/workforcealliance/en/>

Health Metrics Network: <http://www.who.int/healthmetrics/en/>

Health Systems 20/20: <http://www.healthsystems2020.org/>

Human Resources for Health (HRH) Global Resource Center: <http://www.hrhresourcecenter.org/>

Institute of Health Metrics and Evaluation: <http://www.healthmetricsandevaluation.org/>

International Health Partnership+: <http://www.internationalhealthpartnership.net>

WHO: Health Systems: http://www.who.int/topics/health_systems/en/

Annex 1: Cross-cutting HSS funding for Community Systems Strengthening (CSS)⁶

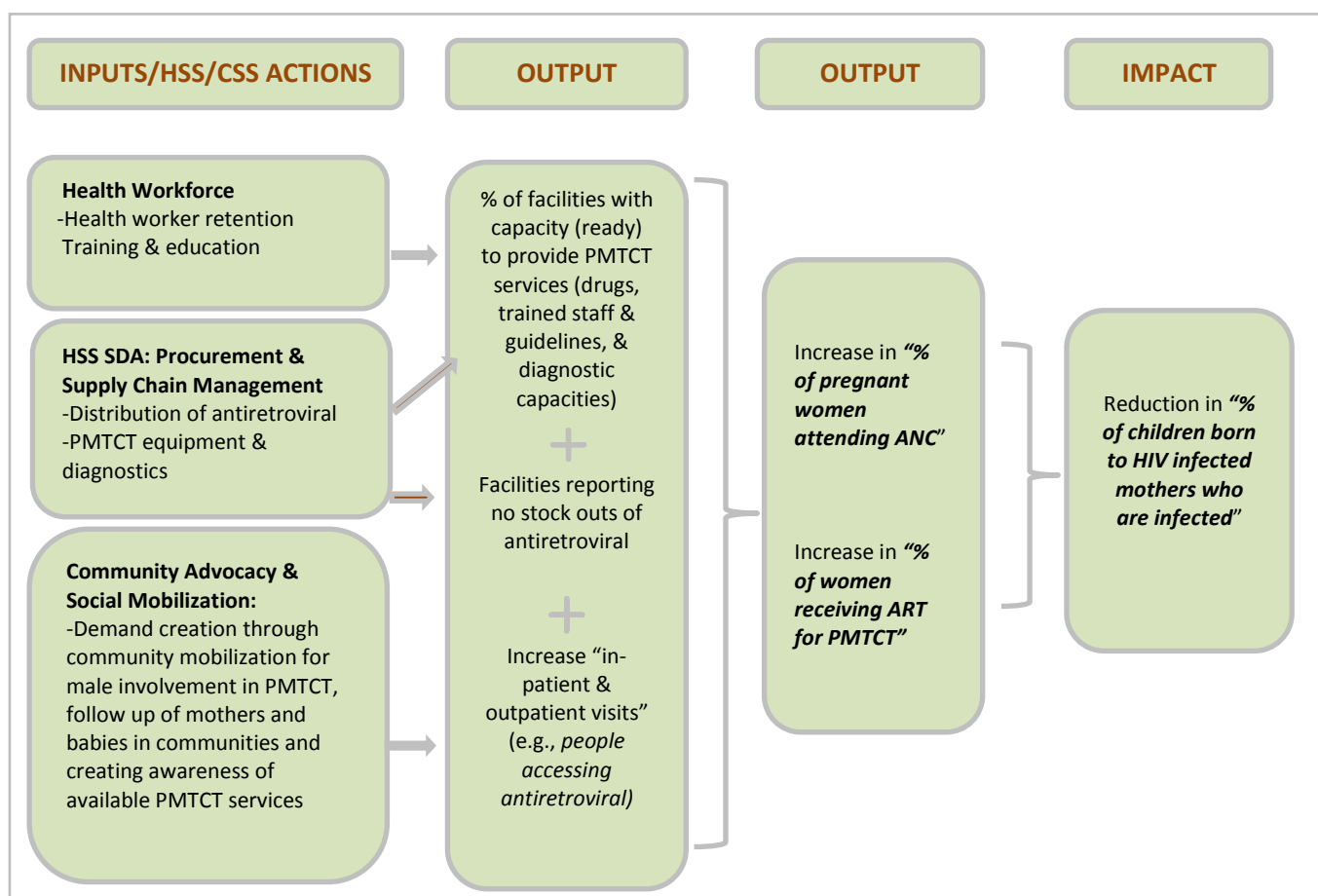
Closely related to the concept of health systems strengthening is that of community systems strengthening (CSS). Community members themselves and community-based organizations have a key role in ensuring that health systems meet the HIV, tuberculosis, malaria and health needs of the population at the community level. Their involvement can ensure that the services reach underserved and marginalized populations, that health and related services (e.g., legal support to people living with HIV) are accountable and responsive to the needs of the community, and that the social determinants of health are proactively addressed within the health system and beyond. Recognizing the importance of community action to improve HIV, tuberculosis, malaria and other health outcomes, the Global Fund encourages the inclusion of CSS interventions in cross-cutting HSS proposals or as part of disease-specific proposals. CSS funding can be requested for expanding the capacity of key affected populations and communities and community-based organizations to design, deliver, and monitor and evaluate health activities related to HIV, tuberculosis and malaria and other major health challenges. Such activities are vitally important for many reasons. Among them, CSS activities can:

- Expand the reach of health services, particularly too poor and marginalized members of the community;
- Through advocacy, lead to more effective policies, better government accountability, increased funding, and more equitably distributed financial, human, and other health resources;
- Contribute to designing policies and programs that are more responsive to the needs of everyone in the community;
- Extend the reach of health services from the clinic into the community;
- Identify and help resolve obstacles to program implementation and health service delivery, and to respect for the health-related rights of community members;
- Provide social services (e.g., legal, income-generation, nutritional support, education) that supplement and link to health services;
- Educate people on their rights and strategies;
- Advocate for broader social and economic improvements that contribute to better health and greater health equity.

Figure 1 below is an *illustrative example* of how some HSS and CSS complementary efforts may be applied to improve health system performance and ultimately improve health outcomes and impact. The illustration is focused on three objectives in the context of PMTCT (although the range of objectives can certainly be broader): the first objective focuses on health workforce development, the second on improving procurement and supply chain management, and the third on creating demand for PMTCT services through community-level activities.

⁶ Adopted from: Friedman, Eric, Itamar Katz, Eric Williams, Grace Chee and Ann Lion, May 2010, *Global Fund's Support for Cross-Cutting Health Systems Strengthening Interventions: A Reference Guide*, Bethesda, MD: Physicians for Human Rights, Health Systems 20/20 project, Abt Associates Inc.

Figure 1: Complementarity between HSS and CSS Service Delivery Areas to improve health outcomes



Annex 2: Learning from Successful HSS Proposals: Practically Useful References for Preparing Quality Proposals⁷

Box 1: Link to national health plans - country examples

A key strength of the HSS section of Eritrea's Round 9 proposal was that it was consistent with the Ministry of Health Primary Health Care strategy, the Health Sector Strategy Plan, and the National Health Policy. Similarly, the TRP noted as a strength of the HSS section of Benin's Round 9 proposal that it "cohere[s] with the National Health Development Plan (2009- 2018), which also has annexes like: the Human Resources Strategic Development Plan for the Health Sector (2009-2018); the National Policy regarding the Health Information System, etc." By contrast, the unsuccessful HSS section of the Round 9 proposal of a third country failed to reference the national human resources for health plan, a fact that the TRP cited as a major weakness.

Box 2: Gap analysis - Country example

Sierra Leone's Round 9 HIV proposal describes six major health system constraints to HIV treatment, prevention, and care. It provides key statistics, explains how it is currently addressing each constraint, and references in the process its poverty reduction strategy, draft health sector strategy, health policy, HIV/AIDS strategic plan, draft human resources development plan, national regulations for public procurement, national institutional review related to HIV/AIDS finance, and integrated M&E framework. The proposal proceeds to seek funding for three areas that required strengthening according to the gap analysis: the health information system; the health workforce, and the quality of laboratory diagnosis. Sierra Leone made a strong case on the importance of a quality laboratory system for HIV, tuberculosis and malaria, and on the present weaknesses of its laboratory system (such as the lack of an approved national laboratory policy, strategic plan or budget, the shortage of laboratory staff, and the lack of any national laboratory quality assurance system).

Box 3: Link to improved HIV, tuberculosis and malaria outcomes - Country examples

The health workforce intervention in the cross-cutting HSS section of Eritrea Round 9 HIV proposal focuses on increasing the output of nurse and associate nurse training institutions. In describing the link between this intervention and the three diseases, the proposal states that "most of the case notification, surveillance, management and referral activities of malaria, TB and HIV and other diseases is mainly coordinated and performed by nurses and associate nurses." Further, these nurses train the community health agents who help control and prevent malaria. The intervention also includes training additional laboratory technicians, and explains the importance of accurate malaria diagnosis to low malaria morbidity. The proposal also links the nurses and laboratory technicians to a strong surveillance system for malaria.

Addressing a cross-cutting HSS intervention on expanding coverage of integrated health services, Senegal's Round 9 HIV proposal cites the fact that only 13% of health posts can provide integrated care for HIV, tuberculosis and malaria. The proposal states the additional number of people who will be able to receive an integrated package of services (HIV, tuberculosis and malaria, as well as maternal, neonatal, and infant health and curative consultations) due to the intervention. Senegal also links the activities in this intervention to the three diseases. For example, the proposal explains that the rehabilitation of health facilities will comply with national standards for the integrated package of services, and that motorcycles requested in the proposal will help the HIV and tuberculosis programs with home visits and people lost to follow up.

⁷ Taken from: Friedman, Eric, Itamar Katz, Eric Williams, Grace Chee and Ann Lion, May 2010, Global Fund's Support for Cross-Cutting Health Systems Strengthening Interventions: A Reference Guide, Bethesda, MD: Physicians for Human Rights, Health Systems 20/20 project, Abt Associates Inc. Used with permission from Itamar Katz.

Box 4: Stakeholder involvement - Country examples

Involved in developing the HSS section of Eritrea's Round 9 HIV proposal was not only the Ministry of Health (including its child and reproductive health program), but also the Ministry of Local Governments, district medical officers, and the National Union of Eritrean Women, as well as development partners such as WHO and UNICEF. In two interventions related to health information systems, the proposal identifies the many program managers, multilateral agencies, health professional representatives, and others involved in developing the country's health information systems strategic plan, upon which the interventions are based.

Tanzania's Round 9 HIV proposal notes the involvement of "representatives from TACAIDS [Tanzania Commission for HIV/AIDS], private sector, faith-based organizations and civil society, the development partners, and Ministry of Health and Social Welfare"; staff from the human resources, procurement management, and other relevant Ministry of Health units and directorates, and from the semi-autonomous Tanzania Food and Drug Authority; the Tanzania Health Sector Reform Secretariat, and a WHO health systems expert. It states that the Human Resources for Health Strategic Plan and Health Sector Strategic Plan were foundational documents in developing the proposal, and that studies from the Touch Foundation and development partners were also important for proposal development.

Benin's Round 9 HIV proposal provided specific information on the organizations and other entities involved, such as specific departments in the health ministry. The proposal explains who was involved in identifying and developing the cross-cutting HSS interventions. Along with the health ministry and national AIDS committee, it names six international NGOs and six national NGOs (or their networks and associations), as well as five multilateral agencies. Furthermore, it explains why these institutions were chosen, including their institutional support for the health ministry, their role as "frontline stakeholders who have control over the strengths and weaknesses of the health systems," and their previous involvement in HSS processes, including participating in a national health forum, drafting the national health development plan, and submitting a proposal to GAVI.