



The Global Fund and Health System Strengthening

How to Make the Case, in a Proposal for Rounds 8 and 9?

Working Draft

This note has been prepared by WHO for its Rounds 8 and 9 workshops. It is based on several sources: proposals; TRP comments from previous rounds; WHO staff experience; the latest Fund guidance.

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The challenge

The Global Fund's approach to health system strengthening consists of "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 Global Fund invests in strengthening health systems but *how*. However, many have found it difficult to 'make the case' for such investments when preparing proposals. This note summarizes some critical points that proposals with HSS activities must make if they are to have greater chances of success. Experience suggests the *process* of proposal development is also a critical determinant of a strong proposal.

There are fairly consistent messages on the biggest constraints to improved HIV/AIDS, TB and malaria outputs and outcomes, from different sources. These are summarised in box 1.

Box 1: Summary of the biggest constraints for improved HIV/AIDS, TB, malaria outputs and outcomes

- Availability, skills and motivation of health workers
 - Drug procurement and distribution systems
 - Diagnostic services
 - Access - especially financial access
 - Management and coordination of services
 - Information and monitoring systems
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Source: The Global Fund Strategic Approach to Health System Strengthening. Report from WHO to the Global Fund Secretariat, September 2007

Within any of the broad areas listed above, some constraints can be resolved by intervention at the service delivery level, while others can only be resolved by actions at higher levels of the system. There is increasing support for moving away from the stale vertical versus horizontal debate. A key message is that programmes are part of any health system, and it is impossible to scale up services to any significant extent without a stronger health system.

The main messages from the Global Fund regards HSS for rounds 8 and 9 are that:

- The **parameters for HSS funding have not changed** from previous rounds. The only explicit exemption is large infrastructure projects. This decision recognizes that countries are diverse and have different priorities. It aims to encourage innovation.
- The **application form has been modified**. As for rounds 7 and 8, there is no separate HSS component. There is however an optional section ('part B') for 'cross-cutting' HSS actions. Global Fund guidance states that HSS activities may be included under either the disease specific part of the form, or part B.
- **Only one part B section can be completed per country**. This section is *only* for 'cross-cutting' activities. i.e. designed to benefit more than one disease. Part B can only be submitted if there is also either an HIV/AIDS, TB or malaria proposal. It cannot be submitted on its own.

The response: points to make when requesting funds for HSS interventions

- 1. The proposed activities clearly respond to constraints** to improved HIV/AIDS, TB or malaria prevention and control identified in other parts of the proposal.

Comment: Proposals often do not link their proposed HSS activities to the specific constraints identified in the analysis section of the proposal form. Examples of proposals in which this is well done are in Annex 1.

- 2. The proposed activities are required in order to improve HIV/AIDS, TB or malaria service delivery**, but lie beyond the mandate of an individual programme, or could disrupt other priority services if implemented by one programme alone.

Comment: Successful proposals have made a compelling case. However, in many proposals, the case has been superficial and unconvincing. Good examples are given in Annex 1.

- 3. The proposed activities fit within overall national health policies**, plans and strategies, and fill a gap in available resources

Comment: Many proposals have contained actions that appear to be planned in isolation of the wider health system. This makes it difficult for the TRP to judge the extent to which the proposed activities are part of a balanced approach that fits with overall national policy and strategy.

- 4. The proposed activities have been defined in consultation** with key stakeholders

Comment: in determining any response, it is important to remember that a health system, like any system, is a set of inter-connected parts. Changes in one part will have repercussions elsewhere, which may be positive or negative. The involvement of key HSS stakeholders in the CCM is required by the Global Fund. Moreover, in order to effectively address shared health systems barriers in a proposal, early collaboration between those preparing AIDS, TB and malaria components has also become important in rounds 8 and 9.

- 5. Proposed activities are clearly defined; of a realistic scale, and credibly costed**

Comment: The TRP notes that successful HSS proposals share characteristics of other successful Fund proposals: they focus on a manageable set of activities, not major sector reforms; they are judged to be realistic, and have clear objectives and budgets. Unsuccessful HSS proposals conversely contain actions considered too broad, too ambitious or too vague in terms of objectives, work plans and budgets.

- 6. Returns from investment are possible within a reasonable timeframe**

Comment: the proposals need to give a sense of when improvements resulting from the proposed interventions might begin to materialise. These may be short of more medium-term changes.

- 7. Tools for monitoring Health System Strengthening**

Comment: The Fund stresses that applicants must show a convincing link between proposed HSS interventions and outputs, and disease specific outputs. In considering appropriate indicators and measurement strategies, the Toolkit for monitoring health system strengthening developed by WHO and the World Bank in collaboration with experts from countries and other agencies (including the Global Fund) may be useful. It is available at

http://www.who.int/healthinfo/statistics/toolkit_hss/en/index.html.

Annex 1: Linking constraints to proposed actions that are required to improve outcomes: four brief examples

These examples illustrate how credible lines of argument can be developed for HSS actions. The lines of argument used to justify proposed actions are valid irrespective of whether or not the application form had a separate component.

Tanzania, selected HSS strategic action, from round 7 malaria proposal

The problem The proposal argues that malaria remains a major cause of under 5 mortality in Tanzania. Around half of deaths in children under 5 in health facilities are malaria related. It provides relevant information on where people go for care and what it costs them: it notes that 35% of children with fever are treated in private outlets including formal private clinics, pharmacies, drug shops (duka la dawa baridi) and 'Accredited Dispensing Drug Outlets' (ADDO), of which the most important - especially in rural areas - are the duka la daw baridis. The price of ACTs in private outlets is 'prohibitively high', and the proposal reports estimates that 75% of malaria expenditures are borne directly by households, with the greatest burden on the poorest ones. All these factors contribute to constraining access to treatment. The proposal also reports that duka la dawa baridis are not necessarily providing the right drugs, nor the right information on dose and adherence, and their regulation and supervision is poor. An associated problem in both public and private facilities is the considerable over-diagnosis of malaria. The proposal notes the successful role that the public sector - the MOHSW, with partners, the Tanzania Food and Drug Authority, local governments and district health authorities - has played in recent years in initiating upgrading of duka la dawa's to ADDOs, with systems for accreditation (based on existing TFDA standards) and supervision. This model began in one region in Tanzania, and has begun to be extended to others.

The response The proposal emphasizes that its objectives are the same as those in the National Malaria Medium-term Strategic Plan, and that reducing malaria mortality will help halve the under 5 mortality rate, in line with the national Poverty Reduction Strategy and MDG targets. As part of a larger package of HSS Strategic Actions, it aims to improve access and quality of care for uncomplicated malaria by rolling out existing successful accreditation activities: by upgrading 4000 duku la dawa baridi's into ADDOs across 8 more regions over five years. It provides details on how this will be done: involving the identification, mapping, inspection of duku la dawas, then training in stock, dispensing and financial management, and accreditation and subsequent supervision. These grass roots outlets will be licensed to provide ACTs as well as other essential drugs, and knowledgeable enough to initiate early referral of severe malaria and also other severe childhood illnesses. This strategy is combined with subsidised ACTs; a communication campaign for caretakers of children, and actions to enhance the emergency care of severely sick children when they reach hospitals and health centres. The proposal argues these actions will improve more than just malaria services, but are essential for tackling malaria. It shows how it will link with and reinforce other quality of care enhancing activities, such as the Emergency Triage, Assessment and Treatment approach, and supportive supervision, implemented as part of IMCI.

Full proposal: http://www.theglobalfund.org/search/docs/7TNZM_1589_0_full.pdf

Kenya, from the round 6 TB proposal

The problem The proposal outlines how TB has become a leading cause of morbidity and mortality, especially in young adults, but that case detection is low, and that the need for better services, as part of an essential package, has been noted in the National Health Plan. It records multiple constraints to improving TB/HIV services. First, that most dispensaries and other primary level health facilities lack the ability to offer even basic TB/HIV services including diagnostics. Second, management capacity is weak, and health provider knowledge is low. Third, there are staff shortages and low productivity.

"Currently the perception is that the level of productivity is due to low staff morale occasioned by perceived low remuneration; lack of clear career pathways; inadequate training and technical support and sub-optimal working environments"

The proposal provides supporting information on these constraints, including the density and distribution of health facilities, less than half of which offer diagnostic services, and notes that a quarter of TB patients first point of contact is at dispensaries. It also makes the point that that Kenya's previous TB proposals to the Global Fund have addressed the demand side, and this proposal complements those by addressing supply side constraints.

The response The proposal sets out 4 objectives. It aims to improve primary level health care provision, especially integrated TB/HIV services, by a package of measures including 1) improved physical infrastructure, and equipment and training to provide Kenya's essential laboratory package 2) improved human resources capacity through recruitment and training 3) improved productivity through intensified support, regular appraisals, incentives 4) improved district health planning and management capacity, through workshops run by the Department of Planning and Health Sector Reform Secretariat. These are consistent with objectives in the National Health Sector Strategic Plan.

The expected HSS outputs are clearly defined and linked to specific programme results. They include ensuring that in five years, not less than 80% of all public sector dispensaries are able to offer basic TB/HIV service including smear microscopy, HIV testing and counselling. The proposal has been endorsed by a large number of partners specified in the proposal form.

Full proposal: http://www.theglobalfund.org/search/docs/6KENT_1351_0_full.pdf

Malawi

This example comes from a round 5 HSS proposal, but the line of argument used to make the case remains equally valid for a round 8 proposal, despite there no longer being a stand-alone component.

The problem The proposal argues, with supporting data, that health workforce shortages have led to a near breakdown in capacity to deliver basic level health services including ART and other HIV/AIDS, TB and malaria services, especially in rural areas. It also argues that the shortages are too severe to be resolved on a disease specific basis. It mentions that only 56% of nursing posts, and 32% of doctors posts, are filled. The proposal provides other powerful data to illustrate the severity of human resource crisis, including an African regional perspective to demonstrate that the problem is even more severe in Malawi than in other countries. It outlines the key elements of the 6 year Emergency Human Resources Programme which has been designed to implement the Malawi Essential Health Package (EHP) - which includes prevention and treatment of HIV/AIDS, TB and malaria and that has been developed, costed and agreed with partners.

"Malawi's health service system has ceased to function within a pro-poor and MDG target disease frame in terms of access to skilled human resources. Without an additional staffing complement addressing health needs at all service levels, the gap in access to community based HIV/AIDS/TB/Malaria services is likely to suffer further".

The response The proposal asks for funding for a portion of its national Emergency Human Resource Programme. The overall aim is to scale up services for the target diseases in ways that do not harm other health services. It identifies the main gaps in funding of the Plan. The four specific objectives in the proposal are 1) to increase community-based services by recruiting, training and retaining health surveillance assistants for meeting the current shortfall and scaling up EHP and ARV/HIV/AIDS services, 2) increase health sector supply to carry out ART and HIV/AIDS services as well as meet other critical HR gaps needed to provide the Essential Health Package services, 3) upgrade and strengthen training institution tutor capacity, 4) upgrade training institution physical facility capacity and provide support for operation costs resulting from increased capital investment. The accompanying text explains how each objective will be met, and what the targets are.

The proposal include clearly stated expected outcomes e.g. expanded training capacity by over 50% on average, and more in key cadres.

14 funding partners support the health SWAp in Malawi. The consultative process that led to the Fund proposal also involved major stakeholders such as NGOs, the private sector and research and academic institutions.

Full proposal: http://www.theglobalfund.org/search/docs/5MLWH_1142_0_full.pdf.

Rwanda, round 5 HSS

This example comes from a round 5 HSS proposal, but the line of argument used to make the case remains equally valid for a round 8 proposal, despite there no longer being a stand-alone component.

The problem: The proposal described how a lack of financial resources at the peripheral level of the health system meant health centres were charging user fees. It argued that this had contributed to a steady decline in service utilization over the last five years. Low service quality was also thought to contribute to low utilization by people with HIV/AIDS, TB or malaria.

"This lack of action between the health services and the diseased population jeopardizes seriously any progress in control of HIV/AIDS, TB malaria and associated diseases.....the very entry into the health system remains a persisting and principal obstacle."

The proposal provided supporting information and statistics on poor access, especially in rural areas, and gave specific examples for the three diseases.

The response addressed both of the identified constraints to demand for health care by those in need. It built on existing activities for which there were insufficient funds from other sources. First, it aimed to improve financial access by financing membership of a community based insurance scheme in six provinces, complementing activities in other provinces. The expected result was that the whole Rwandan population would then be covered by such schemes. Second, it aimed to improve quality by improving management of district services - by supporting pre-service and in-service training of health professionals and administrative and supervisory staff in health financing, financial management, quality assurance and monitoring and evaluation, and by putting electricity into 74 health centres.

It anticipated four outcomes from implementation of the proposal, including a 30% rise in service utilization, and includes HIV/AIDS, TB and malaria indicators as measures of progress.

It said explicitly that the proposed approach had been "endorsed by all development partners in Rwanda, among them World Bank, UN agencies, bilateral partners and the Churches".

Full proposal is on the Global Fund website: www.theglobalfund.org