

Fact Sheet: The Global Fund's approach to health systems strengthening

A. What is health systems strengthening in the context of the Global Fund's mandate?

A health system consists of all organizations, people, and actions whose primary intent is to promote, restore or maintain health. It involves the broad range of individuals, institutions, and actions that help to ensure the efficient and effective delivery and use of the spectrum of products and information for prevention, treatment, and care and support to people in need of these services.

The Global Fund recognizes the importance of supporting the strengthening of public, private and community health systems where weaknesses and gaps in those systems constrain the achievement of improved outcomes in reducing the burden of HIV, tuberculosis and malaria.

With a strong focus on ensuring linkages between and outcomes for the three diseases, the Global Fund remains committed to providing funding for health systems strengthening (HSS) within the overall framework of funding technically sound proposals.

B. Why is health systems strengthening important?

In order to function well, health systems must carry out a number of basic functions. The World Health Organization has categorized these functions into the following “six essential building blocks”¹:

- Good health service delivery, i.e. the ability to efficiently deliver effective, safe, quality personal and non-personal interventions to those who need them;
- A well-performing 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 health determinants, health systems performance and health status;
- A well-functioning system for providing equitable access to quality essential pharmaceutical and health products and technologies;
- Good health financing systems to raise adequate funds for health, and to ensure protection for financial risks; and
- Effective leadership and governance to ensure strategic policy frameworks exist and are combined with effective oversight, coalition-building, the provision of appropriate regulations and incentives, and accountability.

Inadequate health systems are one of the main obstacles to scaling-up interventions to secure better health outcomes for HIV, tuberculosis, and malaria. In the context of the Global Fund's mandate, HSS refers to activities and initiatives that improve the underlying health systems of countries in any of the six areas identified above, and/or manage interactions between them in ways that achieve more equitable and sustainable health services and health outcomes related to the three diseases.

¹ *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes (WHO's Framework for Action)*, Geneva, World Health Organization, 2007.

C. Including health systems strengthening in proposals

The Global Fund recognizes that health systems weaknesses and gaps that impact achievement of improved HIV, tuberculosis and malaria outcomes may be responded to through a disease specific program approach or a cross-disease approach that benefits more than one of the three diseases ('cross-cutting').

As in prior Rounds, the Global Fund encourages applicants, wherever possible, to integrate their responses to these health system weaknesses and gaps within the relevant disease component(s). This is encouraged whether the response is disease program specific, or cross-cutting (*refer to [diagram 1](#) and [diagram 2](#) below for options for including cross-cutting interventions into disease specific programming*).² When cross-cutting HSS requests are included in disease specific program descriptions, these requests will be assessed by the Technical Review Panel ('TRP') as an integral part of its review of the relevant disease component(s).

Consistent with the Global Fund's encouragement noted above, all responses to health systems weaknesses that are specific to only one disease must be included in the implementation strategy for that disease only.

However, the Global Fund also recognizes that certain cross-cutting responses may not always be easily included within disease program strategies. For example, difficulties may arise during attempts to apportion cross-cutting interventions between the diseases (*diagrams 1 and 2*). Where this is the case, applicants may request funding for the necessary HSS cross-cutting interventions through a distinct but complementary section (the 'cross-cutting HSS section'³) in only one of the disease components applied for in the proposal (*refer to [diagram 3](#) below*).

To ensure that Global Fund resources continue to be prioritized towards the achievement of improved outcomes for the three diseases, the information provided by applicants in the cross-cutting HSS section must clearly articulate how the interventions will address identified health systems constraints to improved HIV, tuberculosis and/or malaria outcomes (*although recognizing that interventions may benefit other disease outcomes also*).

When reviewing a disease proposal which contains a cross-cutting HSS section, the TRP may recommend for funding, subject to technical merit:

- the entire disease proposal including the distinct cross-cutting HSS section; or
- the disease proposal excluding the cross-cutting HSS section; or
- only the cross-cutting HSS section if the interventions in that section materially contribute to overcoming health systems constraints to improved HIV, tuberculosis and/or malaria outcomes.

To support the preparation of strong, appropriate requests for funding for HSS cross-cutting interventions, the Global Fund recommends that health systems and cross-disease focused in-country stakeholders are involved in the CCM and in proposal development. In particular, the Global Fund encourages applicants to include stakeholders who are involved in the planning, budgeting and resource allocation processes for the national disease programs and health system reform, and explain the role of these stakeholders in the proposal that is submitted.⁴ Applicants are also encouraged to draw on recent assessments of health system weaknesses and gaps (which may be broader than the three diseases, where they exist) when preparing their proposals.

² The interventions should be described in the disease specific program intervention strategy (section 4.5.1 in Round 8).

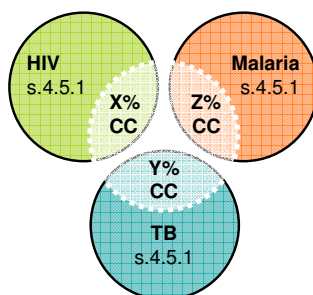
³ The relevant sections comprise section 4B and 5B, and are available from the Global Fund's call for proposals website.

⁴ By way of example, personnel from Ministries of Planning and/or Finance, and stakeholders involved in other proposal development processes for health systems support, including through the World Bank or GAVI.

Consistent with the Global Fund's focus on supporting the achievement of improved outcomes for the three diseases, funding for HSS is not available as a separate funding window in proposals submitted to the Global Fund. For this reason, proposals cannot be submitted where a disease proposal only requests funding of HSS cross-cutting interventions through the cross-cutting HSS distinct section.

Diagrams providing more information on the alternative approaches for inclusion of cross-cutting HSS interventions in Global Fund proposals are set out below.

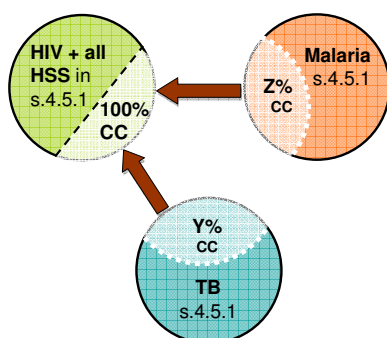
Diagram 1: Responses to cross-cutting health systems constraints apportioned between the diseases and integrated into the program description as for other program specific activities (s.4.5.1 by disease)



May be more appropriate where there is a desire to include HSS cross-cutting interventions as part of each disease proposal. *HSS cross-cutting interventions are described in the implementation strategy by disease with all other disease program interventions (s.4.5.1).*

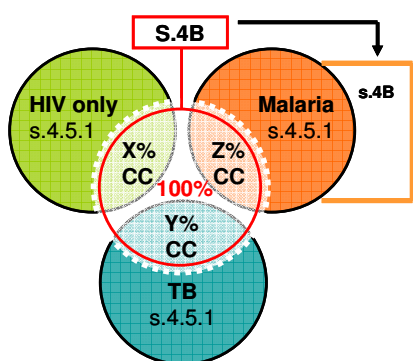
* 'CC' means HSS cross-cutting interventions

Diagram 2: Responses to cross-cutting health systems constraints included in one disease only, but integrated into the program description for that disease as for other program specific activities (s.4.5.1 in one of the disease proposals)



May be more appropriate where there are HSS cross-cutting interventions, but they are particularly relevant to one of the three diseases. *HSS cross-cutting interventions are described in the implementation strategy of that disease with all other disease program interventions (s.4.5.1). In this example, all HSS cross-cutting interventions are included in the HIV proposal.*

Diagram 3: Responses to cross-cutting health systems constraints included in the HSS cross-cutting section related to one disease only (s.4B in one disease only)



May be more appropriate where there are HSS interventions that are cross-cutting and which are more appropriately included as a holistic set of interventions *(in this example, all HSS cross-cutting interventions are included within the malaria proposal).* The TRP will review that section as a distinct part of the malaria proposal and can recommend (i) the malaria part and the cross-cutting part, or (ii) the malaria part only, or (iii) the HSS cross-cutting part only.