

Global Fund’s Support for Health Systems Strengthening Interventions: A Reference Guide

The reference guide is designed to answer frequently asked questions on Global Fund’s support for health systems strengthening (HSS) interventions. Answers aim to assist applicants in including HSS interventions in their Global Fund proposal.

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I. WHAT IS HEALTH SYSTEM STRENGTHENING?

The Global Fund defines health systems as the grouping of “organizations, people and actions whose primary intent is to promote, restore or maintain health.”¹ Global Fund applicants may seek to benefit the overall health system and support broader health Millennium Development Goals (MDGs) through their interventions, such as by contributing to maternal and child health. The Global Fund encourages applicants to request funding for health system strengthening as long as the minimum requirement of cross-cutting HSS interventions is satisfied, namely, “improving the health system’s performance in terms of outcomes related to more than one of the three diseases (HIV, tuberculosis, malaria)”²

The Global Fund asks countries to include what service delivery area (SDA) their HSS interventions address. Countries should also clearly link HSS objectives and activities to specific national health strategy goals. Revised for Round II, the SDAs are now informed by — but not identical to — the '[WHO's Building Blocks for health systems](#)'. The Global Fund highlights the following HSS components, similar to the World Health Organization’s (WHO’s) six HSS blocks:

¹ Global Fund, Health Systems Strengthening Available at: <http://www.theglobalfund.org/en/performance/effectiveness/hss/>

² Global Fund. June 2011. The Global Fund’s approach to health systems strengthening (HSS) Information note http://www.theglobalfund.org/documents/rounds/II/RII_HSS_InfoNote_en



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1. **An effective health care delivery system** that is capable of efficiently delivering high-quality personal and public health services to those who need them.
2. **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.
3. **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.
4. **A well-functioning procurement, supply chain management, and logistics system** for providing equitable access to quality medical products and technologies.
5. **A strong health financing system** to raise and equitably distribute adequate funds for health and to ensure the population's protection from health-related financial risks.
6. **An effective leadership and governance system** to ensure that strategic policy frameworks exist that enable and support effective oversight, coalition building, identification of areas of responsibility, and development of appropriate regulations, incentives, and accountability mechanisms.

Applicants should bear in mind the relationships and interactions across these HSS components. They are interlinked and should not be treated as unrelated silos.

2. WHY SHOULD COUNTRIES APPLY FOR CROSS-CUTTING HSS INTERVENTIONS?

The Global Fund encourages countries to seek funding for cross-cutting HSS interventions that will contribute to improved outcomes for AIDS, TB, and/or malaria. The interventions are cross-cutting in that they will benefit at least two of the diseases – and, in many cases, all three. They can further strengthen other health priorities including women's and children's health. There are at least three fundamental reasons why the Global Fund is helping to enhance health systems and why applicants should take advantage of this support:

1. **Addresses systemwide, cross-cutting issues needed to scale up AIDS, TB, and malaria services:** Desired progress in scaling up health services to meet the core concerns of the Global Fund – AIDS, TB, and malaria – simply might not be possible without these systemwide, cross-cutting HSS investments. Improving coverage and outcomes for these three diseases might require cross-cutting activities such as improving district-level leadership, planning, and management capacity, or incorporating mandatory disease notification for a wide range of diseases.
2. **Provides efficiency gains:** In some cases, it is possible to make progress without these cross-cutting HSS investments, but only at a very high cost, for example, by taking health workers away from other activities, thereby harming other health services; creating duplicate systems that waste scarce human and financial resources; and missing opportunities to integrate systems and services that would address the range of people's health needs, rather than simply treating people as carriers of particular diseases.
3. **Broadens the impact:** The opportunity to use Global Fund investments to have a broader, systemic impact, for example:
 - a. Improving maternal health services will not only reduce vertical transmission of HIV and increase opportunities to detect and treat AIDS, TB, and malaria, but will also reduce maternal and neonatal death.
 - b. Improving services for related chronic noncommunicable diseases will strengthen the control of the three diseases. For example, health issues such as diabetes, smoking-

related respiratory conditions, malnutrition, and substance abuse increase the risk of TB, are commonly found among people diagnosed with TB, and increase their risk of poor health outcomes.³ Malnutrition and substance abuse can hamper outcomes of HIV treatment.⁴ Furthermore, the Global Fund can support actions to address the broader social determinants of health.

For further information, refer to the following:

- [Guidelines for Proposals – Round 11](#),
- [The Global Fund’s Approach to Health Systems Strengthening \(HSS\): Information Note](#),
- Physicians for Human Rights 2010, [Guide to Using Round 10 of the Global Fund to Fight AIDS, Tuberculosis and Malaria to Support Health Systems Strengthening](#), pages 9-13.
- [World Health Organization, 2008, contributing to health system strengthening - Guiding principles for national tuberculosis programmes](#).
- [Aidspan guides](#) on developing a Round 11 proposal.

Box 1: Tailoring HSS Activities to Country’s Context

Review of successful cross-cutting HSS components of proposals is important for gaining a greater understanding of the scope of support that the Global Fund provides for HSS, as well as examples of the design of HSS activities that lead to successful proposals. Yet, each country must determine its own health system needs and strategies to improve AIDS, TB, malaria, and other health outcomes. Simply borrowing from other countries without tailoring to the applicant country’s context and undertaking the deliberations and consensus-building exercises required to determine the best strategies to develop equitable, accountable, and effective health systems is unlikely to lead to successful implementation of effective strategies. The Global Fund strongly encourages countries to base their HSS interventions on their national health strategies, which should identify key health system gaps and constraints, as well as the country’s HSS priorities. Countries will also need to consider their own context as they determine how best to implement a primary health care approach.

³ Lönnroth, K., K. Castro, J.M. Chakaya, L.S. Chauhan, K. Floyd, P. Glaziou, and M. Raviglione. Tuberculosis control 2010 – 2050: Cure, care and social change. *Lancet* 2010 DOI:10.1016/s0140-6736(10)60483-7.

⁴ WHO, UNODC, and UNAIDS. 2008. Policy guidelines for collaborative TB and HIV services for injecting and other drug users. An integrated approach (http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf).

Box 2: Cross-cutting HSS Funding for Community Systems Strengthening (CSS)

Closely related to the concept of HSS is that of community systems strengthening (CSS), whereby community members themselves and community-based organizations (CBOs) have a key role in the following:

- Providing health and related services (e.g., legal support to people living with HIV) at the community level
- Providing health to marginalized populations
- Ensuring that health and related services are responsive to the needs of the community
- Increasing the accountability of health services to the population.

The Global Fund encourages CSS funding requests, which may be included as part of an HSS or disease-specific component of the proposal. CSS funding can be requested to expand the capacity of key affected populations and communities and CBOs to design, deliver, and monitor and evaluate health activities affecting the Global Fund's priority diseases and other major health challenges. Such activities are vitally important for many reasons, including the ability of CSS to do the following:

Health services

- Expand the reach of health services, particularly to poor and marginalized members of the community
- Provide social services (e.g., legal, income-generation, nutritional support, education) that supplement and link to health services
- Extend the reach of health services from the clinic into the community.

Governance

- Contribute to designing policies and programs that are more responsive to the needs of everyone in the community
- Engage poor and marginalized members of the community in evaluating and improving local health services and local and national health policies to be more responsive to their particular needs
- Build capacity of nongovernmental organizations (NGOs) in areas where health systems are particularly weak
- Establish and institutionalize village health committees
- Advocate for more effective policies, better government accountability, increased funding, and more equitably distributed financial, human, and other health resources
- Identify and help resolve obstacles to program implementation and health service delivery, and to respecting the health-related rights of community members
- Strengthen community structures (e.g., village health committees) that contribute to priority-setting, problem-solving, and monitoring and evaluation of local health services and facilities, community health mobilization, and advocacy in order to improve local health services
- Educate people on their rights and strategies to secure these rights
- Advocate for broader social and economic improvements that contribute to better health and greater health equity
- Conduct resource mapping and coordinate NGO/faith-based organizations/community service organization services for AIDS, TB, and malaria
- Train district management team members on policies and good practices in community participation, as well as gender and health
- Train health committee members in communication techniques, and support external and internal audits of community participation at the health district level.

Health workforce

- Recruit community health nurses
- Increase the number of female community health worker supervisors
- Establish a cadre of community health officers whose activities include sharing community-based care strategies with NGOs and communities, and maintain collaborative relationships with implementing NGOs
- Recruit, train, hire, supervise, compensate, and provide materials to community health workers
- Build trust between health workers and community members.

Examples of proposals with strong CSS interventions include Ethiopia's Round 9 TB, HSS section; Niger's Round 10 TB, HSS section; Afghanistan's Round 10 TB, HSS section.

Indonesia Round 10 TB proposal (TB section, though most of the CSS activities could be adapted to an HSS component) was responsive to a detailed analysis of community system weaknesses, and included the following activities:

- Disseminating a patients' rights charter to local parliaments, health providers, and communities
- Strengthening local patients organizations to speak out on behalf of patients
- Supporting NGOs in engaging and advocating with district parliaments to ensure policy implementation and increase local budget for TB control
- Implementing recently developed advocacy tools to strengthen the advocacy and lobbying capacity of local TB teams and NGOs
- Enhancing media relationships and building an advocacy strategy through the media
- Supporting NGO participation in international forums and exchanges with other NGOs to learn and compare best practices
- Carrying out community system situational analyses in particular provinces
- Capacity building for local TB and AIDS NGOs, including training on policy and advocacy at the national level, management, planning, monitoring and evaluation, financial and project management, internal auditing, and acquiring and using accounting software
- Providing technical support for CSS, including gender auditing
- Supporting regular community monitoring and evaluation meetings.

For more information on CSS, see the [Global Fund information note on CSS](#) and the [Global Fund CSS Framework](#)

3. FOR WHICH HSS ACTIVITIES CAN FUNDING FROM THE GLOBAL FUND BE REQUESTED?

Cross-cutting HSS activities for which GF funding is requested should have the following:

- Clear and demonstrated **link to improved HIV, TB, and/or malaria outcomes**.
- Activities **based on national health strategies and related plans and policies**, and the analyses these documents contain of health system gaps and constraints.

The Global Fund is flexible with respect to the HSS interventions it will fund. Virtually all types of HSS activities, other than large-scale capital investments (e.g., building new hospitals), basic science research, and certain clinical research can be supported, provided that the linkage requirement and other criteria (e.g., based on gap analysis) are successfully met. The activities may also target other sectors such as education, the workplace, and social services.

In previous rounds, countries have successfully sought funding for a very wide range of HSS activities across all six “building blocks” of the health system, although countries have sought funding in particular areas (such as information systems and human resources for health) more than others. Some of the cross-cutting HSS interventions included in successful proposals, primarily from Round 9, are listed below. This list is not exhaustive. Note that the categorization of activities is not definitive, as certain HSS activities could reasonably be placed in several categories.

Health services

- Rehabilitate health facilities, enabling them to provide an integrated package of services for HIV, TB, malaria, and maternal, newborn, and infant health
- Provide electricity to health facilities, and include alternative energy sources such as solar power
- Purchase and maintain equipment
- Improve supervision, including by covering transportation costs
- Develop guidelines and educational material on integrated care
- Develop and sensitize stakeholders on referral guidelines
- Purchase and maintain ambulances
- Improve communication capacity of health facilities through introducing the Internet and covering phone expenses, among other methods
- Engage the private sector in service delivery
- Strengthen laboratory services, by purchasing equipment and reagents, training staff, and strengthening quality control
- Improve blood safety by establishing blood banks, training staff, and recruiting volunteer donors
- Rehabilitate maternity wards and antenatal clinics
- Develop community resource centers, by providing health information, strengthening partnerships and community outreach, and improving accountability of health services as a source of health information.

Health workforce

- Rehabilitate and expand the physical capacity of health training institutions and hire additional instructors
- Provide health workers retention packages aligned with national policies
- Provide hardship allowances
- Rehabilitate and expand rural housing

- Strengthen health workplace safety, through improving infection control and other methods
- Improve health workforce management, by training district health managers on results-based planning, training managers on human resource performance management, and building capacity on supportive supervision
- Conduct health workforce studies and planning activities.

Health information

- Develop health information systems
- Purchase computers and other equipment
- Train health workers on using health information systems and on data collection
- Validate and publish health statistics
- Support audits of data quality
- Train and recruit health information officers
- Build community-based information systems and train community health workers on data collection and management
- Develop health maps
- Improve registration of the cause of death
- Incorporate private sector data into health information systems.

Medical products, vaccines, and technologies

- Procure blood bags
- Improve the procurement system for medicines
- Strengthen the pharmaceutical distribution system, including by renovating drug storage facilities, purchasing trucks, recruiting logistic staff, and providing supervision and training activities for staff involved in pharmaceutical management
- Establish an information technology system for the rational use of medicines
- Improve waste management.

Health financing

- Expand community-based health insurance with subsidies for the poor
- Reimburse health centers for providing free antenatal care and delivery services
- Establish a financial monitoring system for HIV and TB
- Reimburse the poor for emergency transportation costs to health facilities and establish affordable mechanisms for transportation to health facilities for people in rural areas.

Leadership and governance

- Strengthen health professional boards to promote adherence to codes of professional ethics
- Develop management and leadership curricula and institutionalize it in health worker training institutions
- Provide management and leadership training to health managers
- Strengthen drug regulations
- Improve health center responsiveness, by training community members on health center management committees in client advocacy, assisting poor and marginalized community members to present their concerns to local government structures, training health workers on patients' rights, and providing community-based education, including mass media, on

patients' rights, women's empowerment, the cost and location of health services, and health-seeking behavior.

For further information, refer to [Summaries of several countries' successful HSS-related proposals](#). For how countries used Global Fund resources to address particular health system elements, see [Global Fund Round 9 Proposals with Successful Cross-Cutting HSS Sections](#). This lists the health system areas addressed in each of the 17 successful proposals with cross-cutting HSS sections in Round 9 and links to those proposals.

4. WHAT HAS CHANGED IN ROUND 11 FOR HSS COMPARED TO ROUND 10?

In Round 11, Global Fund eligible countries have more options on how to request funding for HSS:

1. As in previous rounds, countries may seek support for disease-specific HSS by integrating HSS interventions into HIV, TB, and malaria proposals.
2. Cross-cutting HSS (CC-HSS) interventions that affect more than one of the three diseases (HIV, TB, malaria) now can be submitted in a separate, stand-alone proposal, similar to HIV, TB, and malaria proposals, by applying through the "common HSS proposal form." The forms titled 4B and 5B used in Round 10 for cross-cutting HSS are no longer available. A subset of countries eligible for HSS support have the option of requesting cross-cutting HSS funding to the Global Fund and the GAVI Alliance within the same proposal. These are countries that, in addition to being eligible for HSS support from the Global Fund, are eligible for GAVI funding, that is, they have a gross national income (GNI) per capita of US\$1,500 or less.⁵ More information is available in the [Common HSS proposal guidelines](#).
3. In four to five countries, an additional funding channel is being piloted through which these countries can submit a cross-cutting HSS funding request that is based on a jointly assessed National Health Plan.

Eligibility criteria have changed in Round 11 and are detailed in the [Eligibility, counterpart financing and prioritization information note](#). Notably, countries that meet income-level and disease-burden criteria must also meet a new criterion related to an applicant's history of recent funding. Applicants are ineligible to apply for funding for HIV, TB, malaria, and/or cross-cutting HSS if they have recently received funding for the same component and have completed less than 12 months of implementation of that funding as of the end of the closing date for proposal submission (i.e., December 15, 2011, for Round 11). The Global Fund's website includes a [list detailing the eligibility of individual countries for 2011 funding channels](#).

⁵ GAVI Alliance Country Eligibility Policy, http://gavistg4.elca-services.com/resources/Country_Eligibility_Policy_final.pdf

5. WHAT INFORMATION IS REQUIRED FOR REQUESTING FUNDING FOR CROSS-CUTTING HSS ACTIVITIES?

The “common HSS proposal form” is structured as follows:

Part A: Summary of support requested and applicant information

Part B: Applicant eligibility

Part C: Proposal details

1. Process of developing the proposal
 - 1.1 Summary of the proposal development process
 - 1.2 Summary of the decision-making process
2. National health system context
 - 2.1 a) National health sector
 - 2.1 b) National health strategy or plan
 - 2.1 c) Health systems strengthening policies and strategies
 - 2.2 Key health systems constraints
 - 2.3 Current HSS efforts
3. Health system strengthening objectives
 - 3.1 HSS objectives addressed in this proposal
 - 3.2 a) Narrative description of programmatic activities
 - 3.2 b) Logframe (a new mandatory document summarizing the proposal strategy, numbering the interventions, and clearly linking performance indicators with proposed interventions)
 - 3.2 c) Evidence base and/or lessons learned
 - 3.3 Main beneficiaries
4. Performance monitoring and evaluation
 - 4.1 National monitoring & evaluation (M&E) plan and performance framework
 - 4.2 a) M&E arrangements
 - 4.2 b) Strengthening M&E systems
5. Gap analysis, detailed work plan and budget
 - 5.1 Financial gap analysis
 - 5.2 Detailed work plan and budget
 - 5.3 Supporting information to explain and justify the proposed budget
6. Implementation arrangements, capacities, and program oversight
 - 6.1 a) Lead implementers
 - 6.1 b) Coordination between and among implementers
 - 6.1 c) Subimplementers (not applicable for GAVI applicants)
 - 6.1 d) Strengthening implementation capacity
 - 6.2 Financial management arrangements
 - 6.3 Governance and oversight arrangements
7. Risks and unintended consequences
 - 7.1 Major risks
 - 7.2 Unintended consequences

The applicants are also required to attach the following documents:

1. National policy, national strategy, or other documents that highlight strategic HSS interventions
2. Logframe
3. National M&E plan
4. Performance framework
5. Financial gap analysis, detailed work plan, and detailed budget

A detailed explanation of the required information for the Common HSS Proposal Form is provided in [Guidelines for Completing the Common Health System Strengthening \(HSS\) Proposal Form](#).

Appropriate interventions for strengthening the health system are **country specific**. The activities outlined in a proposal should be based on an assessment of the strengths and weaknesses of the country's health systems from which priority areas for intervention can be identified. The assessment should be based on the following:

1. **Review of documents with information on the health systems of the country.** An illustrative list of the type of assessments and reports that may be available to provide input for identifying appropriate HSS interventions is provided below. The goal is to ensure that both sectorwide and disease-specific information is incorporated into the design of the HSS interventions to demonstrate the following:
 - a. The interventions are linked to the national health sector strategic plan, national health policy, and plans for particular health system components that are significant constraints to improved AIDS, TB, and/or malaria outcomes, such as the national human resources for health (HRH) strategic plan.
 - b. Planned outcomes and output are ambitious, yet feasible. Formulation of measurable targets of the outcomes and output could be based on past performance of related activities as well as assessments of the strengths and weaknesses of the relevant aspects of the health system, including reports of joint reviews and [health system assessments](#).
2. **Consultation with officials in the Ministry of Health (MOH), and other relevant ministries, who would have information on strategic planning and sectorwide plans,** or detailed plans for specific components of the health system (health information systems [HIS], HRH, or drug policy,) such as the Director of Planning, Director of HRH, Director of Finance, Director of HIS, and Central Medical Stores.
3. **Consultation with other partners, including civil society and development partners, in the health and other social sectors to access data and to gather their inputs.** For further reading, refer to [Good Practices in Country Coordination and Facilitation from the Global Health Workforce Alliance](#) (particularly the list of key stakeholders in Annex 3).
4. **Consultation with officials in MOH and other partners, including civil society and development partners, involved with disease programming,** especially those involved in developing the disease component of the Global Fund proposal. Collaboration with disease programs can help ensure that the HSS interventions address key constraints to improved HIV, TB, and/or malaria outcomes and ensure overall proposal coherence. With the Global Fund's increased interest in contributing to maternal and child health in the context of improving HIV, TB, and malaria outcomes, consultation with those focused on maternal and child health is also advisable.

A wide range of resources could be used to identify HSS interventions, including national strategies and policy, situation analysis, budgets and expenditures data, National Health Accounts data, donor mapping, surveys, evaluations, and joint assessments. Table I lists further resources that could be used for the planning process of an HSS proposal.

TABLE I: POTENTIAL RESOURCES AS AN INPUT FOR IDENTIFYING HSS INTERVENTIONS

Area	Source	Title and notes
Context of Global Fund	Global Fund	<ul style="list-style-type: none"> • Proposal guidelines • Strategic Approach to Health Systems Strengthening: Decision Point GF/BI6/DPI0 • The Global Fund's Full Monitoring and Evaluation Toolkit • Guidelines for Budgeting in Global Fund Grants • Key Information on National Strategy Applications (NSA), including on JANS Tool
	Aidspan	<ul style="list-style-type: none"> • The Aidspan Guide to Round 11 Applications to the Global Fund – Volumes 1 and 2
Health systems strengthening	Global Fund	<ul style="list-style-type: none"> • Monitoring and Evaluation Toolkit: HIV, Tuberculosis and Malaria and Health Systems Strengthening, 3rd Edition (pdf) (French) (Portuguese) • The Global Fund's Approach to Health Systems Strengthening (HSS): Information Note (pdf) (French) (Spanish)
	WHO	<ul style="list-style-type: none"> • The Global Fund and Health System Strengthening: How to Make the Case, in a Proposal for Rounds 8, 9 and 10? Working Draft (pdf) (French) • Everybody's business: Strengthening health systems to improve health outcomes. WHO's framework for action (pdf) • Global reports and strategies on HSS
	Health Systems 20/20	<ul style="list-style-type: none"> • Health Systems Assessment Approach: A How-To Manual • Strengthening Health Systems: Moving Beyond Supporting the Health System
	Physicians for Human Rights	<ul style="list-style-type: none"> • Guide to Using Round 10 of the Global Fund to Fight AIDS, Tuberculosis and Malaria to Support Health Systems Strengthening (pdf) (French) (Spanish) • Technical Reference for Developing Successful Cross-Cutting Health Systems Strengthening Applications for the Global Fund's Round 11 Support
Community systems strengthening	Global Fund	<ul style="list-style-type: none"> • Community systems strengthening: Information Note (French) • Community Systems Strengthening Framework (French) (Spanish) • Case studies on inclusion of CSS in Global Fund grants • Health and Community Systems Strengthening Service Delivery Areas Guide
	UNAIDS	<ul style="list-style-type: none"> • Supporting community based responses to AIDS, TB and malaria: A guidance tool for including Community Systems Strengthening in Global Fund proposals
Human resources for health	Physicians for Human Rights	<ul style="list-style-type: none"> • The Right to Health and Health Workforce Planning: A Guide for Government Officials, NGOs, Health Workers and Development Partners (pdf) (French) (Spanish part 1) (Spanish part 2)
	Health Workforce Advocacy Initiative	<ul style="list-style-type: none"> • Incorporating the Right to Health into Health Workforce Plans: Key Considerations (pdf) (French) • Guiding Principles on National Health Workforce Strategies (pdf) (French) (Spanish)

Area	Source	Title and notes
	Global Health Workforce Alliance (GHWA)	<ul style="list-style-type: none"> • Human Resources for Health (HRH) Action Framework Human Resources for Health: Good Practices in 'Country Coordination and Facilitation' (CCF)
	World Bank	<ul style="list-style-type: none"> • Recent studies and reports by country
Human rights	Global Fund	<ul style="list-style-type: none"> • Global Fund to Fight AIDS, TB and Malaria. Information Notes on HIV and Human Rights and Tuberculosis and Human Rights • Opportunities to promote equity: Guidance for Global Fund stakeholders
	UN	<ul style="list-style-type: none"> • Promotion and protection of all human rights, civil, political, economic and cultural rights: Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (pdf)
	UNDP, UNAIDS, and the Global Fund	<ul style="list-style-type: none"> • UNDP, UNAIDS and the Global Fund on HIV/AIDS, Tuberculosis and Malaria, 2010. Analysis of Key Human Rights Programmes in Global Fund-Supported Programmes
	Health Systems 20/20	<ul style="list-style-type: none"> • Human Rights and Global Fund Health Systems Strengthening Proposals
Sustainability	Health Systems 20/20	<ul style="list-style-type: none"> • HIV/AIDS Program Sustainability Analysis Tool (HAPSAT-2) software for costing multiple policy scenarios and addressing the sustainability of financial and human resources • Sustainability Analysis of HIV/AIDS Services: HAPSAT Guyana • Sustainability Analysis of HIV/AIDS Services, HAPSAT Sierra Leone
Disease-specific	Ministry of Health	<ul style="list-style-type: none"> • UNGASS reports
	WHO and UNAIDS	<ul style="list-style-type: none"> • Global reports and strategies on malaria, TB, HIV/AIDS (UNAIDS and WHO) • International strategic plans such as The Global Plan to Stop TB 2006-2015
Health statistics	Ministry of Health	<ul style="list-style-type: none"> • Health Systems 20/20 database
	WHO	<ul style="list-style-type: none"> • World Health Statistics
Country-specific examples	Based on Lesotho's CCM	<ul style="list-style-type: none"> • Summary of Cross-Cutting Activities from Lesotho's Proposal from Round 8 (pdf) (French) (Spanish)
	Physicians for Human Rights	<ul style="list-style-type: none"> • Summaries of cross-cutting HSS sections of 3 successful Round 9 Global Fund proposals: Eritrea, Tanzania, and Cambodia (pdf)
	Health Workforce Advocacy Initiative	<ul style="list-style-type: none"> • Examples of the Global Fund and Health Workforce Strengthening: Rounds 5 and 8 (pdf) (French) (Spanish) • Global Fund Round 9 Proposals with Successful Cross-Cutting HSS Sections (pdf)
	World Bank	<ul style="list-style-type: none"> • Recent studies and reports by country

Notes: There are many resources on HSS, and it is impossible to detail all. Applicants should not restrict their use to the above documents, and should make use of in-country documents, references in the above documents, and beyond; Unless mentioned otherwise, all links are in English.

For further details on selected references, please read [Global Fund's Support for Health Systems Strengthening Interventions: Selected References](#)

Box 3: Health Systems 20/20 Database

Developed by the Health Systems 20/20 Project at Abt Associates Inc., the Health Systems Database is a free-of-charge, easy-to-use Web-based tool that compiles and analyzes country data to help users assess the performance of a country's health system. It draws data from major accredited sources, such as the WHO, World Bank, and UNICEF. In addition to country general information, indicators in the database are organized into six "building blocks" of the health system. Country-specific time trend and comparisons with peers in the region and income group are provided, which allows for some benchmarking of performance, especially when international standards for benchmarking are not available. The database can be accessed at <http://healthsystems2020.healthsystemsdatabase.org/>

Box 4: Improving Maternal and Child Health in Global Fund Proposals

The Global Fund provides numerous opportunities to improve maternal, newborn, and child health (MNCH), not only contributing to reducing the prevalence and impact of AIDS, TB, and malaria, but also contributing to MDG 4 and 5 by reducing maternal and child deaths. The opportunities exist through all components of proposals, both disease-specific and HSS. The Global Fund's Board encourages applicants to seek funding for MNCH (Global Fund Board, 22nd meeting, Decision Point 15), and the Technical Review Panel (TRP) has looked favorably upon efforts to improve MNCH.

HSS interventions seeking to improve MNCH must meet the basic Global Fund requirement of improving AIDS, TB, and/or malaria outcomes. This still provides significant scope for using HSS proposals to significantly improve maternal and child health. In Round 9, for example:

- The HSS section of Cambodia's HIV proposal included activities to improve the quality and utilization of maternal health services. These would improve AIDS, TB, and malaria outcomes by strengthening efforts to prevent mother-to-child transmission of HIV and increasing detection of HIV, TB, and malaria. Activities included training and support for outreach workers, addressing financial barriers, upgrading health facilities, training health workers on maternal and newborn health, and funding performance incentives that cover a continuum of care for mother and newborn services.
- Senegal's HIV proposal included a set of activities to enable health centers to deliver an integrated set of services, including HIV, TB, and malaria, as well as maternal, newborn, and infant health. Activities included developing guidelines, rehabilitating health facilities, and improving quality control. Motorcycles for health posts would help health workers provide prenatal consultations and deliver immunizations, and undertake home visit and monitoring activities for HIV and TB programs.
- In both its successful Round 9 and 10 proposals, Eritrea's HSS interventions linked efforts to improve AIDS, TB, and malaria outcomes with strengthening reproductive health services.

Applicants should review the [Global Fund's Round 11 information note on MNCH](#). The note describes ways in which applicants can integrate MNCH into their proposals, and informs applicants on key documents to assist in doing so, most significantly, citing practical guidance that includes case studies.

6. WHAT ARE THE SUCCESS AND FAILURE FACTORS IN CROSS-CUTTING HSS COMPONENTS OF GLOBAL FUND PROPOSALS?

The following are among the major factors that contributed to the success or failure of proposals' cross-cutting HSS sections in previous rounds. This is only a partial list. For more details on factors that contribute to the success or failure of Global Fund proposals, please see the [Guide to Using Round 10 of the Global Fund to Fight AIDS, Tuberculosis and Malaria to Support Health Systems Strengthening](#), pages 29-35 and 46-57.

HEALTH PLANS

Countries should explain how their HSS interventions fit with their national health strategy (e.g., health sector strategic plan, national health policy), as well as any relevant subsystem strategies (e.g., human resources for health plan). The connection to the health plan also demonstrates the priority of planned activities.

- **A proposal should not consist of a “shopping list”** of all theoretical HSS needs, without giving thought to longer term HSS programmatic planning and expected impact. HSS must be clearly presented as being auxiliary to, and flowing from, a national health strategy.”⁶
- **It is important, but insufficient, to simply state that the proposal is based on the national health strategy.** The proposal should clearly explain the connections between the national health strategy and the proposal, including how the proposal responds to priorities identified in the strategy, is related to the strategic vision offered in the national health strategy, and incorporates the strategies and interventions included in or envisioned by the strategy.
- **Proposals should present a coherent vision.** Lack of such vision was a major weakness of many unsuccessful Round 10 proposals. Based on the national health strategy and particular country’s approach to health system strengthening, this might entail focusing on the following:
 - Health system elements whose strengthening is a prerequisite to scaling up quality HSS interventions to address AIDS, TB, and malaria (e.g., the health workforce)
 - A diverse set of interventions with a shared purpose. For example, the shared purpose might be to enable primary care facilities to deliver quality HIV, TB, malaria, MNCH, and other health services. Interventions might include the following:
 - developing an effective workforce for primary care facilities, which might involve measures to attract and retain additional health workers at these facilities, and to ensure the quality of care these health workers provide, implementing a distance-learning program and supportive supervision measures
 - ensuring that these facilities have consistent, adequate supplies of medicines and constant supplies of water and electricity
 - strengthening community oversight of primary care facilities and improving training and retention of community health workers

⁶ Report of the Technical Review Panel and the Secretariat on Round 9 Proposals. Presented at the 20th Board Meeting of the Global Fund, Nov. 9-11, 2009, page 20. Available at: <http://www.theglobalfund.org/en/trp/reports/>

- increasing access for poor populations by implementing financing schemes to eliminate or reduce costs to patients, and by improving transportation to health facilities.

Box 5: Link to Health Plans – Country Examples

A major strength of the HSS section of Papua New Guinea's Round 10 proposal was that "efforts to resolve the identified health systems weaknesses are based on broader national development strategies and plans such as the National Health Plan; Papua New Guinea development plan; decentralization policies and Papua New Guinea vision 2050." The proposal identified the specific key result areas of the National Health Plan to which the HSS interventions were linked.

It might not be enough simply to seek funding for elements of the national health strategy if there does not appear to be a strategy or coherence behind which elements are chosen, including ensuring coherence between disease components and the HSS component. In citing a weakness of one unsuccessful Round 10 TB proposal, the TRP stated, "Although the proposal has been extracted from the sector's strategic plan, it presents a series of fragmented activities with limited coherence. The proposal reflects parallel thinking in both the tuberculosis component and the HSS interventions of the proposal. There is no evidence that tuberculosis control is adequately considered within the health system development plans. Likewise, the proposal does not demonstrate that systemic interventions such as infrastructure and laboratory development, which are proposed within the tuberculosis component, are in-line with the broader vision of the health sector."

GAP ANALYSIS

The TRP itself stated that it "strongly recommends that applicants base their HSS request on a gap analysis of their national health sector strategy, which is supported by holistic needs assessment of the health system."⁷ The proposed HSS interventions should then respond to the gap analysis.

Box 6: Gap Analysis – Country Example

In Round 10, the TRP noted one HIV proposal's strength was having a "[well] described situation analysis of existing gaps and weaknesses in the health care system." The proposal included, for example, the shortage of health workers in certain categories, as well as the number needed, statistics on regional disparity in health worker numbers, a statistic on the poor ratio of male to female health workers, and information on other health workforce weaknesses, namely a lack of continuing education, lack of incentives and career paths, and the fact that community health workers were unpaid and worked in poor conditions.

Also in Round 10, the TRP commended Papua New Guinea for identifying "key health systems weaknesses...through an extensive analysis of the six WHO building blocks....The proposed activities respond to these weaknesses." By contrast, one unsuccessful Round 10 TB proposal included several shortcomings in this regard. The proposal identified major health system constraints related to access to health services, but the interventions focused on the supply side of health services, rather than access. Applicants should also be sure to address health system gaps identified in GAVI HSS reviews. A weakness in one successful HIV proposal was its failure to address the issue of supervision, even though this was a constraint that a GAVI HSS evaluation had identified.

⁷ Report of the Technical Review Panel and the Secretariat on Round 9 Proposals. Presented at the 20th Board Meeting of the Global Fund, Nov. 9-11, 2009, page 21. Available at: <http://www.theglobalfund.org/en/trp/reports/>

EVIDENCE-BASED INTERVENTIONS

Just as interventions should be based on analyses of health system gaps, these interventions should be designed based on evidence. What are the activities that, based on consultations, studies, experience, or other evidence, will most likely be effective in responding to the identified need and achieve the intended outcome (e.g., improved health worker retention)? Proposals will be strongest if, in explaining the rationale for their HSS interventions, applicants offer the following:

- Where possible, if these interventions have occurred on a smaller scale within the country, refer to these experiences and provide specific information on their successes.
- Provide studies that indicate that certain interventions will likely succeed, such as information from surveys and focus group discussions among health workers, to gauge the impact of various incentives to attract and retain health workers in rural areas.
- Cite WHO and other agencies' and organizations' studies, recommendations, and other forms of evidence for different health system areas, such as the [Global Policy Recommendations from WHO on increasing access to health workers in remote and rural areas through improved retention](#) and [WHO, PEPFAR, and UNAIDS guidelines and recommendations on task-shifting](#).

When using as evidence general recommendations from WHO or technical agencies, or evidence not specific to their countries, applicants should explain why they would expect that generally applicable recommendations, or successful examples from other countries, will also work in their circumstances. Applicants should also provide clear and measurable indicators to track progress during the grant period.

Box 7: Evidence-based Strategies – Country Example

Interventions in Tanzania's Round 9 HIV proposal included expanding health worker training capacity and retention activities. The activities to expand training capacity were based on assessments that the Ministry of Health and Social Welfare had commissioned, and were based on data, interviews, and site visits. These assessments led to specific expansion plans for 36 schools. The proposal included funding to support these expansion plans. Among the retention activities were fast-tracked recruitment of and incentives for 460 health workers to serve in rural districts on two-year contracts and then join the government health staff. This activity was an extension of two successful projects. Tanzania also included in its proposal a funding request for at least 700 units of staff accommodations. The two above-mentioned successful projects, as well as a separate assessment, all revealed that the shortage of staff housing was a significant obstacle to attracting and retaining staff in remote locations, and also reduced staff efficiency.

Evidence can also come from other partner-supported programs. In the successful cross-cutting HSS section of Vietnam's HIV proposal in Round 10, the TRP commended the proposal for having specifically referenced the fact that it was seeking to expand successful interventions supported by GAVI and the World Bank (e.g., selecting and training village health workers, training assistant doctors, and utilizing retention mechanisms piloted during the World Bank and GAVI programs) into additional districts. The proposal also stated that the selection of trainees for the community health worker program would be based on lessons learned from GAVI, and community health workers would be paid a small monetary incentive in line with that provided through GAVI. Where possible, countries may benefit from explaining evidence of success rather than simply referring to previous success.

The TRP criticized the HSS section of one unsuccessful Round 10 HIV proposal for proposing a large-scale "pilot project" — encompassing nearly 300 facilities in three regions of the country — "without any phasing of activities or plan for on-going evaluation of their impact. For example, with a 'pilot project' one would normally implement a set of activities in one region, or in just a few health facilities to validate the hypothesis....Doing this simultaneously in 289 facilities is neither technically sound nor demonstrates sound fiscal management." If a country is seeking a new approach on a large scale, in addition to including an ongoing evaluation, the country could benefit by citing evidence of success from similar efforts in comparable countries, including its efforts to learn from programs elsewhere (such as through exchange visits).

LINK TO IMPROVED AIDS, TB, AND MALARIA OUTCOMES

Applicants must demonstrate how their cross-cutting HSS interventions will contribute to improved outcomes for at least two of the Global Fund’s priority diseases. HSS interventions that will benefit only one disease should be included in a disease-specific proposal and not in the cross-cutting HSS section of the proposal form.

Box 8: Link to Improved AIDS, TB, and Malaria Outcomes – Country Examples

In a good practice that other countries might consider replicating, Papua New Guinea’s Round 10 HIV proposal’s HSS section specified the connections between each HSS intervention and improved outcomes with respect to HIV, TB, malaria, and maternal and child health. For example, improving the capacity of district health managers would increase their ability to focus on major disease priorities and, through improving supervision and management, enable improved quality and quantity of services to reach a larger portion of the rural population.

Afghanistan’s successful Round 10 TB proposal similarly included a separate paragraph for each HSS intervention on linkages with AIDS, TB, and malaria outcomes. For example, the proposal explained that the community health workers that the proposal would support could educate the community about the risks and prevention of these three diseases, as well as identify suspected cases, refer specimens and patients for diagnosis, and provide support to community-level treatment for TB and malaria.

In another type of connection between HIV (and maternal and child health) outcomes and health system strengthening interventions, Uganda’s successful Round 10 cross-cutting HSS section focused its health workforce interventions in the country’s 22 districts that were targeted for PMTCT scale-up due to their high burden and low coverage.

EFFECTIVE INDICATORS

Poor indicators, particularly outcome and impact indicators, were a common weakness in Round 10 cross-cutting HSS sections. Countries should consult the [Global Fund M&E toolkit](#) and WHO’s [Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies](#), and seek additional assistance if necessary. Outcome indicators should be provided in the Performance Framework for each HSS intervention, and impact indicators should be relevant to the overall strengthening of the health system.

Box 9: Effective Indicators – Country Examples

The TRP commended a specific cross-cutting HSS section in a Round 10 proposal for having an outcome indicator for each HSS intervention. These indicators included the following:

- “Percent of health facility receiving TB, HIV and malaria drugs in an integrated manner” for the objective of improving the rational use of these drugs
- “Proportion of districts submitting timely and complete reports to higher level” for an objective on improving the health information system
- “Proportion of primary hospitals equipped with basic emergency [equipment]” for an objective on improving the quality of improving referral services.

By contrast, the major weakness cited for another Round 10 proposal was that “[t]he impact indicators proposed in the Performance Framework (treatment success of new tuberculosis cases and percentage of children with malaria who start treatment within 24 hours) are of little relevance to the proposed interventions or the general effectiveness of the health system.” An impact indicator that measures reductions in the maternal mortality rate might have been a more appropriate indicator as it is widely considered a good measure of overall health system functioning, and many of the proposal’s interventions were intended to improve not only AIDS, TB, and malaria, but also sexual and reproductive health services, and its health information intervention has a strong gender component.

STAKEHOLDER INVOLVEMENT

Proposals that engage a wide range of health systems stakeholders will most likely succeed, both because the contributions of the various stakeholders should lead to a stronger proposal and because the TRP views involvement of key stakeholders as a strength.

In general, countries should make every effort to include civil society, the private sector, and health workers themselves at all stages of the proposal development process, and make special efforts not to exclude women or members of poor and other marginalized populations. In addition, it is often important to involve ministries beyond health (e.g., education, gender, finance) in developing the proposal, as well as to engage those working on disease programs to ensure coherence and synergy between these programs and broader health system strengthening activities. For further reading, refer to [Good Practices in Country Coordination and Facilitation from the Global Health Workforce Alliance](#).

Box 10: Stakeholder Involvement – Country Examples

In Round 10, the TRP commended Afghanistan and Papua New Guinea for their inclusive stakeholder participation in developing the HSS sections of their successful proposals. Papua New Guinea's consultation included a diverse set of representatives from Papua New Guinea's government, international and national NGOs, civil society organizations, multilateral and bilateral development partners, and private sector organization.

Afghanistan's proposal development and consultations involved technical agencies and bilateral partners that had been involved in developing the country's health sector strategic plan, civil society organizations, and ministries, including health, gender, and finance. The TRP also commended Afghanistan's proposal for including in its consultations all provincial health directors, Country Coordinating Mechanism (CCM) members, WHO representatives, development partners, and local and international NGOs in setting HSS priorities. The stakeholder section of the proposal form also discussed how both public and nongovernmental institutions agreed to key interventions affecting both state and non-state sectors.

IMPROVING EQUITY

The Global Fund encourages countries to develop equitable health systems. TRP review criteria include addressing human rights and gender equity and giving due priority to key – often marginalized – populations. The TRP will look more favorably on proposals that help poor and marginalized populations access health services and that strengthen health services in rural and other deprived or underserved areas. For further information, refer to [Guide to Using Round 10 of the Global Fund to Fight AIDS, Tuberculosis and Malaria to Support Health Systems Strengthening](#), page 13, and the [Global Fund's Opportunities to promote equity: Guidance for Global Fund stakeholders](#).

Box 11: Improving Equity — Country Examples

A major strength that the TRP cited in Cambodia's successful Round 9 HIV proposal was that the HSS section "addresses the issue of improving financial access to health care services by contributing to the equity funds." The one key strength that the TRP identified in an otherwise unsuccessful Round 9 proposal was that it sought to improve the ability of prisoners and people with disabilities to access health services. The TRP cited the inclusion of rural incentives, and the reasonableness of these incentives, among the strengths of the HSS section of Sierra Leone's successful Round 9 HIV proposal. In Round 10, Eritrea sought to improve equity by focusing on gender in its health information system intervention, including ensuring that the data were gender disaggregated.

The HSS section in Guinea's successful Round 10 HIV proposal included improving housing for workers at rural health posts and creating water wells at these posts.

A strength of Somalia's successful malaria proposal in Round 10 was that it included a "strategy to mitigate...inequality between internally displaced people and host communities."

In an otherwise unsuccessful Round 10 HIV proposal, the TRP cited the country's targeting of the three poorest regions as a strength for its HSS component.

SOUND SALARY POLICIES AND OTHER HUMAN RESOURCE POLICIES

The TRP continues to express concern that human resource funding in Global Fund proposals risk leading to "internal brain drain" that could distort the health system. Applicants should review the Global Fund's new guidelines on [Budgeting in Global Fund Grants](#), including its section on human resource funding. Key points include the following:

- Levels of remuneration should be based on national levels, consistent with local markets; remuneration levels created especially for Global Fund grants are discouraged and must be fully justified.
- Salary top-ups or incentives should be aligned with country systems. The proposal should include why these top-ups or incentives are required and how they are linked to their objective (e.g., to improve performance or retention), and information about how the costs will be funded after the Global Fund grant period.
- Allowances (such as a housing allowance or health insurance) may be funded as long as they are part of the country's standard remuneration package.

In addition, budgets should include detailed breakdown of positions and costs of salaries to be paid for by the Global Fund.

The TRP will consider salaries not aligned with the national level salaries as a weakness, as evidenced by the TRP's comments on several Round 10 proposals. The TRP also favorably cited a proposal that had "a policy environment that prohibits special allowances, salary top-ups, or preferential access to vehicles" for one disease program that could negatively impact other health services.

The TRP has made these additional points in its review of Round 10 proposals:

- **Linking to national policy:** Activities for which funding is requested should be linked, to the extent possible, to national health workforce policy.
- **Linking to programmatic needs:** Applicants should address how health workforce programs will address priority program needs (e.g., by ensuring that the curriculum addresses priority program areas).

- **Retention:** Applicants should pay attention to retention policies and mechanisms (with particular attention to Global Fund programs), including how these link to their overall health workforce development policies.
- **In-service training programs:** Such programs should be based on a training needs assessment and include a plan to assess the impact of the training, and, if possible, should include impact indicators measuring the effect of the training programs.
- **Safety of health workers:** Applicants are encouraged to address the occupational safety of health workers, with respect to both bloodborne and airborne infections, based on international standards.

Box 12: Linking Expansion of Preservice Training with Priority Programs

Malawi's Round 5 HSS proposal remains a prime example of effectively linking the training of new health workers with the priority programs of the Global Fund (AIDS, TB, and malaria). In the proposal, all new health workers were to be trained in HIV interventions. Tutors trained overseas would gain qualifications to teach curricula on HIV, TB, and malaria. By contrast, a weakness cited in the HSS section of an unsuccessful Round 10 proposal was that the preservice component was inadequately linked to HIV/AIDS.

SUSTAINABILITY

The TRP looks favorably upon the sustainability of the activities for which funding is requested, including when the government will be able to gradually assume additional salary and incentive costs included in the proposal. Where government financial capacity exists, applicants should strongly consider this possibility. For an extended section of sustainability, see the Physicians for Human Rights [Guide to Using Round 11 of the Global Fund to Fight AIDS, Tuberculosis and Malaria to Support Health Systems Strengthening \(pages 12-18\)](#) and [Health Systems 20/20's HIV/AIDS Program Sustainability Analysis Tool \(HAPSAT\) reports](#)⁸.

Proposal guidelines are clear that self-sufficiency is not a requirement for sustainability; however, a sustainability strategy is required. In the case of sustaining community-based organizations (CBOs), applicants may consider strategies such as the following:

- Domestic government financing
- Increasing CBOs' fundraising capacity, such as through training and mentoring on grant proposal writing and developing social enterprises or other income-generation activities
- Building relationships between the CBOs and international partners (including international NGOs, bilateral agencies, and foundations).

The issue of sustainability is also connected to national plans. In one proposal, the TRP noted that not linking the proposal activities to a national strategic plan and policies was a weakness because it raises serious concerns about sustainability of the proposed interventions.

⁸ For example: Katz, I., D. Altman, et al. (2011). Sustainability Analysis of HIV/AIDS Services: HAPSAT Guyana. Bethesda, MD: , Health Systems 20/20 project, Abt Associates Inc. and National AIDS Program Secretariat/Ministry of Health, Katz, I., W. Wong, et al. (2011). Sustainability analysis of HIV/AIDS services HAPSAT Sierra Leone. Bethesda, MD, Health Systems 20/20 project, Abt Associates Inc.

Box 13: Sustainability – Country Examples

In several Round 10 proposals, the TRP noted that proposals indicating governments would increasingly take over the incentives and allowances for health workers was a strength. Uganda sought Global Fund salary support for 600 new health workers for their first two years of employment, after which they would be absorbed into the regular budget. Zimbabwe included a strategy that would gradually incorporate retention allowances into the regular wages of health workers, so that by the end of the Round 10 grant, Global Fund support for these allowances would no longer be required. Similarly, Afghanistan, in the cross-cutting HSS section of its successful Round 10 TB proposal, stated that it will transition the salary of the community-based care officers initially supported by the Global Fund onto the government payroll by the end of the grant period.

COMPLEMENTARY AND ADDITIONALITY

One of the most common concerns that the TRP expressed about Round 10 HSS sections was that it was unclear how the proposals complemented funding and activities in earlier Global Fund grants and from other development partners supporting HSS, thus creating the possibility of duplication with other funding streams. Applicants should therefore clearly describe other development partners' contributions to HSS, particularly with respect to areas and interventions addressed in the proposals. They should also take care to avoid duplication with activities in any disease-specific components in their Round 11 proposals. Applicants must also demonstrate additionality, meaning that the funding received from the Global Fund will be additional to, and will not displace, other domestic and international funding.

Box 14: Complementary and Additionality Funding – Country Examples

Several Round 10 proposals offered good examples of complementary funding. Among them, the TRP commended Niger's successful TB proposal: "The contribution by the government and other donor support is clearly presented for each of the activities and shows that the Global Fund support will be additional and complementary." Niger's proposal included the requisite table after each intervention, listing separately the government and each development partner, the years of their funding pertaining to the intervention and the exact amount of that funding, and details as to the expected results of the government's and each partner's funding, including, where relevant, particular numbers, such as one bilateral fund providing equipment to seven mother-child centers. Complementary funding also comes from linking activities and structures across the Global Fund and other partners. A strength of Vietnam's successful HIV proposal was that it included "a plan to create strong links between the Global Fund and GAVI HSS activities and management structures."

A lack of complementary funding can be a concern across various Global Fund grants. The TRP cited several weaknesses in unsuccessful proposals relating to complementary funding: the lack of articulation of potential overlap of cross-cutting HSS activities with systems strengthening activities, and inadequate information on all development partner support for relevant activities. For example, the TRP expressed concern in one unsuccessful HIV proposal that, although one of the activities in the HSS section included refurbishing more than 1,000 primary health care facilities (PHCs), the proposal provided inadequate information on the government's support for rehabilitating these facilities as well as other donor support. "The applicant expects the Round 10 proposal to 'cover' the upgrade of 20 percent of the remaining PHCs without mapping out the status of the other 80 percent nor elaborating on whether these are equipped or intended to be equipped with Round 10 resources."

BUDGETS AND WORK PLANS

In Round 9 and 10 proposals, the TRP frequently cited failure to provide detailed, realistic budgets as a weakness. For example, proposals failed to provide sufficient detail on unit costs or

to disaggregate budget information (such as for the various inputs in renovating health training institutions and strengthening laboratories), and had high unit costs, inconsistencies in the budget, and large expenditures for which the costs were not justified. Proposals are most likely to be successful if they clearly define all of the activities that they will undertake through the HSS interventions, or to provide sufficient detail on those interventions.

Box 15: Work Plans – Country Example

In Round 10, the TRP emphasized the importance of including the necessary activities for an intervention to actually be carried out. A noted weakness of one unsuccessful TB proposal was that a performance-based award mechanism lacked a strategy for actually determining whether health workers had met the performance criteria. The proposal also lacked a strategy to evaluate the effectiveness of the performance-based awards in improving the stated goal of the awards, to improve the health services and the efficiency of the health workers.

7. WHAT TECHNICAL SUPPORT IS AVAILABLE FOR DEVELOPING CROSS-CUTTING HSS INTERVENTIONS FOR GLOBAL FUND PROPOSALS?

Major development partners that provide technical support for Global Fund proposals, such as UNAIDS and WHO, can provide or facilitate technical support for HSS interventions. Several other agencies and organizations that specialize in health systems may also be able to provide technical support. Applicants are encouraged to look within their own countries and to neighboring countries for individuals and institutions with health systems expertise that might be able to provide support. For more information, see [Global Fund's Technical Assistance and Other Guidance](#) and [Technical support providers for Health Systems Strengthening Global Fund Round 11](#). This annex includes organizations that have confirmed that they provide support for HSS-related Global Fund proposals.

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