

# Global Fund's Support for Cross-Cutting Health Systems Strengthening Interventions: A Reference Guide

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This reference guide has many links to online documents (text in blue). It is therefore recommended to download a softcopy of this guide from <http://physiciansforhumanrights.org/round10.html> or [www.hs2020.org/Round10](http://www.hs2020.org/Round10)

## 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.”<sup>1</sup> The Global Fund goes on to define health systems strengthening as the sum of “activities and initiatives that improve the underlying health systems...and/or manage interactions between them in ways that achieve more equitable and sustainable improvements across health services and health outcomes related to,” in the context of the Global Fund’s mandate, HIV/AIDS, TB, and malaria.<sup>2</sup>

[The World Health Organization \(WHO\)’s framework ‘six essential building blocks’ for health systems](#) is currently endorsed by the Global Fund and forms the basis for how the Global Fund categorizes HSS interventions. Applicants should bear in mind the relationships and interactions across these HSS building blocks. The building blocks are interlinked, and should not be considered as unrelated silos. The Global Fund offers the following descriptions of the six building blocks:<sup>3</sup>

1. **Good health service delivery**, the ability to efficiently deliver effective, safe, quality personal and non-personal interventions to those who need them;
2. A well-performing **health workforce** that is responsive,

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

<sup>2</sup> Global Fund (March 2008), Fact Sheet: The Global Fund’s approach to health systems strengthening. Available at: [http://www.theglobalfund.org/documents/rounds/8/R8HSS\\_Factsheet\\_en.pdf](http://www.theglobalfund.org/documents/rounds/8/R8HSS_Factsheet_en.pdf)

<sup>3</sup> *Ibid.*



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 health determinants, health systems performance and health status;
4. A well-functioning system for providing equitable access to quality essential **medical products, vaccines, and technologies**;
5. Good **health financing** systems to raise adequate funds for health, and to ensure protection for financial risks; and
6. 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.

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

Countries are increasingly utilizing Global Fund's support for cross-cutting health systems strengthening (HSS) interventions. Rounds 8 and 9 saw 42 successful applications for cross-cutting HSS sections worth more than \$600 million over their first two years. This is in addition to cross-cutting HSS activities that applicants incorporated into disease-specific proposals.

The Global Fund permits – indeed, 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 – and often other health priorities as well, 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. Addressing system-wide, 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 system-wide, cross-cutting HSS investments. Improving coverage and outcomes for these diseases might require cross-cutting activities such as training new health workers, developing health information systems that can feed into decision-making; reducing financial barriers to improve access; improving district level leadership, planning, and management capacity; ensuring that basic quality infrastructure is in place for the provision of HIV, TB, and malaria (and other) health services; and improving the regulatory framework and enforcement capacity for private sector health care delivery, rational use of quality-assured drugs, and mandatory disease notification.

**2. Efficiency gains:** In some cases it could be possible to make some progress without these cross-cutting HSS investments, but only at very high cost, such as taking health workers away from other activities thereby harming these other health services, creating duplicative systems that waste scarce human and financial resources, and missing opportunities to integrate systems and services so as to address the range of people's health needs rather than simply treating people as carriers of particular diseases.

**3. Broadening the impact:** The opportunity to use Global Fund investments to have a broader, systemic impact, benefitting people's health in areas beyond AIDS, TB, and malaria, such as by improving women's and children's health and contributing to Millennium Development Goals 4 and 5. Improving maternal health services, for example, 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. Likewise, the control of the three diseases can be strengthened by improving services for related chronic non-communicable diseases. For example, 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.<sup>4</sup> Malnutrition and substance abuse can hamper outcomes of HIV treatment.<sup>5</sup> Furthermore, the Global Fund can support actions to address the broader social determinants of health.

The Global Fund can support countries in their development of equitable, accountable health systems that meet the health needs of their populations, enabling countries to advance the right of everybody to the highest attainable standard of health.

For further information please refer to:

1. [Guidelines for Proposals – Round 10, pages 7, 8, 59-63.](#)
2. [The Global Fund’s Approach to Health Systems Strengthening \(HSS\): Information Note.](#)
3. PHR, 2010, [Guide to Using Round 10 of the Global Fund to Fight AIDS, Tuberculosis and Malaria to Support Health Systems Strengthening](#), pages 9-13.
4. [WHO, 2008, Contributing to health system strengthening - Guiding principles for national tuberculosis programmes.](#)
5. [Aidspan guides](#) on developing a Round 10 proposal.

4 Lönnroth K, Castro K, Chakaya JM, Chauhan LS, Floyd K, Glaziou P, Raviglione M. Tuberculosis control 2010 – 2050: cure, care and social change. *Lancet* 2010 DOI:10.1016/s0140-6736(10)60483-7.  
5 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](http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf)).

### Box 1: Cross-cutting HSS funding for Community Systems Strengthening (CSS)

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

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

Countries have also used the Global Fund to support Community Systems Strengthening, to which the Global Fund is giving particular emphasis in Round 10. For example, [Ethiopia’s Round 9 TB proposal](#)’s HSS section included resource mapping and coordination of NGO/FBO/CSO services for AIDS, TB, and malaria; NGO capacity building in areas where health systems are particularly weak, and; establishing and institutionalizing village health committees. For more information on CSS, please see the [Global Fund information note on CSS](#) and the [Global Fund CSS framework](#).

### 3. FOR WHAT CROSS-CUTTING HSS ACTIVITIES FUNDING FROM THE GLOBAL FUND CAN BE USED?

[Guidelines for Proposals – Round 10](#) state that GF cross-cutting HSS activities funding can be requested for HSS areas with clear and demonstrated link to improved HIV, tuberculosis and/or malaria outcomes. The Global Fund strongly encourages countries to base their interventions on national health strategies and related plans and policies, and the analyses they contain of health system gaps and constraints. The activities may also target other sectors including education, the workplace, and social services. Examples in the proposal guidelines are categorized by [‘WHO’s Building Blocks for health systems’](#). The Global Fund is flexible with respect to HSS interventions that 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 met.

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, though countries have sought funding in some areas (such as information systems and human resources for health) more than others. We provide here some of the cross-cutting HSS interventions included in successful proposals, primarily from Round 9. This list is not exhaustive. Note that the categorization of activities is not definitive; certain HSS activities could reasonably be placed in several categories.

**Health services**, including to:

- rehabilitate health facilities, including to enable them to provide an integrated package of services for HIV, TB, malaria and maternal, newborn, and infant health;

- provide electricity to health facilities including through solar power;
- purchase and maintain equipment;
- improve supervision including by covering transportation costs;
- develop guidelines and educational material on integrated care;
- improve referral systems including through:
  - developing and sensitizing stakeholders on referral guidelines;
  - purchasing and maintaining ambulances;
  - improving communication capacity of health facilities, including by introducing the internet and covering phone expenses;
- engaging the private sector in service delivery;
- strengthen laboratory services including by purchasing equipment and reagents, training staff, and strengthening quality control;
- improve blood safety including by establishing blood banks, training staff, and recruiting volunteer donors;
- rehabilitate maternity wards and antenatal clinics;
- develop community resource centers, including providing health information, strengthening partnerships and community outreach, and improving accountability of health services as a source of health information.

**Health workforce**, including to:

- 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, including through improving infection control;
- improve health workforce management, including

- improve health workforce management, including 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**, including to:

- 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 the quality of data;
- train and recruiting 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**, including to:

- 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 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**, including to:

- 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**, including to:

- 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 including by training community members on health center management committees in client advocacy, assisting poor and marginalized community members present their concerns to local government structures, training health workers' on patients' rights, and mass media education on patients' rights, women's empowerment, the cost and location of health services, and health-seeking behavior.

For further information please refer to [Summaries of several countries' successful HSS-related proposals](#).

For how countries used Global Fund resources to address particular health system elements, please 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.

## Box 2: 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 adjusting 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.

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

Cross-cutting HSS activities for which funding is requested from the Global Fund can be detailed in the disease-specific proposal or in two separate forms titled [4B](#) and [5B](#). [4B](#) is divided into three sections:

1. For each HSS cross-cutting intervention for which funding is requested, the applicant is requested to provide the following information:
  - The intervention's title, the beneficiary diseases and the HSS service delivery area (SDA) from your "HSS Performance Framework" to which the intervention relates;
  - Description of rationale for and linkages to improved/increased outcomes in respect of HIV, tuberculosis and/or malaria;
  - Planned outputs/outcomes/impact that will be achieved on an annual basis from support for this HSS cross-cutting intervention during the proposal term;
  - Current and planned support over the proposal term, including the name of supporting stakeholder, timeframe of support, amount of financial support provided over proposal term, and expected outcomes/impact from this support.
2. Engagement of HSS Key Stakeholders in proposal

development.

3. Strategy to mitigate initial unintended consequences.

In form [5B](#) the applicant is requested to detail the budget for the activities described in [4B](#). A detailed explanation of the required information for both forms is provided in [Guidelines for Proposals – Round 10, pages 59-63 \(4B\) and 78 \(5B\)](#).

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:

1. Review of documents with information on the health systems of the country. Below is an illustrative list of the type of assessments and reports that may be available to provide input for identifying HSS interventions. The goal is to ensure that both sector wide and disease specific information is incorporated into design of the HSS interventions, to demonstrate:
  - 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.

- 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.

Organization	Documents
Ministry of Health	<ul style="list-style-type: none"> <li>• Health Sector Strategic Plan</li> <li>• National Health Policy</li> <li>• National Human Resources for Health Strategy (and other health system component plans, such as a national health information system strategy)</li> <li>• MOH Situation Analysis</li> <li>• Budgets and Expenditures data</li> <li>• National Health Accounts data</li> <li>• SWAp strategy</li> <li>• Private sector strategy</li> <li>• Service Delivery mapping</li> <li>• Facility survey</li> <li>• Donor mapping</li> <li>• <a href="#">UNGASS reports</a></li> <li>• Analysis and action framework on social determinants of health</li> </ul>
World Bank	<ul style="list-style-type: none"> <li>• Public Expenditure Review</li> <li>• Health Public Expenditure Review</li> <li>• Health Sector Assessment</li> <li>• Workforce Review</li> <li>• <a href="#">Poverty Reduction Strategy</a> Papers</li> <li>• <a href="#">Other recent studies and reports by country</a></li> </ul>
WHO and UNAIDS	<ul style="list-style-type: none"> <li>• Reports of joint reviews</li> <li>• Global reports on <a href="#">malaria</a>, <a href="#">TB</a>, HIV/AIDS, <a href="#">HSS</a></li> <li>• <a href="#">World Health Statistics</a></li> </ul>
Global Fund	<ul style="list-style-type: none"> <li>• <a href="#">Proposal guidelines</a></li> <li>• <a href="#">Information notes for Round 10</a>, including on HSS and CSS</li> <li>• <a href="#">Global Fund's approach to health systems strengthening</a></li> <li>• <a href="#">Global Fund's approach to community systems strengthening</a></li> <li>• <a href="#">M&amp;E toolkit</a></li> </ul>
Other	<ul style="list-style-type: none"> <li>• International strategic plans such as <a href="#">The Global Plan to Stop TB 2006-2015</a></li> <li>• International guidelines such as <a href="#">WHO's recommendations on treatment, prevention and infant feeding in the context of HIV</a></li> <li>• <a href="#">Aidspan guides on Round 10</a></li> <li>• <a href="#">Health Systems Assessment Approach: A How-To Manual</a></li> <li>• <a href="#">Health Systems 20/20 database</a></li> <li>• Reports of the <a href="#">HIV/AIDS Program Sustainability Analysis Tool (HAPSAT)</a></li> <li>• Publications in scientific journals</li> <li>• Project evaluation reports</li> </ul>

Note: The above links are provided only as samples of these documents.

The specific studies that are available in each country will vary.

### 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 to 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/>

2. **Consultation with officials within the MOH, and other relevant ministries, who would have information on strategic planning and sector-wide plans,** or detailed plans for specific components of the health system (health information systems [HIS], HRH, or drug policy,) such as Director of Planning, Director of HRH, Director of Finance, Director of HIS, 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 please refer to [Good Practices in Country Coordination and Facilitation from the Global Health Workforce Alliance](#) (particularly the list of key stakeholders in Annex I).
4. **Consultation with officials within 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.

## 5. 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 Round 9. This is only a partial list. For more details on factors that contribute to the success or failure of Global Fund proposals, in particular their sections on cross-cutting HSS interventions, as well as country examples, 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 sub-system strategies (e.g., human resources for health plan). The Technical Review

### Box 4: Link to health plans - Country examples

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

Panel (TRP) - the body that provides recommendations to Global Fund's Board on whether to approve funding for proposals - wants to know that the interventions are consistent with an overall national strategy. The connection to the health plan also demonstrates the priority of planned activities. The TRP's overview of HSS in Round 9 stated "that many applicants are often requesting 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."<sup>6</sup>

**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."<sup>7</sup> The proposed HSS interventions should then respond to the gap analysis.

**Evidence-based interventions:** Just as interventions should be based analyses of health system gaps, the 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, they provide the evidence upon which these interventions and their associated activities are based. Applicants should also provide clear and measurable indicators to track progress during the grant period.

<sup>6</sup> Report of the Technical Review Panel and the Secretariat on Round 9 Proposals. Presented at the 20<sup>th</sup> Board Meeting of the Global Fund, Nov. 9-11, 2009, page 20. Available at: [http://www.theglobalfund.org/documents/board/20/GF-BM20-09\\_Report\\_of\\_the\\_TRP\\_and\\_the\\_Secretariat\\_on\\_Round\\_9.pdf](http://www.theglobalfund.org/documents/board/20/GF-BM20-09_Report_of_the_TRP_and_the_Secretariat_on_Round_9.pdf)

<sup>7</sup> *Ibid*, page 21.

### Box 5: Gap analysis - Country example

[Sierra Leone's Round 9 HIV proposal](#) describes six major health system constraints to HIV treatment, prevention, and care. It provides key statistics, explains how it is currently addressing each constraint, and references in the process its poverty reduction strategy, draft health sector strategy, health policy, HIV/AIDS strategic plan, draft human resources development plan, national regulations for public procurement, a national institutional review related to HIV/AIDS finance, and its integrated M&E framework. The proposal proceeds to seek funding that responds to three areas that according to the gap analysis required strengthening: the health information system; the health workforce, and the quality of laboratory diagnosis. Sierra Leone made a strong case on the importance of a quality laboratory system to AIDS, TB, and malaria, and on the present weakness its laboratory system (such as the lack of an approved national laboratory policy, strategic plan or budget, the shortage of laboratory staff, and the lack of any national laboratory quality assurance system). Source: [Sierra Leone's Round 9 HIV proposal](#), pages 13-15, 63.

### Box 6: 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 each of 36 schools. The proposal included funding to support these expansion plans. Among the retention activities was fast-tracked recruitment of and incentives for 460 health workers to serve in rural districts on two-year contracts, then to join the government health staff. This activity was an extension of two successful projects (an Emergency Hiring Project and the Mkapa Fellows Programmes). Tanzania also included in its proposal a funding request for at least 700 units of staff accommodation. The above-mentioned two successful projects, as well as a separate assessment, had all revealed that the shortage of staff housing was a significant challenge to attracting and retaining staff in remote locations, and also reduced staff efficiency.

### **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 (AIDS, TB, and malaria). 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 7: Link to improved AIDS, TB, and malaria outcomes - Country examples**

Health workforce intervention in the cross-cutting HSS section of [Eritrea Round 9 HIV proposal](#) focuses on increasing the output of nurse and associate nurse training institutions. In describing the link between this intervention and the three diseases, the proposal states that “[m]ost of the case notification, surveillance, management and referral activities of malaria, TB and HIV and other diseases is mainly coordinated and performed by nurses and associate nurses.” Further, these nurses train the community health agents who help control and prevent malaria. The intervention also includes training additional laboratory technicians, and explains the importance of accurate malaria diagnosis to low malaria morbidity. The proposal also links the nurses and laboratory technicians to a strong surveillance system for malaria. Source: [Eritrea Round 9 HIV proposal](#), pages 77-78.

Addressing a cross-cutting HSS intervention on expanding coverage of integrated health services, [Senegal's Round 9 HIV proposal](#) cites the fact that only 13% of health posts can provide integrated care for HIV, TB, and malaria. The proposal states the additional number of people who will be able to receive an integrated package of services (HIV, TB, and malaria, as well as maternal, neonatal, and infant health and curative consultations) due to the intervention. Senegal also links the activities in this intervention to the three diseases. For example, the proposal explains that the rehabilitation of health facilities will comply with national standards for the integrated package of services, and that motorcycles requested in the proposal will help with HIV and TB programs with home visits and people lost to follow up. Source: [Senegal's Round 9 HIV proposal](#), pages 64-66.

**Stakeholder involvement:** Proposals that engage a wide range of health systems stakeholders will be most likely to 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, private sector, and health workers themselves at all stages of the proposal development process, and make special efforts to include women and members of poor and other marginalized populations. It will often also be important to involve ministries beyond health (e.g., education, gender,

#### **Box 8: Stakeholder involvement - Country examples**

Involved in developing the HSS section of [Eritrea's Round 9 HIV proposal](#) were not only the health ministry (including its child and reproductive health program), but also the ministry of local governments, district medical officers, and the National Union of Eritrean Women, as well as development partners such as WHO and UNICEF. In two interventions related to health information systems, the proposal identifies the many program managers, multilateral agencies, health professional representatives, and others involved in developing the country's health information systems strategic plan, upon which the interventions are based. Source: [Eritrea's Round 9 HIV proposal](#), pages 62-65-66, 83, 86.

[Tanzania's Round 9 HIV proposal](#) notes the involvement of “representatives from TACAIDS [Tanzania Commission for HIV/AIDS], private sector, faith-based organizations and civil society, the development partners, and Ministry of Health and Social Welfare”; staff from the human resources, procurement management, and other relevant health ministry units and directorates, and from the semi-autonomous Tanzania Food and Drug Authority; the Tanzania Health Sector Reform Secretariat, and; a WHO health systems expert. It states that the Human Resources for Health Strategic Plan and Health Sector Strategic Plan were foundational documents in developing the proposal, and that studies from the Touch Foundation and development partners were also important for proposal development. Source: [Tanzania's Round 9 HIV proposal](#), pages 84-85.

[Benin's Round 9 HIV proposal](#) provided specific information on the organizations and other entities involved, such as specific departments in the health ministry. The proposal explains who was involved in identifying and developing the cross-cutting HSS interventions. Along with the health ministry and national AIDS committee, it names six international NGOs and six national NGOs (or their networks and associations), as well as five multilateral agencies. Furthermore, it explains why these institutions were chosen, including their institutional support for the health ministry, their role as “frontline stakeholders who have control over the strengths and weaknesses of the health systems,” and their previous involvement in HSS processes, including participating in a national health forum, drafting the national health development plan, and submitting a proposal to GAVI. Source: [Benin's Round 9 HIV proposal](#), page 104.

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 please refer to [Good Practices in Country Coordination and Facilitation from the Global Health Workforce Alliance](#).

**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, please refer to [Guide to Using Round 10 of the Global Fund to Fight AIDS, Tuberculosis and Malaria to Support Health Systems Strengthening](#), page 13.

#### Box 9: Improving equity - Country examples

A major strength that the TRP cited of the HSS section of Cambodia's Round 9 HIV proposal was that it "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 among the strengths of the HSS section Sierra Leone's Round 9 HIV proposal its inclusion of rural incentives, and the reasonableness of these incentives.

**Budgets and workplans:** The TRP frequently cited as a weakness of Round 9 proposals their failure to provide detailed, realistic budgets. 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), had high unit costs, inconsistencies in the budget, and large expenditures for which the costs were not justified.

Proposals are also most likely to be successful if they clearly define all of the activities that they will undertake through the HSS interventions.

## 6. WHAT HAS CHANGED IN ROUND 10 FOR HSS COMPARED TO ROUND 9?

Round 10 takes the same approach to HSS as Round 9. The Global Fund now explicitly encourages countries to look for opportunities to integrate maternal and child health into their proposals, including in cross-cutting HSS interventions. This does not, however, remove the need to link HSS interventions to improved HIV/AIDS, tuberculosis, and/or malaria outcomes.

## 7. MAY APPLICANTS APPLY FOR CROSS-CUTTING HSS INTERVENTIONS ONLY?

No. Even if applicants use the separate section for cross-cutting HSS (4B), this section must be attached to a disease component. However, when reviewing the proposal, the TRP may decide to approve only the cross-cutting HSS section but not the accompanying disease component (or it may approve only the disease component, but not the cross-cutting HSS section).

## 8. 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. We also encourage applicants to look within country and to

neighboring countries for individuals and institutions with health systems expertise that might be able to provide support. For more information, please see [Global Fund's Technical Assistance and Other Guidance](#) and [Technical Support for Health Systems Strengthening Global Fund Round 10](#).

## ACKNOWLEDGEMENTS

This publication was prepared by Eric Friedman and Eric Williams of Physicians for Human Rights, and Itamar Katz, Grace Chee, and Ann Lion of Abt Associates Inc.

Valuable comments were provided by Knut Lonroth, Sowmya Kadandale, and Kumanan Rasanathan of the World Health Organization (WHO), and Mursaleena Islam and Ha Nguyen of Abt Associates Inc.

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

Health Systems 20/20 is a five-year (2006-2011) cooperative agreement (No. GHS-A-00-06-00010-00) funded by the U.S. Agency for International Development (USAID). The project addresses the financing, governance, operational, and capacity-building constraints that block access to and use of priority population, health, and nutrition services by people in developing countries. Health Systems 20/20 offers global leadership, technical assistance, training, grants, research, and information dissemination.

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| Training Resources Group | Tulane University School of Public Health

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared by Eric Friedman, Itamar Katz, Eric Williams, Grace Chee and Ann Lion for the Health Systems 20/20 project. May 2010. The author's views expressed here do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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