

## 4. Program Description

---

### ***Documents required in support of the proposal strategy in s.4.5.1.***

In addition to describing the planned implementation approach in detail, applicants should submit:

- (a) A 'Performance Framework' by disease ([Attachment A](#) to the Proposal Form). This framework identifies the performance measures that will apply to the program over the proposal term, and this document will form an integral part of any grant agreement signed with the Global Fund; and
- (b) **A detailed work plan, quarterly for years 1 and 2.** The work plan should show the anticipated start and end dates for all activities over the initial two years, set out like the description in s.4.5.1. of the Proposal Form (i.e., by objective, SDA, and specific activities). The work plan should also use the same or similar numbering as in the detailed budget (s.5.2.) to enable a review of both documents together.

→ *In the work plan, the TRP is looking to see that applicants have a clear understanding of when work must start to ensure timely service delivery. This work plan does not replace the need to provide a detailed written narrative of activities in s.4.5.1.*

**Performance based funding principles** can be found in the Multi-Agency "Monitoring and Evaluation Toolkit", Second Edition, January 2006 (**M&E Toolkit**). Further information on this toolkit is provided under the instructions for s.4.5.1.

### ***How to include health systems strengthening in Round 9 proposals***

1. The Global Fund acknowledges that the **responses** to identified health systems weaknesses or gaps that constrain the achievement of outcomes for the three diseases may differ substantially in different settings. The Global Fund intends therefore to allow applicants maximum flexibility in addressing these weaknesses and gaps. Applicants can apply for funding to respond to these issues either through a program (by-disease) approach, or by a cross-disease approach.
2. If the most appropriate **response** to a system weakness can be made through a disease program, applicants are encouraged to include the relevant response (activities/interventions) in the program description of the disease proposal (s.4.5.1) as any other disease program activity.
3. However, part or all of the response to system weaknesses that affect outcomes for the three diseases may be more appropriately undertaken on a cross-cutting basis. If so, applicants may request support for these activities/interventions by either:
  - (a) including the activities/interventions in the various disease proposals (if appropriate), separated between the disease proposals as the applicant believes most appropriate; or
  - (b) including relevant activities/interventions in only one disease proposal as an optional additional "cross-cutting" group of activities. If so, these activities are included in s.4B. (s.4B. is available as a download from the Global Fund website [here](#)). The financial information relating to these interventions should then be included in a corresponding s.5B. of the same disease (s.5B. is available as a download from the Global Fund website [here](#)).
4. *HSS cross-cutting interventions* included in a one disease proposal in s.4B. cannot be the only interventions included in that under a disease proposal. That is, there must also be program activities described in s.4.5.1. This is because there is no separate funding window for HSS.

## 4. Program Description

### 4.10.7. Multi-drug resistant tuberculosis (*not malaria proposals*)

→ *This section should be completed for tuberculosis and HIV proposals where HIV/TB collaborative interventions are included.*

Applicants should identify whether the proposal requests funding for multi-drug resistant tuberculosis ('MDR-TB').

To help limit resistance to second-line anti-tuberculosis pharmaceuticals, the Global Fund requires procurement of pharmaceuticals to treat MDR-TB to occur through the Green Light Committee ('GLC') of the StopTB Working Group on drug resistant tuberculosis.

As the GLC provides essential services to Global Fund grants targeting MDR-TB, relevant applicants must budget US\$50,000 for each year of the proposal term. These costs must be clearly visible in the detailed proposal budget (s.5.2.), and the funds must be reserved for payment to the GLC during the proposal term. These funds cannot be used for any other implementation activities.

### 4B. PROGRAM DESCRIPTION – HSS CROSS-CUTTING INTERVENTIONS

*This is an optional additional section for applicants to complete.*

#### SUGGESTED STEPS:

- |        |   |  |
|--------|---|--|
| Step 1 | → | <b>Read s.4B below fully first.</b> It contains important information on the potential inclusion of s.4B in a Round 9 proposal ( <i>as first introduced in Part A1 of these Guidelines, regarding any funding request for 'HSS cross-cutting interventions'</i> ).   |
| Step 2 | → | <b>Undertake a cross-disease joint review (including HIV, tuberculosis, malaria, and health systems experts) of health system strengths, weaknesses and gaps.</b> ( <i>Include government and non-government entities involved in planning, budgeting and financing of the broader health system</i> ). <b>Ensure</b> that people with health systems and cross-disease knowledge are included throughout the whole process.   |
| Step 3 | → | <b>Identify priority health systems weaknesses and gaps that affect the achievement of HIV, tuberculosis and/or malaria outcomes</b> ( <i>and which may affect outcomes in respect of other diseases or efficiencies in the broader health system</i> ).<br><br><b>Annex 3 to these Guidelines</b> includes information on the types of interventions that may be necessary to remove address weaknesses. These examples could be relevant to the disease program or the health system, and therefore are relevant to steps 4 and 5 below.   |
| Step 4 | → | Determine whether, in the <b>planned response</b> to identified health system weakness and gaps:<br><br>(a) It is most appropriate to do so on an individual program basis. If so, the interventions are included in s.4.5.1. for the disease(s).<br><br>(b) It is more appropriate to include, <u>in one of the diseases only</u> , an additional combined request for <i>HSS cross-cutting interventions</i> . If so, this is made through the inclusion of s.4B. in one disease proposal.<br><br><i>** This election is at the applicant level (and <u>not by disease</u>). That is because s.4B. can only be included in one disease only in the applicant's Round 9 proposal.</i> |
| Step 5 | → | <b>If Step 4(b) above applies</b> go to the Global Fund website <a href="#">here</a> and download one copy of:   |

## 4. Program Description

---

	<ul style="list-style-type: none"><li>• <b>Sections 4B.1. – 4B.3.</b>, and copy all of that material into <u>the selected disease only after</u> s.4.9.7. (for HIV or tuberculosis) <u>or</u> s.4.9.6. (for malaria), as indicated;</li></ul> <p><b>and</b></p> <ul style="list-style-type: none"><li>• <b>Sections 5B.1. – 5B.4.</b>, and copy all of that material into <u>the same disease proposal after</u> s.5.5. , <a href="#">here</a></li></ul> <p>Then complete those sections as part of that disease proposal.</p>
<b>Step 6</b>	<b>→ Prepare</b> budget, work plan and 'Performance Framework' ( <i>Attachment A</i> ) material to support the program description of the <i>HSS cross-cutting interventions</i> as explained further below. This material can be in the same 'file' or work book as the disease program interventions, or separate materials that are clearly labeled.

***This section of the Guidelines discusses important topics in the following order:***

- A. Objectives of health systems strengthening
- B. Restrictions on including s.4B. in Round 9
- C. Possible indicators and tools available to applicants
- D. What health systems strengthening interventions will the Global Fund support
- E. Community systems strengthening that benefit the three diseases
- F. How to complete s.4B. (*detailed instructions on completing the tables*)
- G. TRP review of funding requests for *HSS cross-cutting interventions* in s.4B

### ***A. Objectives of health systems strengthening***

The Global Fund's **major objectives** in providing funding for health systems strengthening are to: (i) improve grant performance, and (ii) increase overall impact of responses to the three diseases. We recognize that supporting the development of equitable, efficient, sustainable, transparent and accountable health systems furthers achievement of these objectives.

We also recognize that **non-government organizations**, the **private sector** and **communities affected by the disease(s)** are each an integral component of the health system, as is the **government sector**.

Applicants should therefore consider the broad range of non-government sector needs in any assessment of overall weaknesses and gaps in strategies to ensure increase demand for, and access to required services and/or care. As discussed in s.4.3. above, this assessment should consider the broad range of health system weaknesses that affect access to services by *key affected populations* (including the different needs of women and men, girls and boys), sexual minorities, and people who are not presently visible to service delivery providers due to stigma, discrimination, and other barriers to equal access.

### ***B. Restrictions on including s.4B. in Round 9***

- (a) A disease proposal cannot only include s.4B.1. – 4B.3. and have no other disease program activities described in s.4.5.1. **This is because HSS is not a separate component** for Global Fund funding.
- (b) All disease program activities (or pre-dominantly disease-specific) that may also benefit the health system must be included in s.4.5.1. and not s.4B. (*and described by objective, 'SDA', indicator and activity*). These cannot be included in s.4B.1. in any circumstance. → *For example, if the request is for laboratory equipment that is used*

## 4. Program Description

---

*in a central laboratory that is specifically for HIV diagnosis, this should be included only in s.4.5.1. and not s.4B. Also see item 'D' below.*

- (c) Applicants cannot duplicate requests for HSS support in s.4.5.1. and s.4B. of the same disease.

### **C. Possible indicators and tools available to guide applicants**

Working with WHO, the Global Fund has released an update to the ['M&E toolkit'](#) to provide increased guidance on appropriate indicator selection (*including planned outputs and outcomes, and links to impact on the three diseases*).

Applicants are also encouraged to review ['WHO's Building Blocks for health systems'](#), and work with other in-country partners to consider country specific needs.

### **D. What health system strengthening interventions will the Fund support?**

Experience confirms that it is not appropriate to define specific areas for allowable health systems strengthening funding. This is because priorities differ between countries and are best determined based on the analysis of weaknesses in the health system, and knowledge of current national health sector strategies and available resources.

**Annex 3 of these Guidelines** provides information on the types of support that can be requested of the Global Fund for *HSS cross-cutting interventions*. This material draws on WHO experience of the 'building blocks' for strong health systems.<sup>24</sup> It also provides a link between the Round 7 Guidelines for Proposals, and the 'HSS strategic actions' that were described in the 2007 material.

Importantly, the material in Annex 3 is illustrative and not exhaustive. Additional guidance, including links to partner websites, is available at:  
<http://www.theglobalfund.org/en/rounds/9/other/>

#### **It is also suggested that:**

- ➔ Responses to health system weaknesses and gaps should not be developed in isolation from existing national strategies. Rather, there must be a clear and logical justification given between the planned *HSS cross-cutting interventions*, the national health development plans or strategies, and improved outcomes for HIV, tuberculosis and/or malaria.
- ➔ Requests for support for *HSS cross-cutting interventions* (and any disease program activities in 4.5.1. that benefit the health system) be drawn from existing country-specific assessments of weaknesses and gaps in the health system (*whenever such assessments already exist*).

### **E. Community systems strengthening that benefit the three diseases**

The Global Fund continues to support community systems strengthening initiatives, as part of the overall framework for improved outcomes for the three diseases.

Similar for other interventions, activities focused on strengthening underlying service delivery capacity (and reach) at the community level may also be included in s.4B. if the planned

---

<sup>24</sup> Based on the material entitled 'Everybody's Business: Strengthening health systems to improve health outcomes *WHO's Framework for Action, 2007*' available at:  
[http://www.who.int/healthsystems/strategy/everybodys\\_business.pdf](http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

## 4. Program Description

---

interventions benefit more than one of the three diseases, and the result of the requested support will be a contribution to improved outcomes for the diseases.

As set out in s.4.7.1. of these Guidelines, commencing from Round 9, the Global Fund encourages applicants to include community systems strengthening measures on a routine basis in proposals to the Global Fund. Information on possible interventions, and how these may link to improved outcomes for the three diseases, is available in the updated M&E Toolkit available at [M&E toolkit](#).

### F. *Completing the questions in s.4B.*

#### 4B.1. Description of HSS cross-cutting interventions

Applicants may complete table 4B.1. for up to five *HSS cross-cutting interventions* which ensure achievement of disease outcomes for HIV, tuberculosis, and/or malaria.

For each '*HSS cross-cutting intervention*', applicants should provide:

- (i) A title, the disease(s) that benefit from the interventions, and the principle WHO "building block" from **Part D** in this section of the Guidelines above;
- (ii) In (a), up to a one page maximum summary of the relevant action, and how the action is essential to the intended disease-specific performance outcomes;
- (iii) in (b), a very short sentence that summarizes the overall planned outputs and outcomes that will be achieved in respect of the HSS cross-cutting intervention (e.g., '*improved cold storage of pharmaceuticals*', or '*strengthened national data collection and reporting*'); and
- (iv) in (c), (*as requested in the heading for each relevant column in the table in the Proposal Form*) information on the support that is available for the same *HSS cross-cutting intervention* from other sources (domestic or international). Also, information on the timeframe over which the support from those other sources will be provided.

#### 4B.2. Engagement of HSS key stakeholders in Proposal Development

If *HSS cross-cutting interventions* are included in a proposal, the Global Fund expects that key health systems stakeholders will have been involved the proposal development process.

In order, the two sub-sections request:

- (a) information on the level of involvement of government and non-government (including the private sector) health system stakeholders, including representatives of key affected populations (including women and men), and sexual minorities, who can help identify where in the health system they can best be served; and
- (b) confirmation that budget, work plan and 'Performance Framework' materials have been attached to the proposal.  
➔ *Applicants may include the HSS cross-cutting interventions in the same files or work books as the disease program interventions or separate files and work books. However, HSS is not a separate component and the material should still be included as part of the disease proposal that includes s.4B.*

#### 4B.3. Strategy to mitigate unintended consequences

Applicants should describe any possible unintended consequences that may result from the

## 4. Program Description

---

HSS cross-cutting interventions set out in section 4B.1. (*For example, if support is requested for human resources funding, it may result in movement of human resources from one sector to another, or loss of services in another area*). Applicants should also provide a description of the country's proposed strategy for mitigating any potential unintended consequences.

### **G. TRP review of funding requests for HSS cross-cutting interventions in s.4B.**

Where an applicant has included *HSS cross-cutting interventions* in a disease proposal as part of that 'disease component', the TRP is authorized to recommend, *subject to technical merit based on the criteria set out in Annex 2 to these Guidelines*:

(a) **Both** the disease specific interventions (s.4.5.1.) in that disease and necessary *HSS cross-cutting interventions* (s.4B. of that same disease);

**or**

(b) **Only** the disease-specific interventions;

**or**

(c) **Only** the HSS cross-cutting interventions.

**This change was introduced at the 16<sup>th</sup> Board meeting.** This decision supports the objective of applicants having flexibility in how they apply for funding to address health systems weaknesses that impact HIV, tuberculosis and malaria outcomes on a *cross-cutting* basis.

## Annex 3 – What the Global Fund will support

---

**Set out below** is information on possible disease program interventions (s.4.5.1.) and interventions to strengthen health systems (as part of a disease program in s.4.5.1. or, separately, in s.4B. as *HSS cross-cutting interventions*).

**Importantly**, the material below **is not a exhaustive list** of all activities/interventions that may be funded. It represents a guide only for possible programming to support existing in-country knowledge of the disease(s).

***Disease focused activities may include, but are not limited to, the following:***

- Behavior change interventions, such as peer education;
- Activities to reduce girls' and women's vulnerability to the three diseases, such as equitable access to youth and social safety net programs, prevention and mitigation of sexual violence, and advocacy for legal change and enforcement;
- Community outreach, including preventive measures focusing on *key affected populations*;
- Blood safety and safe injection interventions to prevent medical transmission;
- Male circumcision, with the assurance of a comprehensive package of prevention messages and activities and access to counseling and testing services;
- Community-based programs aimed at alleviating the impact of the diseases, including programs directed at women, orphans, vulnerable children and adolescents; and alleviating the burden of care and support on, especially, women;
- Community systems strengthening to improve implementation and service delivery, including strengthening core institutional capacity through physical infrastructure development, and organizational and systems strengthening;
- Partnership building at the community level, focusing on the building of systematized relationships among and between community based organizations at the local level to improve coordination, build upon one another's skills and abilities, and enhance service delivery outcomes in respect of the disease(s);
- Operational research to improve program performance, including determining effective ways to increase demand for, and improve access to, quality services;
- Home and palliative care support;
- Interventions related to interactions between the three diseases, including providing access to prevention services through integrated health services, especially for women and adolescents through reproductive health care;
- Provision and/or scale up of critical health products and health equipment to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments;
- Workplace programs for prevention, and to care for and/or treat employees, including policy development in regard to such programs;
- Co-investment schemes to expand private sector programs to surrounding communities; and
- The establishment and ongoing support of interventions managed by people living with and/or affected by HIV, tuberculosis and/or malaria, such as support groups, treatment literacy programs, and risk-reduction programs.

**But not:**

- Basic science research and clinical research aimed at demonstrating the safety and efficacy of new drugs and vaccines.<sup>30</sup>; or
- Large scale capital investments such as building hospitals or clinics.

---

<sup>30</sup> Providing support, care, and treatment for people who become HIV-positive in the course of an HIV-related clinical trial would be an allowable activity, within the context of national policies for the provision of antiretroviral therapy.

## Annex 3 – What the Global Fund will support

---

*Provided that there is a clear and demonstrated link to improved HIV, tuberculosis and/or malaria outcomes, health systems strengthening areas of focus that may be relevant to be included in proposals (in s.4.5.1 as a disease specific response, or once only in s.4B as a cross-disease response) include:*

- **Information** - Strengthening the monitoring of performance of health systems with special reference to the three diseases, through data collection and analysis on health system metrics - for example data on public and private sector service delivery using facility assessments; better workforce data using multiple data sources; or, building district data management capacity.  
→ To draw linkages between the Round 7 Call for Proposals and Round 9, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Monitoring and evaluation
  - Information systems
- **Service delivery** - For effective, good quality personal and non-personal care for those living with or affected by HIV, tuberculosis and/or malaria, actions may be needed that strengthen public demand for services. These include actions that: strengthen supervision and management of resources and facilities; increase the involvement of community systems, and civil society and the private sector in the delivery of public health programs; and, strengthen diagnostic services and laboratories.  
→ To draw linkages between the Round 7 Call for Proposals and Round 9, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Infrastructure (but not large-scale investments such as building new hospitals or new large clinics)
- **Medical products and technologies** - To achieve more equitable access to essential medicines and technologies for the three diseases, actions may be needed to strengthen: policies, standards and guidelines; capacity to set and negotiate prices; quality assessment of priority products; procurement, supply and distribution systems; and, support for rational use of medicines, health products, and health equipment.  
→ To draw linkages between the Round 7 Call for Proposals and Round 9, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Essential medicines and health products management;
  - Procurement systems;
  - Logistics, including storage, transport and communications; and
  - Technology management and maintenance.
- **Financing** - To improve financial risk protection and coverage for those living with and/or affected by HIV, tuberculosis and/or malaria, and transparent and effective use of resources, actions that may be appropriate include: strengthening financial resource tracking systems for the three diseases; actions to improve financial access to services, such as improving or expanding sustainable social insurance schemes to ensure access by key affected populations to essential services.  
→ To draw linkages between the Round 7 Call for Proposals and Round 9, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:
  - Health management; and
  - Health financing.
- **Health workforce** - For the workforce (government and non-government sectors) to be better able to deliver services to achieve improved outcomes in respect of the three diseases, actions that may be appropriate include: strengthening the production of health workers; their recruitment, distribution, retention or productivity. Actions may include, for example, new approaches to: pre- and in-service training;

## Annex 3 – What the Global Fund will support

---

strengthening workforce management; appropriate incentives for distribution and retention; and task shifting.

→ To draw linkages between the Round 7 Call for Proposals and Round 9, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:

- Health management; and
- Human resources.

- **Leadership and governance** - To improve governance of health systems with special reference to HIV, tuberculosis and/malaria outcomes, actions that may be appropriate include: strengthening capacity to be effective advocates in respect of the three diseases; building coalitions with other sectors and with actors outside government including civil society; improving oversight and regulation of services; and supporting policy and systems research related to the three diseases.

→ To draw linkages between the Round 7 Call for Proposals and Round 9, applicants are advised that the following items from the Round 7 Guidelines for Proposals (page 24), are included in this area:

- Governance; and
- Community and client involvement;
- Strategic planning and policy development; and
- Policy research.

HSS cross-cutting interventions included in s.4B need not be limited to only health sector-related activities or only to the three diseases. Rather, they may also target other sectors including education, the workplace, and social services. However, under Global Fund policy, support for health systems strengthening is available where there is a demonstrated link to reducing the spread and impact of HIV, tuberculosis and/or malaria.

## IV. Health Systems Strengthening

Programs to address HIV, tuberculosis, and malaria (HTM) require support from public and private organizations. These organizations rely on effective, efficient, sustainable and transparent systems to: provide pharmaceuticals and other health products; finance health services; assure the quality and efficiency of care; manage the health workforce; and generate information needed for effective policy, operations and programming decisions. Where system weaknesses are important obstacles to responding to the three diseases, the Global Fund will consider providing resources for Health Systems Strengthening (HSS).

Global Fund support for HSS is available where the funding requested:

1. Is essential to achieve planned outputs and outcomes for the three diseases;
2. Addresses general health systems weaknesses which are beyond a specific programme's mandate but will contribute to improved HTM outcomes;
3. Consistent with (where they exist) national policy directions, for example, a health sector development plan, a national financing strategy or a health workforce plan.

HSS proposed for funding will depend on the country-specific context but may generally belong to some or all of the following broad areas (HSS SDAs) (which are the same as the six building blocks in the WHO Framework for HSS Action<sup>2</sup>):

- Service delivery organization and management
- Health Workforce / Human resources
- Information
- Medical products, vaccines, technology (*procurement, supply management, etc*)
- Financing
- Leadership and governance.

Global Fund support for interventions within the HSS SDAs, like disease program interventions, is tied to output and outcome indicators to objectively measure performance.

**Tables 15A and 15 provide a number of illustrative *examples* of HSS interventions and possible HSS output and outcome indicators by HSS SDA that applicants may wish to use to formulate their own indicators.** The list is not exhaustive and additional indicators can be used. In many cases, it is important to disaggregate relevant indicators to enable monitoring of progress in achieving equity of access and coverage of essential services for underserved communities, regions or other prioritized or vulnerable population groups (gender, rural/urban, income based). Reviewing data collected from selected indicators at both national and sub-national levels helps to highlight internal disparities and assists to establish appropriate country-specific baselines and targets.

As far as possible, the Global Fund encourages the use of existing in-country indicators used to monitor health systems performance. For example, those specific indicators that are part of a program-based approach (including Sector-wide Approaches) performance matrix or other national strategic frameworks.

WHO is in the process of developing a "HSS Toolkit" which is anticipated to be available by mid-2008. It is expected to include other examples of indicators, their definitions and measurement methods as well as explanations of the various HSS blocks.

---

<sup>2</sup> Refer to WHO guidance at: <http://www.who.int/healthsystems/strategy/en/>

**New: Table 15A: HSS SDAs and illustrative examples of interventions**

HSS Service Delivery Areas	Illustrative examples HSS Interventions
Service Delivery	<p>Actions may be needed to improve how HIV/AIDS, tuberculosis and malaria prevention, treatment, and care and support services are organized and delivered, and to expand access to all services. Possible activities include actions to strengthen public demand for services; improving supervision and the management of resources and facilities; involving civil society and the private sector in public health service delivery; and strengthening laboratories and other diagnostic services including renovating or upgrading health facilities. Activities and targets must relate to the equity and access needs of vulnerable and deprived populations. <i>(Note that the Global Fund will not fund large infrastructure projects, such as the construction of hospitals).</i></p>
Health Workforce	<p>Actions may be needed to strengthen the production of health workers as well as their recruitment, distribution, retention, training and productivity. Actions may include, strengthening workforce management; improving incentives to address distribution or retention; or task shifting to less specialized health workers. The focus should not only be on clinical service providers but also management and support staff essential to keep a system running.</p>
Information Systems	<p>Actions may be needed to strengthen the generation and use of information/data needed to manage services and to account for results. This includes monitoring of health system inputs and service delivery coverage (health systems performance) with special reference to the three diseases, and cross-cutting priority areas. It may include strengthening the collection and quality of mortality statistics; and investing in the systematic use of evidence to guide decisions at the facility and district levels. Activities include improving data collection and analysis using multiple data sources such as surveys and building district and national data management capacity for M&amp;E, operational research and surveys. It may also mean formulating and implementing clear national information policy and standards and expanding reporting by private-for-profit health service providers.</p>
Medical Products, Vaccines, Technology *	<p>To achieve more equitable access to essential medicines<sup>3</sup> and technologies, actions may be needed to: strengthen policies, standards, and guidelines; and/or build capacity to set and negotiate prices; quality assessment of priority products; strengthen procurement systems, improve supply and distribution systems; and strengthen mechanisms to enforce rational use of medicines, commodities and equipment. <i>(Note that the Global Fund will not fund basic science research and clinical research aimed at demonstrating the safety and efficacy of new pharmaceuticals and vaccines).</i></p>
Financing	<p>Actions may be needed to improve financial risk protection and coverage for vulnerable groups in order to reduce the burden of out-of-pocket payments. Actions may also be needed to ensure the transparent and effective use of resources, including: strengthening financial resource tracking systems, (including HIV/AIDS, tuberculosis and malaria accountability and reporting through the institution of national sub-accounts); and improving financial access to essential services through development of sustainable financing plans as part of national financing strategies. Also, efforts to improve financial management at operational levels and by NGOs/civil society groups may be required to strengthen service delivery and increase coverage of prevention, treatment, and care and support services<sup>4</sup>. Other activities might involve developing ways of reducing household out of pocket payments; such as exemption mechanisms, vouchers and other demand side incentives, or to strengthen health insurance schemes for the benefit of key affected populations in respect of the three diseases.</p>
Leadership and Governance	<p>This involves improved governance of health systems with special reference to positive impact on of HIV/AIDS, tuberculosis and malaria service delivery and utilisation. Actions that may be needed include: strengthening advocacy capacity; building coalitions with other sectors and civil society; improving oversight and regulation of services provided by government and non-government providers; instituting regular performance reviews, and supporting policy and systems research.</p>

<sup>3</sup> An Essential Medicines List is a government-approved selective list of medicines or national reimbursement list.

<sup>4</sup> With indicators for effective financial management.

**Revised Table 15: Examples of Health Systems Strengthening Indicators**

HSS Service Delivery Areas	HSS Output indicators	HSS Outcome indicators	Disease Specific Output / Outcome/ Impact
Service Delivery	<p>Number (percentage) facilities and/or laboratories / renovated / upgraded to a specified standard and delivering a specific service package — by type, geographical area, and public/private</p> <p>Number (percentage) of facilities and/or laboratories (a) receiving supervisory visit in past 12 months, and (b) fulfilling basic quality assurance criteria — by type, geographical area, and public/private</p> <p>Number of Civil Society Organisations receiving support for organisational and system development providing public health services at community level including to vulnerable populations — by type of service, geographical area and group (e.g. vulnerable populations; Sexual Minorities, Internally displaced persons, Intravenous Drug users, commercial sex workers, indigenous groups, migrants/ refugees etc)</p>	<p>Number (percentage) of all facilities offering basic package of services (public/private)</p> <p>Proportion of population with access to basic services<sup>5</sup> — by geographical area and other socio-demographic characteristics<sup>6</sup> (e.g. vulnerable groups)</p> <p>Proportion of population with access to care and support services — by geographical area and other socio-demographic characteristics<sup>6</sup> (e.g. vulnerable groups)</p>	Disease specific output / outcome / impact indicators should be included (e.g. see specific disease section)
Health Workforce	<p>Number of health workers recruited at primary health care facilities in past 12 months by cadre; e.g. as percentage of planned recruitment target</p> <p>Number of graduates of health training programmes in past 12 months, by cadre, urban/rural, gender, etc</p> <p>Number (percentage) of facility-based and/or community based health workers who reported receiving personal supervision in last six months</p> <p>Number (percentage) of senior staff at primary health care facilities who received in-service management training in past 12 months</p> <p>National strategy in place for training Civil Society Organisations for service provision</p>	<p>Health worker density per 1,000 population, (by cadre, urban/rural or other geographic delimitation)</p> <p>Percentage of PHC facilities meeting national approved staffing norms</p>	

<sup>5</sup> Access as defined by the country itself.

<sup>6</sup> Based on countries' own definitions of basic package, access and service availability etc.

HSS Service Delivery Areas	HSS Output indicators	HSS Outcome indicators	Disease Specific Output / Outcome/ Impact
	Information Systems <sup>7</sup>	<p>Number of staff trained on monitoring and evaluation, surveillance, and operational research (per level including civil society)</p> <p>Percentage of registered private-for-profit facilities/civil society organisations reporting routine data according to national guidelines in past 12 months</p> <p>A nationally coordinated multi-year plan with a schedule for survey implementation and data analysis prepared</p> <p>Percentage of deaths covered by mortality civil registration system</p>	
Medical Products, Vaccines and Technology	<p>Number (percentage) of staff (by region) trained/recruited for procurement and supply management &amp; quality assurance in past 12 months (as percentage of planned target)</p> <p>No. and percentage of facilities with staff trained for Procurement Supply Management and fully applying national regulations</p>	<p>Average stockout duration for a basket of medicines in the central and/or regional stores in the last year, out of average stockout duration for the same basket in the past three years</p> <p>Average stockout duration for a basket of medicines in a sample of remote facilities in the last year, out of average stockout duration for the same basket in the past three years.</p> <p>Average time between order and delivery from central store to remote facilities in the last year out of average time between order and delivery in the past three years</p>	
Financing	<p>Patient / household out of pocket expenditures of accessing or obtaining services</p> <p>Number and percentage of facilities meeting established national financial management criteria</p> <p>Number of Civil Society organisations with budget and accounting system in place</p>	<p>Out of pocket expenditure by households as percentage of Total Health Expenditure (or prepaid expenditure as percentage of Total Health Expenditure - where prepaid = tax plus insurance)</p>	
Leadership and Governance	<p>Health sector development strategic plan developed, agreed, implemented and reviewed annually</p> <p>Number of staff receiving training in past 12 months on strategic planning and policy development per level</p> <p>Private health sector policy developed and implemented, including existence of an up-</p>		

<sup>7</sup> All the health system building blocks require information as part of their interventions, as well as for verification purposes and proposals should ideally have information requirements needed to support indicator measurements for other health system strengthening blocks.

HSS Service Delivery Areas	HSS Output indicators	HSS Outcome indicators	Disease Specific Output / Outcome/ Impact
	<p>to-date and accurate private provider registration system</p> <p>Number and percentage of Civil Society Organisations that work in partnership with a public/private provider in delivering services</p> <p>Frequency of other governance/ stewardship mechanisms - e.g. audits, reviews of performance against targets</p>		

**Selected references/resources:**

- Health Metrics Network, *Strengthening Country Health Information Systems: Assessment and Monitoring Tool (version 2.00)*, Geneva, 2007 [available on URL: <http://www.who.int/healthmetrics/support/tools> .
- Bossert, T. et al, *Assessing financing, education, management and policy context for strategic planning of human resources for health*, World Health Organization, Geneva, 2007.
- Management Sciences for Health and World Health Organization, *Tools for planning and developing human resources for HIV/AIDS and other health services*, Geneva, 2006, available at: <http://www.who.int/hrh/tools/planning>].
- WHO, 2007 *Everybody's Business, Strengthening Health Systems to Improve Health Outcomes*", available at: <http://www.who.int/healthsystems/strategy/en/>
- WHO, 2007, *World Health Statistics* available at: <http://www.who.int/healthinfo/statistics/en/>
- A Global Fund guide to procurement plans, with relevant indicators is available at: <http://www.theglobalfund.org/en/about/procurement/guides/#psm>
- WHO information on indicators to monitor in-country pharmaceutical situations is available at: <http://www.who.int/medicinedocs/collect/medicinedocs/index/assoc/s14101e/s14101e.pdf>