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The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Health Systems Funding Platform - Briefing

Professor Rifat Atun
Stop TB Partnership Coordinating Board Meeting
Hanoi, Viet Nam
4-5 May 2010



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Challenge of Fragmented Health Systems

- High staff turnover and low training
- Salaries / incentives not paid on time
- Poor supervision
- Interrupted commodity supply
- Lack of data for planning
- No outreach transport
- Weak planning and management
- Low demand and poor quality



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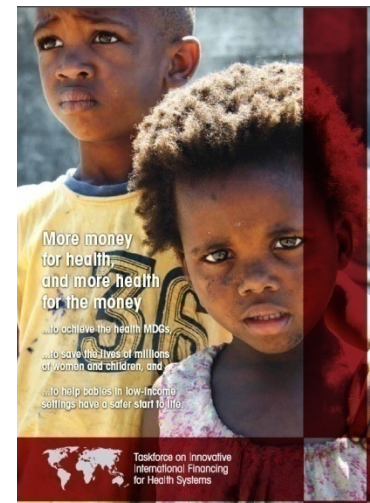
Growing calls to harmonise and align HSS efforts

March 2009

Letter from ED of Global Fund and CEO of GAVI Alliance to the Chairs of the High Level Task Force on Innovative Financing for Health Systems Strengthening informing them of their intention to explore a **joint financing platform for health systems strengthening**

High Level Task Force on Innovative International Financing for Health Systems

..."Establish a health systems funding platform for the Global Fund, GAVI Alliance, the World Bank and others to coordinate, mobilize, streamline and channel the flow of existing and new international resources to support national health strategies"...



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Health Systems Funding Platform

Track 1 (existing support) and Track 2 (new funding)

TRACK 1

Harmonization and Alignment of **existing support**

- One M & E framework
- One financing plan
- One system for program oversight

To be implemented in 4 to 5 countries in 2010 – further roll out in 2011

TRACK 2

New funding

Option 1: Joint proposal form, one review process
To be available no later than Round 11

Option 2: Funding HSS on the basis of jointly assessed national health sector plans (with WB and other partners)
Pilot in 4 to 5 countries for funding decisions together with Round 11 (to be approved by PSC in Sept 2010)



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The Global Fund and GAVI's Health System Strengthening

Global Fund
Framework
Document
(2002)

“The Global Fund will support programs that address the three diseases in ways that contribute to strengthening health systems.”

GAVI Board Decision
(2005)

Set up a window for HSS to address bottlenecks in a way that contributes to strengthening immunization and other services.

Global Fund Board
Decision
(2007)

The Global Fund shall allow broad flexibility regarding HSS actions eligible for funding with few prescriptions for funding applications

GAVI Strategy
(2007)

One of GAVI's four strategic objectives

Health Systems Funding Platform

Anticipated benefits

- **Greater Value for Money**
- **Improved outcomes for the three diseases and immunization**
- **Contributing to MDGs 4, 5 & 6**

1

Aligning partner support to national plans and strategies, through an inclusive process

2

Reduced transaction costs

3

Coordinated funding for HSS

**Improvement of
Aid Effectiveness
(Paris and Accra
Principles)**



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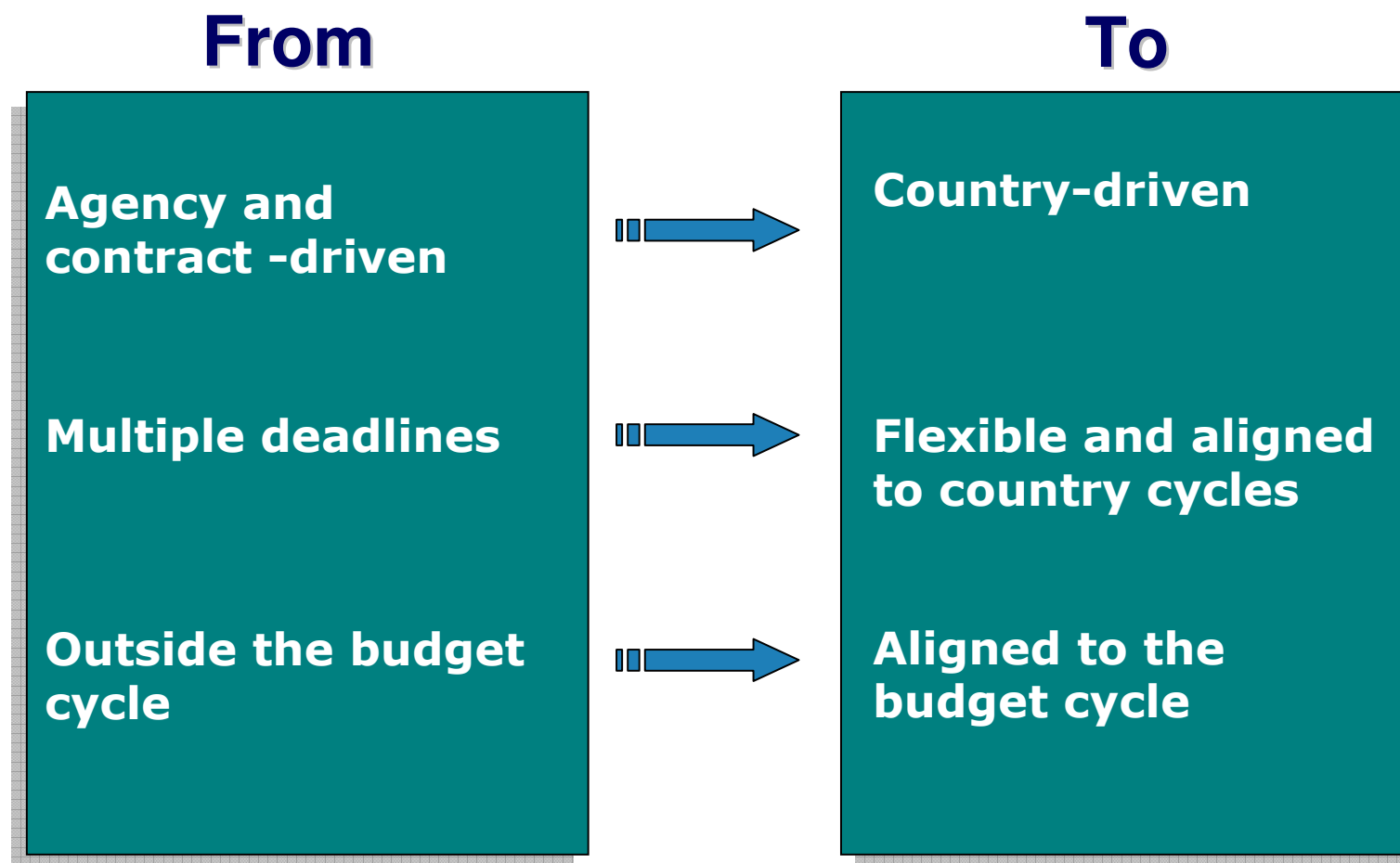


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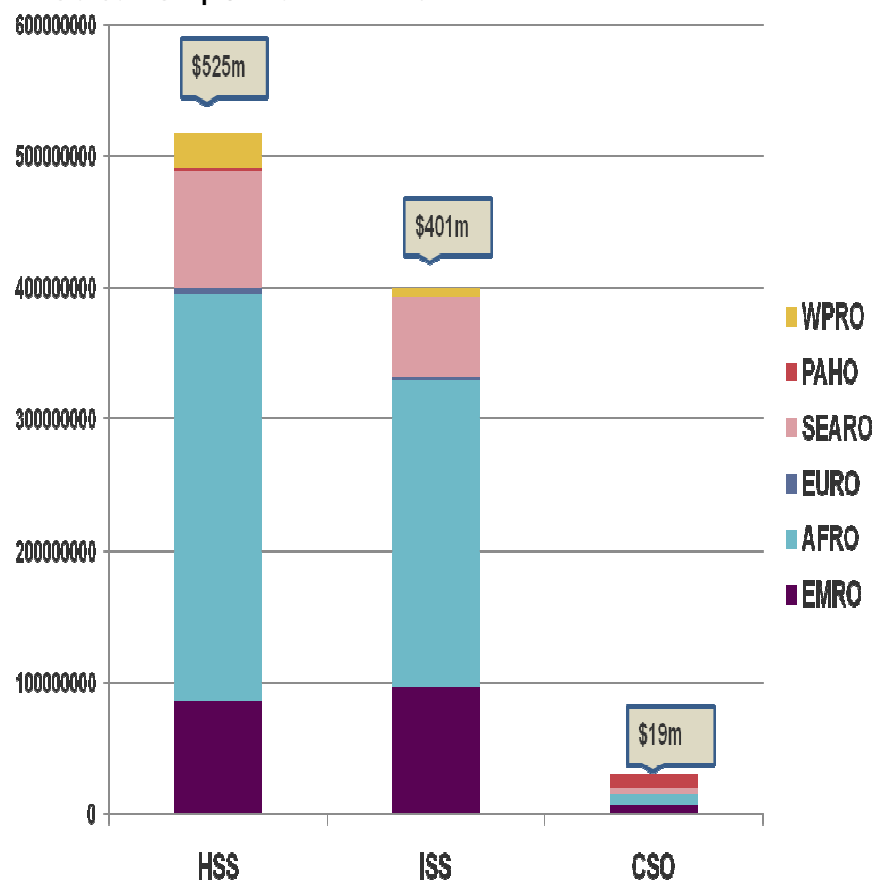
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Platform shifts current practices



The Global Fund and GAVI's Resources for HSS

GAVI Alliance commitment to systems (HSS+ISS+CSO) totals \$946 million



The Global Fund Board has approved **US\$ 6.5Bn for HSS: including 1,8Bn for cross cutting Health Systems Strengthening** proposals (shown below)

Global Fund Round	Lifetime Total Budget (in US\$ millions)
Round 5	104
Round 7	376
Round 8	593
Round 9	739

Global Fund Health Systems Investments Benefiting MDGs 4, 5 and 6

Malawi: USD 196.8 million

10,000 Health Surveillance Assistants
deployed by 2009, entirely supported by the
Global Fund, to provide:

- HIV, TB and malaria services
- supervision of traditional birth attendants
- community-based maternal & newborn care
- family planning advice
- disease surveillance



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Global Fund Health Systems Investments Benefiting MDGs 4, 5 and 6

Ethiopia: USD 330.5 million

**Over 30,000 Health Extension Workers
trained and deployed between 2004 - 2009.**

Service Delivery Indicator	2005	2008
Immunization rate (DPT3)	70 %	82 %
Births attended by health professionals	13 %	24.9%
People on ART (% women and children)	20,000 (25 %)	132,000 (35 %)
Indoor residual spraying coverage	7.3 %	51.4 %
Insecticide treated nets coverage	15.8 %	71.3 %



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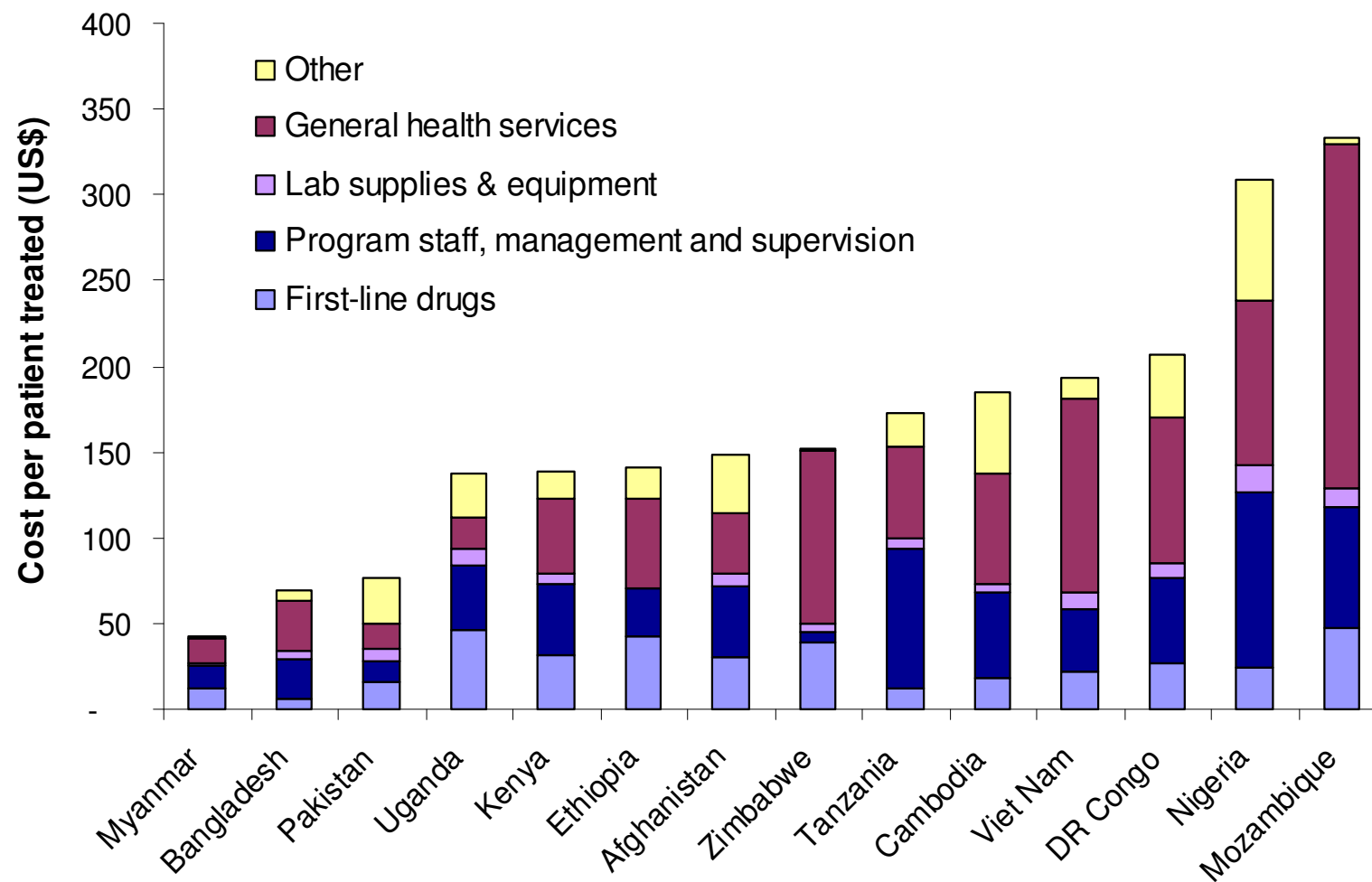


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National DOTS Expenditures Per Patient Treated



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