

The Global Fund's contribution to health systems strengthening: in search of a compromise

A study conducted in West and Central Africa (AOC)

Anne BEKELYNCK

The Global Fund (GF) estimates that it devotes 27% of its funding to "resilient and sustainable health systems" (RSHS). However, its HSS (or SRPS) approach is based on a compromise between the fight against the 3 diseases and the broader objective of strengthening health systems. Thus :

- ✓ In terms of approach, HSS remains above all a means of combating the 3 pandemics
- ✓ In terms of resources, the Global Fund has made no major changes to adapt to the specific features of RSS

This compromise is a source of misunderstanding, criticism and inefficiency.

→ FM needs to clarify and better communicate its HSR approach. It needs to adapt more to the specificities of HSR by simplifying and making its procedures more flexible.

Key messages

→ National "non-pandemic" players don't always understand that the Global Fund's HSS approach is primarily aimed at improving results in the fight against the three diseases

→ Nearly half of the activities labelled "SRPS" concern human resources for health (HRH), with essentially short-term, unstructured spending

→ Despite efforts made in recent years, the Global Fund has not radically reformed its organization to adapt to the specificities of HSS, and the technical set-up is still inadequate.

→ Procedures are complex, focused on short-term impact and too specific to the Global Fund, which hinders collaboration with beneficiary countries and other technical and financial partners (TFPs).



A qualitative study was conducted to analyze Global Fund support for health systems strengthening. It was conducted from February to September 2020, based mainly on semi-structured interviews (46) with global health stakeholders and beneficiary countries in the West and Central Africa (WCA) sub-region, with specific insights into Côte d'Ivoire, Benin, Niger and the Central African Republic.

Context

- **Creation of the Global Fund in 2002**, in a context of emergency, with the aim of achieving rapid and effective results to contain the HIV/AIDS, tuberculosis and malaria epidemics.
- **In the 2010s: vertical approaches**, considered by some to be destabilizing for healthcare systems, **are being called into question**.

In response to these criticisms, the **Global Fund has included the implementation of Resilient and Sustainable Health Systems (RSHS) as one of its 4 strategic objectives in its 2017-2022 strategy.**

Results

→ **The objective "RSS : a objective "unnatural for vertical organization?"**

	FM features	RSS features (ideal)
Objectives	Emergencies, illnesses	Sustainable and systemic actions
Key principles	Partnership, ownership, transparency	Country adaptation, appropriation and integration, simplicity of procedures
	Results-based management ++	
Internal organization	Mandate 3 illnesses	Systemic and cross-functional approaches
	Partitioned organization, process functions ++.	
	Vertical professional culture (diseases, techniques)	
Positioning country	No country office	Need for ongoing collaboration with countries and other international organizations
Financing	~ \$5 billion (USD) / year (available for the 2021-2023 cycle)	~ \$100 billion (USD) / year (estimated needs in 67 low- and middle-income countries)
Temporality	Short (3 years)	Long (at least 6-10 years)

On the face of it, the Global Fund and the demands of an HSS approach are

worlds apart...

→ An RSS approach based on a compromise ...

... **In terms of scope:** strengthening health systems *through* the front door of the three diseases and to improve subsidy results for the three diseases



This HSS approach, limited in scope, is **not always understood by players in "non-pandemic" beneficiary countries**, who tend to understand HSS in its broadest sense.

... **In terms of resources:** the Global Fund makes HSS *business as usual*

- **Impact indicators** for only 4 of the 7 sub-pillars.
- **Allocation letters** with no amount for RSS
- **Three-year grant cycles**
- **HSS activities generally integrated (and scattered) with disease subsidies**, which lose coherence
- **Internal organization and professional culture:** slow, gradual changes
- **Technical system:** modelled on that for diseases; still inadequate

→ An extensive method of calculating SRPS expenses



- **2/3 of SRPS funding is calculated a posteriori**, as "contributory expenditure" on healthcare systems
- **Nearly half of SRPS expenditure represents human resources for health** (e.g. salaries, financial incentives, per diems, etc.) and does not have the characteristics of structuring investments.
- **Health equipment designed for a single disease**, such as CD4 counters, are considered to be part of the SRPS, as they are considered to be durable.

→ Collaboration with authorities in beneficiary countries and other technical and financial partners too limited

Maintaining cumbersome and complex procedures: a major obstacle, and an even greater one for HSR

With authorities in beneficiary countries

- Difficulties due to lack of vision and strategic documents
- Fear of embezzlement

With other TFPs

- Person-dependent, ad hoc collaboration, often limited to sharing information
- Unable to integrate healthcare mutual funds (FCS)
- Difficulty in getting agreements between headquarters down to the country level

Conclusions and recommendations

→ The **(limited) scope of the Global Fund's HSS approach is not clearly understood by stakeholders** (particularly "non-pandemic" stakeholders in recipient countries), creating misunderstandings and tensions.

→ **Operationalizing HSS remains a colossal challenge.** The Global Fund has not yet made the necessary adjustments to develop cross-cutting, sustainable HSS approaches. HSS is "formatted" by vertical operation, which tends to lose the essence and coherence of RSS interventions.

- **Better clarify and communicate the Global Fund's SRPS approach**, particularly to stakeholders in "non-pandemic" beneficiary countries: on its scope, what is and isn't fundable, what it takes into account in terms of expenditure.
- Adjust the **rhetoric and objectives** around HSS, by being more realistic and pragmatic, so that they are more in line with **the Global Fund's current financial and organizational capacities**.
- Better integrate and support **national public authorities** so that they can (re)take on a leadership role, especially in difficult situations
- Promote operational and concrete collaboration between **international organizations** and rethink the SSR co-partnership framework

Sources and partners

Anne Bekelynck. 2020. Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and Health Systems Strengthening (HSS) - [here](#)

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