

March 12, 2007

Dear Members of the Global Fund Policy and Strategy Committee,

I write on behalf of the Advocacy Working Group of the Global Health Workforce Alliance (GHWA), an international partnership dedicated to enabling all people to have access to a motivated, skilled, and supported health workforce. Our Alliance includes the Global Fund among its membership.

We urge you to support an expansive role for the Global Fund in health systems strengthening (HSS), in particular through a separate HSS component, which we are convinced will be the most effective way for the Global Fund to support HSS. We hope that at the very minimum you will support Option 2b. We further believe that Option 3 has considerable merit and deserves serious consideration.

In many countries, health systems weaknesses are a substantial barrier to scaling up and sustaining efforts to combat HIV/AIDS, tuberculosis, and malaria. For example, WHO estimates that Africa alone needs nearly 1.5 million additional health workers. In 2006, World Health Organization's then-Acting Director-General Anders Nordström told the XVI International AIDS Conference, "perhaps the most important area to ensure success in achieving universal access is a skilled and motivated workforce," and that "the crisis in the health workforce....calls for drastic measures." And a health workforce cannot be effective without investments in the system of which they are a part – physical infrastructure, governance, financing, information systems, procurement systems, medicines and equipment, and more.

WHO's *World Health Report 2006* recommends a "50:50 principles – that 50% [of annual international development assistance for health] be directed to health systems strengthening, of which at least half is dedicated to supporting emergency health workforce plans."

System-wide health system improvements will often be the foundation of a successful, sustained response to the AIDS, tuberculosis, and malaria pandemics. The health workers who fight AIDS will be the same health workers who treat malaria – and support child and maternal health, and provide other essential health services. The systems that distribute AIDS drugs are the same that will distribute malaria and TB drugs, and other essential medicines. Diagnosing AIDS, TB, and malaria requires people to come into contact with their health systems – which is much less likely if financing mechanisms aren't in place to enable everyone, including the poor, to access health services, or if the poor condition of health facilities deters people from seeking health services.

We hope that these examples illustrate the integral relationship that often exists between fighting AIDS, TB, and malaria and strengthening health systems. Particularly in countries heavily burdened by AIDS, TB, or malaria, many cross-cutting HSS activities will have far more than mere "positive trick-down effects on ATM outcomes," as referenced in Option 3 of the paper for the PSC. Rather, they will be critically important to achieving those outcomes and to sustaining progress. The Global Fund must be able to support these activities.

For example, the PSC paper lists funding medical school scholarships as Option 3 activities, when for countries with health worker shortages, building long-term human resource capacity is a critical part of a national response to AIDS, TB, and malaria. Similarly, if the lack of health facilities impedes people's access to health services, including for HIV, TB, and malaria, then building clinics – and, critically, paying for the health workers who staff them – will improve AIDS, TB, and malaria health outcomes.

As the PSC paper implies, health systems strengthening can be expensive. This is a major reason that it is vital that the Global Fund provide significant support for HSS. WHO estimates that the investment required in Africa alone to train and employ new health workers required will reach \$7 billion annually – and this is in addition to raising salaries, improving working condition, providing incentives, and taking other measures to retain and equitably deploy doctors, nurses, and other health workers. Given the level of funds needed, we believe that the PSC paper's concern that the Global Fund might infringe on the role of other funders is misplaced. No single institution can cover the costs alone; all actors must contribute.

Having multiple institutions contributing to HSS will enable countries to determine which source of support best meets their needs. For example, countries may require most support to be in the form of grants, whereas the World Bank may only have loans available.

The best way to support HSS is through a distinct HSS component. This is the most straightforward way to support cross-cutting HSS activities. Further, a separate component will:

- minimize the risk of vertical programs that are an inefficient use of scarce human and financial resources and risk negatively impacting the broader health system. For example, ART clinics might attract health workers away from public health facilities where they provide a range of primary health services. It is probably no coincidence that in Round 6, when HSS activities were permitted only as part of the disease components, the TRP observed that in “some proposals in this Round . . . the proposed HSS activities were very likely to undermine other elements of the healthcare system, either by attracting staff away from them, or by developing an entirely vertical disease program in isolation from the remainder of the healthcare system.” By contrast, a separate HSS component will encourage cross-cutting activities that benefit the broader health system.
- lead to more successful HSS-related proposals. The low level of success for Round 5 HSS proposals may have created the impression that a separate HSS window contributes to poor quality proposals. The opposite is far more likely true. Our understanding from WHO officials is that without a separate HSS window, health system efforts within the disease components are likely to continue to have a very low yield. The PSC paper is correct that a separate component “could help mobilize technical partners to ensure the success of HSS proposals,” resulting in greater success.
- send applicants a clear message that the Fund welcomes proposals that include system-wide HSS activities. Despite the Fund's efforts to make this clear in Round 6, the removal of the separate HSS component led to a widespread impression that the Global Fund no longer provides significant levels of HSS support. Without a clearly defined window, applicants are likely to have a limited vision of what the Global Fund will support with respect to HSS. This would be self-defeating, limiting the Fund's capacity to fulfill its mission, since countries require HSS support for successful and sustainable efforts to fight the three diseases. By focusing attention on the Fund's role in HSS, a separate component will also likely catalyze CCMs to increase their health systems expertise.

We hope that the option that the PSC recommends to the Board includes a separate component for HSS and will allow for considerable investments for the full range of HSS actions. Substantial support for system-wide HSS activities is not an expansion of the Global Fund's mission, but rather is central to achieving it.

Sincerely,

Eric A. Friedman
Chair, Advocacy Working Group
Global Health Workforce Alliance

CC: Michel Kazatchkine, Executive Director-designate
Members of the Board of the Global Fund