FCDO Review: GC7 Proposal Development Process in Six Countries

Contract: DAI ECDS2 – Lot 4

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Summary of Global Fund FR Process Review

- FCDO commissioned a review of FR development process in six High Impact countries in Sub-Saharan Africa.
- Aim: **To determine how to improve the effectiveness of FCDO and development partner support for FR development.**

Methods

- Three-person consultant team.
- Six desk-based country case studies: Each study included a limited number of key informant interviews and a review of relevant material. Together, the six countries accounted for 31% of total GF7 grant resources.
- Six FCDO Global Fund Accelerator (GFA) Health Advisors supported the consultant team in identifying key informants, providing materials and ensuring the accuracy of case-studies.
- The consultants then
  - Synthesised findings and identified themes which they validated with FCDO GFA advisors;
  - Developed recommendations;
  - Estimated the minimum costs of GC7 FR development in the six countries.
- Limitations of the review included the short time frame for the review, the limited number of interviews possible, and the lack of complete data on actual costs.

Main findings: The Fund Request process in six country contexts

- **Development and technical partner support for consultants and processes played a key role in successful FR development**. Responding to the amount and complexity of Global Fund and technical guidance required a wide range of expertise. Countries had 15 to 20+ consultants of different expertise and duration plus multi-person Global Fund country team visits.
- Country-led overall, but process timelines and inputs were often **poorly coordinated and inefficient.**
- Countries largely initiated the process after receipt of the Allocation Letter from the Global Fund in mid-December 2022, with most countries ramping up their funding processes in February 2023 with consultants arriving in March/ April. This cycle created **considerable tension and pressure on the FR process** as 3 countries submitted as planned in late March 2023 for the first TRP Window and three in May 2023 for the second.
- **Some tensions around selection of consultants** (including whether they were country or funder-determined). Some consultants were more difficult to find (e.g. costing). Consultants addressing cross-cutting issues (gender, inequality) were often not embedded in formal processes.
- Current participation and representation requirements – and the per diem culture in Global Fund undertakings - resulted in **multiple, large, multi-day residential workshops and write-shops with variable but unclear added value** (for example, limited evidence these contributed to wider strategy consultations)
- RSSH Gap Analyses was a new requirement. Countries scrambled to complete this task, with output from the **RSSH Gap Analyses often arriving after FR prioritisation exercises** and requiring retrofitting of the FR or the analyses.
- CCMs in charge, but **decisions were often not transparent or consensus-based** (e.g., influenced by power structures inside and outside of CCM) and often taken after (not during or before) CCM approval processes or just before submission.
- Under the purview of CT, **grants continue to be shaped post-approval, during grant negotiation and implementation,** potentially undermining the very purpose of the intensive FR development process and TRP review.
- FR development process was **management intensive** (multiple levels/ areas of activity happening simultaneously) **and costly** (estimated at $480,000 - $1,800,000 for GC7 in the six countries reviewed).

Main findings: Funding Split between RSSH and three diseases

- **Funding split** became the most contentious issue within the CCM and/or between the CT and the CCM for 5 of 6 case studies.
- Despite **increased demand for health systems strengthening** in several countries (under CCM leadership), RSSH programming was reduced across the six countries. This was influenced by confusing interpretation of Global Fund guidance around RSSH allocations, last minute 'guidance' by the CT, and the prioritisation essential disease programme gaps by disease programmes.
- These **last-minute changes lacked transparency** and resulted in some loss of strategic coherence and prioritisation (e.g., one country reprogrammed 32 percent of the proposed RSSH budget to disease programmes in the two days before submission). Despite cuts, the support costs for the disease programmes (i.e., programme management, salaries, and travel) were retained which further reduced the proportion of the budget for systems strengthening in real terms.
- Respondents raised **questions regarding country ownership, the role of the CCM and the role of the CT in decision-making around the funding split** in all six countries. Global Fund guidance (Allocation Letter) was considered inadequate, unclear, and ambiguous especially since the meaning of guidance was – in some countries – interpreted not by countries themselves but by Country Teams.
- **Short-term and opportunistic funding is being overly relied upon to fund the RSSH activities** (e.g., PAAR and C19RM) but these uncertain and sporadic funding instruments cannot be relied upon to meet long-term needs for systems strengthening and sustainability (or even systematic systems support).
- Respondents suggested both **time and effort could have been better used** if the Global Fund had been more explicit regarding expectations for the amount/ proportion of RSSH funding at the outset, rather than nominally leaving it to the countries to determine based on ambiguous guidance and then pushing back in a number of ways (for example, through CTs).

Main findings: Incorporation of Strategic Priority Shifts

- Across the six case-study countries, KI **questions on the "10 policy shifts" attracted the least response and discussion**. Some respondents noted that "strategic shifts" were constrained by grant format, notably, the NSP-based approach where priorities were shaped by the national strategy and the Programme Continuation format where priorities had already been agreed.
- Some respondents indicated that **the ten shifts were not institutionalised** through guidance directed to countries and were often seen as the Global Fund's own intentions and own agenda. In addition, there were no tracking indicators, metrics or agreed targets linked to the shifts, so no systematic way to programme the shifts.
- **The role of health systems strengthening in achieving Global Fund and country goals remains unclear** – within and outside of the Secretariat, resulting in disagreements regarding: RSSH funding levels and sources by the CCM and between CT and CCM, as well as the nature of the activities funded (i.e., what constitutes systems strengthening?).
- An ongoing and persistent challenge around **the limited knowledge about how to invest in RSSH, what works best and under what circumstances and conditions, and why** still affects decision-making. This lack of evidence – and the counterfactual is the considerable evidence available for disease-specific investments – was a main factor in the decision-making process.
- **Structural and architecture-linked factors also negatively influenced RSSH funding decisions**, including current power structures within the CCM, organisational incentives at the Global Fund, et al.

Main findings: FR Quality/Content

- The **TRP recommended the FRs for all six countries to proceed to grant-making**, with some issues to be addressed during grant-making. In several countries, KIs considered the FRs to be improved compared to previous years.
- However, the **review found that weak processes, capacity and transparency for evidence-based prioritisation in FR development risks undermining VfM** in grants. This applies to intervention mix and target populations in disease grants as well as leveraging RSSH investment towards sustainability.
- **Other shortcomings** noted from the review included: the failure to incorporate promising new interventions; cursory attention to gender and to opportunities to leverage community engagement to strengthen people-centred services; late arrival of programme data, making it challenging to construct budgets; risks related to inadequate domestic resource contribution; fragmented FR drafting processes and last-minute cuts diminishing overall coherence of the FRs.
- **RSSH FR weaknesses included unclear strategies for sustainable human resources for health.** For example, substantial portions of the FRs request salary and incentive support; institutional memory lapses mean the Global Fund/ TRP is not monitoring key commitments such as the transition away from HRH allowances, despite policies to move towards greater sustainability; lack of vision for improving human resource capacities for integrated service delivery; need for greater attention to VfM, in particular around programme management, salaries and efficiencies in training budgets.
- **Country autonomy to plan disease-related service expansion was not always clearly respected**; countries were under pressure to adhere to targets even when they would not be able to achieve them (e.g., 95-95-95) and at the expense of achieving other goals (e.g., RSSH) that might have strengthened capacity much more sustainably in the long run.

Main findings: Role of GFA as observed in six country contexts

The **Global Fund Accelerator:** A linked technical assistance programme funded through a 5% hold back from the UK's overall pledge to the Global Fund. Since 2022, the GFA has included: **Two seconded advisers** in the Global Fund's HQ in Geneva on equity and human resources for health; s**ix country-level GFA advisers** who support the development and implementation of Global Fund programmes (GFA advisers were on secondment to the BACKUP Health programme but also work within UK embassies and High Commissions); **Technical Assistance** provided through BACKUP Health to support Global Fund proposal development and grant implementation in response to country demand; Initiatives, including **programming**, to support market shaping, human rights, tuberculosis service access and Africa constituencies in the Global Fund.

- **The GFA provides good value for money** not just in the FR process but more broadly across its remit of making the GHIs work better at country level. On the ground only since April 2022, 2021 (the first advisers arrived in October 2021 and the full team was operational by April 2022), the GFA Team and BACKUP played a visible role in facilitating FR development. The GFA team expanded engagement on RSSH elements of the FR and linked these to larger country-led HSS processes where possible.
- **The GFA team appears to have had a positive effect on increasing the integration of strategic priorities.** This includes smoothing out the integration of Global Fund strategic priorities (the ten shifts) with country-led priorities (examples include supporting the interface of RSSH with country health systems strategies) and addressing UK priorities (the appointment and integration of gender consultants, support in some countries to CLM).
- **The GFA helped ensure the guidance was available to the wider group of stakeholders**. RSSH and gender guidance was clearly in their sights. While the Global Fund VfM guidance continued to be relevant, it seems to have been less visible in this FR process. All relevant stakeholders have a role in promoting VfM; the Global Fund VfM guidance was valued in previous grant cycles but not particularly showcased or promoted in GC7.
- **The work of the GFA team increased UK visibility of how the largest GHI works in practice in high impact countries.** This insight – which includes but is not limited to the FR development process – enables the FCDO and its partners to step up their targeted, defined advocacy in GHI governance fora and to build a more coherent reform agenda that preserves benefits to people while increasing efficiency.
- **GFA engagement in RSSH design increases the prospect of strategic influence both directly on the FR process and the wider health systems development context**. This mainly occurs through the policy coherence promoted by the GFA and their overview of all the HSS efforts underway in the health system and through various partners and other GHIs. It also occurs through careful selection of consultants (and the detail of their respective TORs).

Emerging Themes

- **Prioritisation**: The ecosystem (FR development process structure, incentives, technical capacity and guidance) to support evidence-based prioritisation is lacking and needs to be consistently addressed to ensure value for money.
- **Integration**: Fragmentation and silos across C19/ PPR, as well as three diseases and RSSH, remain a serious barrier to country efforts to build integrated health systems centred on primary health care. The FR process reflects this, with each of the disease efforts designed separately with last-minute efforts to build cross-cutting activities, or use of C19/ PPR to hold RSSH activities not accommodated within the allocation.
- **Guidance and incentives to support RSSH:** Guidance to countries in the Allocation Letter was ambiguous and nominally left final decisions about RSSH allocations for countries to decide. However, there were tensions around the funding split between RSSH and the disease programmes in five of the six countries and several instances of the CT acting to influence the reduction of the RSSH allocation (as a percentage of total allocation) from that which the country had initially proposed. In addition, the Global Fund and other development partners have made insufficient progress towards identifying an agreed framework or definition for health systems strengthening and associated programme metrics, lessons and tracking.
- **The amount and complexity of Global Fund and technical partner guidance requires technical assistance to complete a thorough FR:** The six high-impact countries under review required multiple consultants (15 – 20+) each to successfully complete the FRs. The need for consultants was heightened by the time constraints, extensive and complex management needs of the process and limited expertise available within the CCM, and among implementing partners, ministries and other in-country partners. However, coordination of consultants and inputs was often inefficient and/ or in itself was challenging enough that it diverted scarce country leadership capacity away from focusing on the substance of the FR.
- **The FR process is consultative and time-intensive.** The FR process creates opportunities for diverse groups to gather, plan and strategize operational priorities. There may be scope to leverage the FR process to also support other country strategy processes, thereby increasing the value derived from these costly efforts. There may also be opportunities to reduce costs without loss of FR quality (e.g., fewer days in residential workshops).
- **The use of the PAAR and C19RM as hold-all envelopes for de-prioritised RSSH investments (which occurred in several of the countries) creates opportunities** for GFA to link Global Fund grants to other ongoing HSS reforms during implementation.
- **The importance of remaining strategic**: For the GFA team to maximise its value (particularly in relation to their role working across GHIs), it is vital that they constantly sift out what are the most strategic interventions and processes to invest in, choosing to use advisory time and influence to support FR processes linked to UK and GF priorities.
- **The timing of processes:** The FR process as currently managed requires a great deal of effort over a short period of time (2 – 3 months). Most strategic and priority-setting processes are undertaken in this timeframe as part of the process. A question for the Global Fund is how to support countries to start earlier (ahead of the Allocation Letter, or with an earlier AL) without adding burdens to the process.

Recommendations (1):

1. **Promote value for money and better prioritisation in FR development**. Select Technical Assistance to support VfM and prioritisation and increase the visibility of these processes, including when there are last minute cuts and elements of the FR are decanted to the PAAR. A possible option could be to second a GFA advisor to the Global Fund Secretariat team working on efficiency analyses with the aim of linking up to (and revitalising if necessary) the VfM processes that were developed in GC5 & 6. At the Board level, it is suggested that FCDO refers back to the findings from the Global Fund Strategic review 2020 which concluded that evidence-based prioritisation was an issue and Board reps can ask what has been done as far as follow up on the extensive recommendations provided in that report to address this, given evidence from this review shows that the same issues remain.

2. **Promote integration of services to reduce fragmentation and boost programme VfM and sustainability**. Global Fund and country partners to advance integration of services. Fragmentation and silos across C19/ PPR, as well as three diseases and RSSH, remain a serious barrier to country efforts to build integrated health systems centred on primary health care (five of six case studies). FR formats and guidance should be reoriented, and incentives provided for greater integration.

3. **Advocate for a more proactive and transparent approach to RSSH investment and monitoring.** At Board level, partners should take forward a set of linked actions aimed at increasing Global Fund transparency in its engagement with health systems strengthening. At country level, there is a need to address forces which disincentivise RSSH investment and structural issues within Ministries that de-prioritise allocations. Along with RSSH colleagues in the Secretariat and with the support of the in-country GFA advisors, the GFA adviser in the Global Fund RSSH team (HQ) should continue to advocate for and help to operationalise: (a) more and better RSSH indicators and workplan tracking within grants so as to facilitate dialogue on RSSH not just at the FR stage but also during the 3 year grant; and (b) the activation and strengthening of the lines of accountability for producing the data for those metrics within the MoH, given that the presence of indicators and/or workplan tracking measures as well as MOH accountability lines is very weak in most countries.

4. **Improve effectiveness and efficiency of FR development process.**
   CCMs and the Global Fund should review FR processes and determine how to increase the value from consultative and strategic processes (e.g., other development partner programme or national strategy development) and/or reduce FR development costs. GFA can play a role in advocating for and supporting these changes.

Recommendations (2):

5. **Reduce stress and improve timelines for FR development**.
   Countries and the Global Fund should consider adopting a continuous cycle of strategy development and planning to reduce the pressure on a compressed FR development process.

6. **Continue FR process support through the GFA and other partners**.
   Encourage countries to improve planning and coordination of TA inputs; ensure consultants report to the process drivers, not to the funders; consider mechanisms for evaluating consultant inputs. GFA to maintain strategic focus on key priorities (e.g., RSSH, gender, equity, sustainability, VfM and coordination). Global Fund to simplify FR guidance to the extent possible.

7. **Sharpen focus and increase strategic impact**
   The GFA team has demonstrated the impact it can have in high burden countries. It could strengthen this impact by increasing its focus without losing the benefits of its flexibility and responsiveness by becoming less transactional and more strategic in the selection of what GFA advisers focus on and how they deploy their resources. At least one aspect of this agenda should concern ensuring that the Global Fund investment is linked to the wider health and development process. This implies that the GFA team should set annual as well as multi-annual goals and objectives aimed at a reasonable mix of shorter- and longer-term results. The GFA team should also choose a limited number of high priority/ high impact areas and results to focus on during the FR process itself and invest effort in achieving these results.

8. **Shape the process and roles of partners to improve efficiency and reap additional benefits**
   The GFA team could use its unique position to encourage countries and the Global Fund to adopt a continuous cycle of strategy development and planning in order to reduce the pressure on a compressed FR development process and timeframe. In addition, GFA efforts could be directed towards ensuring that the Global Fund application process contributes to a wider set of needs. For example, national consultation processes with civil society groups could feed into a wider health strategy consultation process or as a means to check in on what is going well at grass roots level and what is not.

Specific Recommendations by Agent:

To Countries

- Improve effectiveness and efficiency of FR processes and take advantage of the scale of consultations to support other country strategy processes (including national strategies, other funding requests and so on).
- Improve coordination and management of TA and other inputs into the FR process.
- Address fundamental issues transparently and as early as possible (e.g., allocations to RSSH vs three diseases).

To the Global Fund:

- Improve processes, capacities and transparency of FR (and NSP) prioritisation decisions, ensuring they are evidence-based, reflect the Global Fund's strategic priorities, country ownership and a realistic NSP resource envelope.
- Consider providing guidance and suggested timelines for strategic planning and prioritisation processes as part of implementation of current grants. Take advantage of consensus & consultation processes associated with programme implementation or other needs where possible; do not obligate countries to undertake processes solely for the Global Fund. Recommend alternate models and time-frames for consultations and participation.
- Provide better, clearer unambiguous guidance on decision-making and communications around funding split. This might include providing a recommended amount of funding for RSSH or a percentage.
- Assess the RSSH guidance for unnecessary complexity and timing of the RSSH gap analysis.

To Donor Partners:

- Continue to support technical assistance and other costs for country-driven FR development, based on rational plans, clear lines of authority and realistic timelines for the FR development process; direct partner funded TA to report to country leadership.
- Working with the Global Fund and countries, clarify the aims and improve the indicators for health systems strengthening activities across all programme/ funding modalities not just Global Fund; provide better direction and guidance on expected role of RSSH in achieving programme goals and the contribution of GF RSSH to wider HSS goals/ plans (funding landscape).

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