

WHO's provision of Global Fund-related technical assistance in the Western Pacific Region

THE NEED
THE GAP
AND THE SOLUTION



World Health
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Western Pacific Region

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Technical assistance helps to ensure that funds are spent efficiently and effectively and that implementation is accompanied by programmatic learning and improvements. As a provider of technical assistance, WHO has the unique ability to leverage its close and impartial relationship with national governments. The result is assistance that takes a long-term view and that brings benefit to the entire health sector. In recent years, the Global Fund to Fight AIDS, Tuberculosis and Malaria has become a large supporter of the health sector in many WHO member countries in the Western Pacific Region, even as WHO has received little specific funding to support the provision of related technical assistance. With the aspirations of national programmes becoming bolder, ensuring the health of WHO's technical assistance to Global Fund-related activities is more vital than ever.



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Acknowledgement

This paper is based on the Assessment of WHO's Engagement with GF-related Activities in 2008, which was funded by Australian Agency for International Development.

The size and impact of the Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has, since its inception and the first call for proposals in 2002, grown to be the single largest source of international funding for programmes to combat HIV/AIDS, TB and malaria. Currently, the Global Fund provides more than 20% of international funding for HIV/AIDS and more than 60% of international funding for malaria and TB. By December 2008, the Global Fund had signed 579 grant agreements worth US\$ 10.2 billion in 137 countries, globally.

This funding has resulted in treatment of more than 2 million people with antiretroviral drugs and 4.6 million people with anti-TB drugs, and distribution of 70 million bednets to families at risk of contracting malaria. In addition, it is also helping to strengthen the whole sectors of the health system.

Throughout eight rounds of funding in the Western Pacific Region (WPR), the Global Fund has approved a total of 76 Global Fund grants in seven countries plus several multicountry arrangements (see Figure 1) with anticipated grant obligations of about US\$ 1.98 billion (see Tables 1 and 2). Of these grants, seven well-functioning grants in the Region are extensions of previous grants through the Rolling Continuation Channel (RCC), representing financial investment totalling US\$410 million.



The Global Fund has approved a total of 76 Global Fund grants with anticipated grant obligations of about US\$ 1.9 billion in the Western Pacific Region.

FIGURE 1. Cumulative number of grants in the Region, Rounds 1 to 8, excluding RCC grants

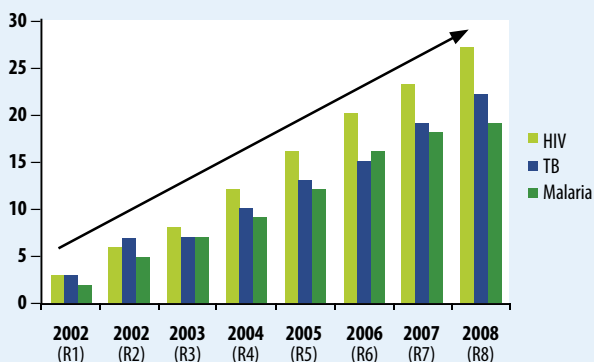


TABLE 1. Total Global Fund financing per component, Rounds 1 to 8, including RCC grants

Components	Number of grants	Approved maximum in US\$ billions
HIV	27	620.6
TB	25	747.4
Malaria	22	605.7
HSS	2*	6.7
Total	76	1980.4

*Two other HSS Round 8 grants are imbedded in the disease control grants.

TABLE 2. Number and approved maximum funding for Global Fund grants in the Western Pacific Region

	Approved maximum funding (in US\$ millions) for Global Fund grants																														Total by country grants				
	Round 1			Round 2			Round 3			Round 4			Round 5			Round 6			Round 7			Round 8			RCC										
	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M					
Cambodia	15.7			14.8	6.2	9.7				36.5			9.9	15.7	9.7	5			31.1	46.7	21.7										50			272.7	13
China		53.7	6.4				97.9			63.7	56.1		14.4						16.8			49.3			57.4	87.7					70.3			694.9	14
Lao's People Democratic Republic	3.4									7.7	3.6	14.5				9			4.1			10.9	24.6	24.6										118.6	11
Mongolia		1.7					3						4.2									2.9						6.5	8.6		31.1	7			
Papua New Guinea										20.1	17.6					20.9									152.2						210.8	4			
Philippines								11.4	11.8	5.5				6.5	54.8	14.3			18	22.3								171	64		379.6	10			
Viet Nam	12	5.4								22.8						28.8	10.6								30	48.7					158.3	7			
Multi-country Pacific								5.2	2.7	4.2						5.8						25.3	13.3								95.5	7			
Solomon Islands																									7.3	1.7					9	2			
Fiji																										9.9					9.9	1			
Subtotal	31.1	60.8	19.1	23	23.8	25.7	103.4	0	42.9	125.5	63.9	24.4	55.3	117.4	59.5	5	70.2	31.5	74.3	74.9	95.2	54.6	130.7	104.9	152.2	1.7	6.5	249.9	153	1980.4					
No. of grants		8			10		4			9			10			1	10		10			9			7	1		7	7		76				

Key: H = HIV/AIDS; T = TB; M = Malaria; S = Health systems strengthening

Note: Grey boxes signify that the Global Fund grant is managed by the Ministry of Health as Principal Recipient (>70% of all PRs).

WHO's technical assistance to Global Fund-related activities in the Western Pacific Region to date

WHO's involvement in the life-cycle of a Global Fund grant

WHO provides technical assistance to national HIV/AIDS, TB, malaria and health systems strengthening (HSS) projects through each stage of the "life-cycle" of Global Fund grants, including such critical areas as: design, preparation and pre-review of proposals; responding to questions from the Global Fund Technical Review Panel (TRP) and the Global Fund Board following submission of the proposal; technical and management challenges that present themselves during project implementation; responding to periodic questions generated by the Global Fund portfolio manager, Local Fund Agent (LFA) and Principal Recipient (PR); and preparation of documentation for phase 2 funding, grant closure, and RCC renewal (see Figure 2).

In the Western Pacific Region, 57 of the 76 grants (>70%) are managed by the Ministries of Health, acting as the Principal Recipients. Consistent with the Organization's core mandate, WHO has supported national governments as they have taken on this role. WHO country offices have also provided essential support to the new Global Fund-related governance structures at the country level, which include the Country Coordinating Mechanism (CCM) and Technical Working Groups (TWGs).

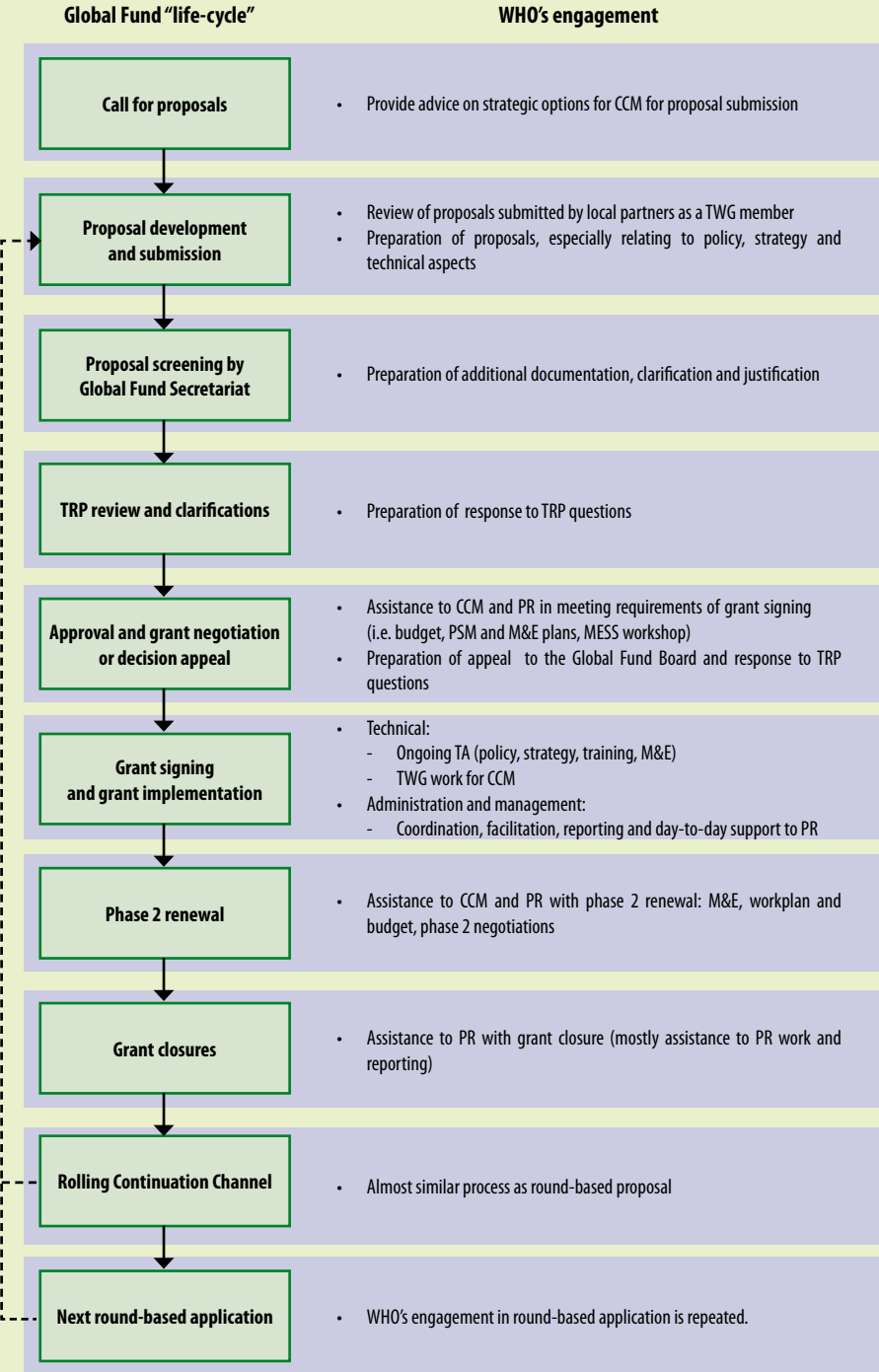
A recent survey conducted by the WHO Regional Office for the Western Pacific determined that approximately 40% of WHO staff time on Global Fund issues was spent on the programme design, proposal and grant negotiation process; 28% on project implementation; 19% on Global Fund-related "processes" like the CCM and TWGs, and 13% on the development of strategic tools and guidelines and on monitoring and evaluation (M&E).

The overall success rate for eight rounds of applications to the Global Fund from Western Pacific Region countries was 60% (76 proposals funded out of 126 applications), which is well above the 41% success rate for all regions globally (Figure 3) and reflects well on the work that WHO has put into proposal development in the Region.



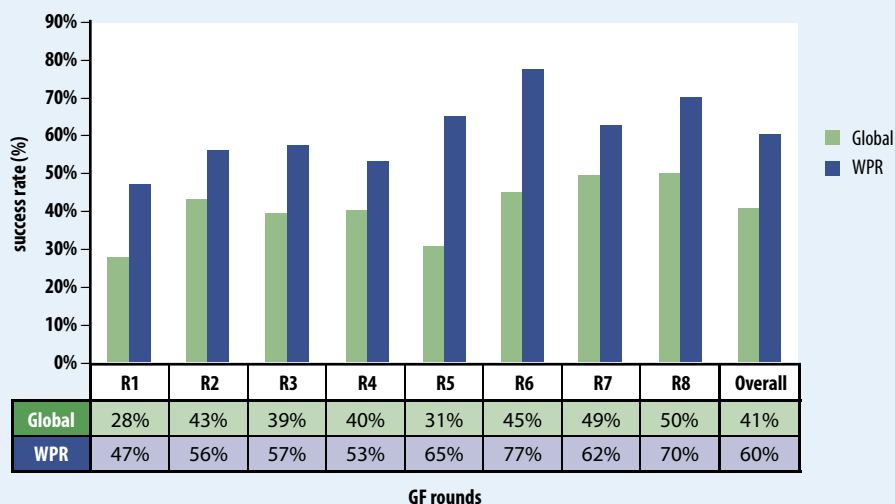
The overall success rate for eight rounds of applications to the Global Fund from the Western Pacific Region countries was 60%, which is well above the 41% success rate for all regions globally.

FIGURE 2. WHO's engagement in Global Fund-related activities at country level



CCM, Country Coordinating Mechanism; M&E, monitoring and evaluation; PR, Principal Recipient; PSM, procurement and supply management; TA, technical assistance; TRP, Technical Review Panel; TWG, Technical Working Group; MESS, monitoring and evaluation system strengthening

FIGURE 3. Comparison of success rates of Global Fund round-based proposals, global versus Western Pacific Region (WPR)



WHO's contributions in dollar terms

In 2008, 44 technical staff members – experts in HIV/AIDS, TB, malaria and HSS – are responsible for supporting Global Fund-related activities in the field and at the Regional Office. Based on a recent survey, each of these staff committed, on average, 6.2 person-months per year to Global Fund-related activities, representing more than 50% of the working time of staff during the reporting cycle.



In 2008, 44 technical staff members – experts in HIV/AIDS, TB, malaria and HSS – are responsible for supporting Global Fund-related activities in the field and at the Regional Office.

Overall, per-year financial expenditure for staff engagement is US\$ 3.41 million. An additional US\$ 826 000 was expended on the engagement of short-term consultants and for duty travel of staff related to Global Fund-related activities, and US\$ 255 000 was estimated for coordination costs. Therefore, the total financial cost to the WHO Regional Office and country offices for Global Fund-related activities during the period 1 March 2007 to 29 February 2008 was US\$ 4.49 million (see Table 3). This compares favourably to the US\$ 220 million awarded in the Region in Round 7. In addition, little of this US\$ 4.49 million per year comes from the Global Fund itself. Over the entire seven-year history of Global Fund engagement in the Region, only US\$ 3.5 million (0.3%) of Global Fund money has been earmarked for use by the WHO country offices (and almost none for use by the WHO Regional Office), compared to the US\$1.18 billion awarded by the Global Fund to the country programmes (Round 1 to 7). WHO from its own funding spent US\$ 15 million on HIV/AIDS, TB and malaria in the Region in the same time period.

TABLE 3. Estimated cost of WHO inputs into Global Fund-related activities between 1 March 2007 and 29 February 2008

	Costs (US\$, in thousands)				
	HIV/AIDS	TB	Malaria	Other*	Total
Staff inputs	998	846	975	589	3408
Short-term consultants and duty travel	141	369	316		826
Non-staff inputs (coordination, workshops)				255	255
Total	1139	1215	1291	844	4489

* Activities related to GF processes.



The technical assistance gap for Global Fund-related activities

Global Fund-related technical assistance is a continuing and expanding need

Technical assistance remains an essential component of Global Fund-related activities. In the beginning, the Global Fund sought not only simplicity in execution, but also accountability, which led inevitably to details and complexity. Further complications have arisen as processes have been adapted (in response to lessons learnt) and new funding channels and options have been introduced. This means that technical assistance continues to be needed.

This technical assistance is not available from the Global Fund itself. The Global Fund is a funding mechanism, so the limited scope of its in-country agents (such as the Local Fund Agent) is focused on grant assessment and verification, not true management support or technical assistance. The enormous investments made via Global Fund grants require back-up from technical agencies so that the investment is not wasted either on low-impact interventions or due to bottlenecks distant from the proposed activity.

In addition, the scope of Global Fund implementation has greatly increased the need for technical support. Global Fund grants have allowed national programmes to expand into areas – such as second-line drug treatment, and monitoring of treatment success and resistance development – that previously would not have been considered possible. In addition, the renewed push for strengthening health systems as an integral part of disease-control strategies is also increasing the demand for technical assistance in this area. These new initiatives are vital contributions to health programmes, but technical assistance resources have not expanded commensurately, and each new initiative puts additional burden on already overstretched technical advisers.



Technical assistance resources have not expanded commensurately to the increasing demand for Global Fund-related technical assistance.

WHO requires sufficient resources for Global Fund-related technical assistance in order to maintain the quality of its work



Very limited source of support for Global Fund-related technical assistance leads to unstable and fragmented financing



Despite the clear need for Global Fund-related technical assistance, securing funding for this work is a difficult proposition.

Despite the clear need for Global Fund-related technical assistance, securing funding for this work is a difficult proposition. In some cases, WHO has obtained financing for its Global Fund-related technical assistance directly from Global Fund grants. However, not all countries are open to this option, and this mechanism does not cover support provided at the Regional Office level. However, due to Global Fund rules, staff funded for one round cannot use their time to assist with preparation of a future round. In addition, external funding of WHO's Global Fund-related technical assistance is often a much more preferable option, as it allows WHO to advise national programmes in a manner that is neither self-interested nor Global Fund-centric.

However, obvious sources of external funding for Global Fund-related technical assistance are often not available. Many donors are reluctant, having already given to the Global Fund itself. The Global Fund Board does not wish to give money directly to an organization such as WHO, for fear that the Global Fund exceeds its own remit; and country stakeholders are sensitive about inclusion of expensive technical consultants in Global Fund proposals. Often, project-specific grants cannot be used as support because Global Fund work involves cross-cutting activities. Finally, some donors are turning their attention elsewhere because of a perception that Global Fund-financed initiatives are already closing programmatic gaps. This perception further reduces the money available for Global Fund-related technical assistance.



Funding for WHO's Global Fund-related technical assistance is limited and uncertain

The picture drawn above suggests that funding for Global Fund-related technical assistance may be scarce. Indeed, a review of country personnel staffing for the Western Pacific Region revealed that more

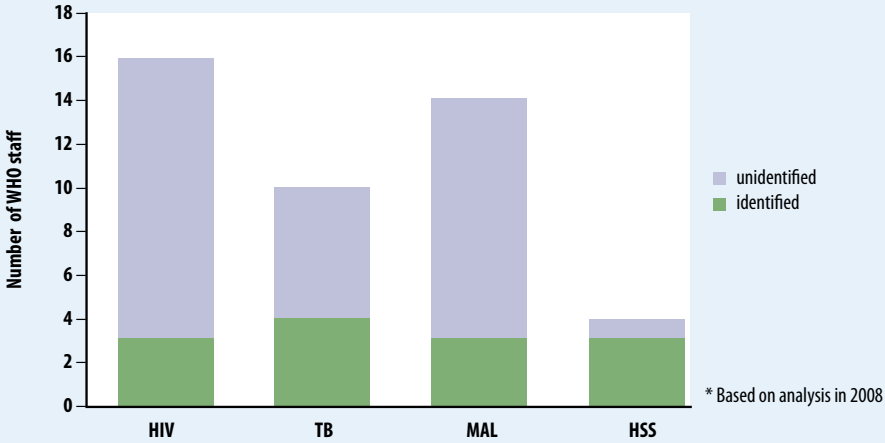
than 15 different funding sources were supporting HIV/AIDS, TB and malaria staff in the field. Of the 44 personnel working on Global Fund-related activities, many are supported by multiple sources, and 33 do not have identified funding beyond 2009 (see Figure 4). Thus, regional and country-level WHO staff must struggle with a fragile patchwork of financing to support their Global Fund-related activities.

As a consequence, the Organization is unable to plan for multi-year engagements that are vital to supporting Global Fund grant implementation. Staff have a sense of insecurity, longer-term planning is impaired, and senior Regional Office technical cadres spend inordinate amounts of time on fundraising to support field staff, which constrains them from performing their other essential roles, including leadership, policy and strategic support in their technical area of responsibility. With unreliable funding, it can also be difficult for the Organization to find staff and consultants who can provide technical assistance in a timely manner, and countries may turn to other, less independent, and less integrated agencies.



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FIGURE 4. Availability of funding for HIV, TB, malaria and HSS staff after 2009*



The scale of Global Fund-supported activities has challenged implementing agencies and those assisting them. To date, WHO's support to Member States for Global Fund-related activities has been supported largely within the constraints of the existing staff and financial resources of the Organization, even as the magnitude of these activities has mushroomed over the last seven years. Sufficient funding of WHO's Global Fund-related activities will help to ensure that cross-cutting, sectoral issues are kept as part of the ongoing Global Fund conversation.

WHO's strategic advantage in providing Global Fund-related technical assistance



WHO is a unique, neutral actor providing technical assistance across the entire health sector



WHO, as part of its mandate, is often the only technical agency that can provide assistance in all aspects of the health sector.

WHO's assistance in the health sector is provided in the context of technical cooperation with the Ministry of Health. WHO delivers targeted assistance through its short-term consultants, but a more sustained technical support to countries is provided through its network of country-based, regional and Headquarters' staff. WHO, as part of its mandate, is often the only agency that can provide assistance in all aspects of the health sector, including a combined assistance to HIV, TB and malaria programmes and on strengthening health systems to support disease control.

In addition to these considerations, based on its constitution, WHO has a statutory relationship with national health authorities that is unlike that of any other international organization. Working across the entire health sector, it can provide normative guidance and assist in the coherent implementation of technical standards and recommendations.



WHO's technical in-country staff are well-acquainted with important contextual issues such as national culture, a government's unique institutional structure and relationships, the institutional history of programmes and technical issues in the country. They are available for day-to-day informal sharing of opinions and counsel to national counterparts. Furthermore, they are supported by regional and global offices that can act as a resource, provide links to other organizations, and disseminate information of interest to multiple countries.

WHO provides continuity in areas such as CCM governance and technical leadership of TWGs. In particular, it can advocate for HSS activities, which are politically vulnerable but essential for achieving broader programmatic goals.

WHO also has a role in addressing the needs of countries in line with broader strategies and plans, as distinct from the needs of the Global Fund grant. It can help to harmonize different grant reporting requirements, support the country in adjusting to Global Fund requirements, and influence the Global Fund to modify its methods and technical frameworks so that they are compatible with the rest of the country's health system and aligned with national planning processes. This should eventually decrease the need for technical assistance. In addition, WHO can keep the disease programme focused on disease-control results, rather than just Global Fund processes and disbursements.

WHO, because of its long-term in-country engagement, has a crucial role in identifying and removing policy and system bottlenecks to implementation. Global Fund proposal development can, in fact, be an ideal entry point for revising national policies, treatment guidelines and standard operating procedures, and, in general, for conducting long-term planning exercises. However, this requires someone who does more than the minimum to get a proposal written; it requires someone who is present long-term and fully engaged with the health system.



WHO's approach is to combine short-term and long-term technical assistance to ensure that the support is tailored to programme needs and that the outcomes are sustained.

WHO can maximize synergies between short-term and long-term technical assistance



WHO's country-level engagement in the Global Fund should be seen as a comprehensive approach to supporting the country to access and implement Global Fund grants for HIV, TB and malaria programmes. WHO's approach is to combine short-term and long-term technical assistance to ensure that the support is tailored to programme needs and that the outcomes are sustained.

WHO ties short-term assistance intimately to long-term country staff and, through them, to the demands and needs of government counterparts. In this way, short-term assistance is guided so that it fits the local context and builds local capacity. WHO country staff are well placed to provide these kinds of links. After the short-term consultant has departed, WHO country staff can continue to support the programme, integrate Global Fund programme needs with the needs of the disease programme as a whole, and provide links to different services in the health care system.

Furthermore, WHO technical assistance is combined with its assistance to supporting local capacity-building through national and intercountry approaches, supporting in-country architecture for the Global Fund, such as TWGs and CCMs, and WHO's support to the Ministry of Health for coordination and health policy development.



WHO can assist as health systems adapt to a changing landscape



WHO's valuable contribution to proposal development has been the conceptually challenging task of combining disparate activities proposed by different implementing partners into a cohesive programmatic whole.

In the initial phases of project planning, WHO's valuable contribution to proposal development has been the conceptually challenging task of combining disparate activities proposed by implementing partners – governments, nongovernmental organizations and civil society – into a cohesive programmatic whole. This challenge, and the need for this function, will only increase in future years.

In 2009, the Global Fund launched its First Learning Wave of National Strategy Applications (NSAs) in selected countries. Under this new channel of funding, a national strategy, rather than a Global Fund-specific proposal form, could form the primary basis of an application for Global Fund financing. As part of a broader movement, this approach arises out of the Paris Declaration, towards harmonized and more effective aid and switching from a project to a programme approach. This movement requires the sector-wide perspective and health systems approach of WHO as a vital input. As currently conceived, NSA will use well-conceived national strategic plans

for HIV/AIDS, TB and malaria, in addition to annual round-based project proposals, as the basis for funding support. The Global Fund will coordinate its support for these national plans with others in the International Health Partnership as a mechanism to facilitate harmonization and aid-effectiveness.

In facilitating this process, WHO can combine normative technical guidance, responsiveness to national priorities, and strategic prioritization across the health sector. WHO Headquarters and Regional Office staff will need to be engaged with the Global Fund to ensure that countries use NSA not only to harmonize processes, planning and budgetary timelines, but more importantly to align their programmatic approach with the overall needs of the health sector. WHO country offices will need to assist national health staff to develop national plans with content and quality consistent with these NSA guidelines.



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To deal with this issue and other future complexities, a coordinating office has been established at the WHO Regional Office to support the HIV/AIDS, TB, malaria and HSS units in WHO in their Global Fund-related activities. The main role of this office is to help in short- and long-term planning for Global Fund-related technical assistance at the country level. It will also guide WHO’s strategic contributions to future Global Fund-related initiatives.



Optimizing the impact of WHO's support



A sustainable and predictable flow of funds from donors will allow for longer-term planning, more efficient use of resources and higher quality product from WHO.

The global health landscape is moving from project-based to programmatic-based support, as reflected by the Paris Declaration, the Accra Agenda for Action, and indeed the recent changes in Global Fund architecture described above. However, most support for WHO's Global Fund-related technical assistance remains short-term and project-based. The lessons that apply to country support apply equally to the work done by WHO: a sustainable and predictable flow of fund from donors will allow for longer-term planning, more efficient use of resources and a higher quality product from WHO.

WHO is placed in a unique position to support Global Fund-related activities by its constitutional framework, the broad reach of its mandated responsibilities, its intimate institutional tie with national health authorities, and its historic role as a forum for technical and policy leadership in international health development. With appropriate financial backing, WHO can strengthen its cross-cutting contributions to Member States, even as donors see the impacts of their own contributions optimized.



Technical assistance helps to ensure that funds are spent efficiently and effectively and that implementation is accompanied by programmatic learning and improvements. As a provider of technical assistance, WHO has the unique ability to leverage its close and impartial relationship with national governments. The result is assistance that takes a long-term view and that brings benefit to the entire health sector. In recent years, the Global Fund to Fight AIDS, Tuberculosis and Malaria has become a large supporter of the health sector in many WHO member countries in the Western Pacific Region, even as WHO has received little specific funding to support the provision of related technical assistance. With the aspirations of national programmes becoming bolder, ensuring the health of WHO's technical assistance to Global Fund-related activities is more vital than ever.



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