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THE ADVANTAGES OF DUAL-TRACK FINANCING

If developing countries are to make significant progress in the coming decades in the battle against HIV/AIDS, TB and malaria, they will require not only the enormous financial resources that the Global Fund can provide, but also the active participation of a substantial army of foot-soldiers – engaging the enemy village by village in the countryside, and street by street in the cities.

The most obvious among these foot-soldiers are government employees in public health systems. But these fighters need to be joined by perhaps equally large numbers of employees and volunteers from NGOs, from community-based organizations, from faith-based organizations, and from private sector companies. Government and non-government people need to work separately, and jointly, if adequate progress is to be achieved.

The same situation applied in World War Two: men and women, armed forces and civilians, volunteers and conscripts, and people from countries that had very little experience of working together and no common language – all had to “do their bit”, separately and jointly, before victory could be declared.

In the fight against the three pandemics, there is often more capacity available in small rural faith-based clinics than there is in rural government clinics; and there are often more non-government volunteers available to help with spreading prevention messages, or to help provide support to the dying, than there are government employees available to do the same thing.

Sometimes, when a Global Fund grant has a single governmental Principal Recipient (PR), an appropriate share of the funding has flowed smoothly and effectively through the government PR to non-government implementers.

But all too often, such flows have involved tensions, delays and even blockages.

That is why the Global Fund recommends, in Round 8, that each CCM pursues “dual-track financing”, in which the proposal specifies two or more PRs, with at least one PR from government and at least one from some sector other than government. Thus, each such proposal leads to two or more grants, each with its own PR. And each PR can then attempt, in an efficient manner, to pass funding to implementers within its own sector.

Unfortunately, having two PRs goes against many instincts within a cash-strapped Ministry of Health in a poor country. The technocrats and politicians running such a ministry have always been hampered by a shortage of funds when building public health programmes, so they have always felt an obsessive desire to control any new source of funds.

In earlier Rounds, in cases where the government sector might have been able to make effective use of $X and the non-government sectors might have been able to make effective use of $Y, government CCM members worried (often wrongly) that asking the Global Fund for $X+Y might have caused the proposal to be rejected, so they often pushed the CCM to ask for not much more than $X, all to be managed by a governmental PR.

But what many applicants don’t realize is that for Round 8, the Fund says that the amount of money available is over $2 billion – twice as much money as the Fund has spent on any previous Round.

Furthermore, CCMs can apply to have a portion of their funding be spent on “health systems strengthening”, rather than having to spend all of it on narrow interventions that are totally specific to one or more of the three diseases.

So Round 8 will be a big test of CCMs: Do they have the courage, and the foresight, to apply for larger grants that will be spent on activities to be carried out both within the government sector (including on health systems strengthening activities) and within the non-government sectors?

If not, maybe the Fund should, subsequent to Round 8, make dual-track financing be a required feature of all proposals (not just a recommended feature), thereby forcing CCMs to bring civil society and private sector organizations to the centre of their intended implementation strategies.

The need is clear. If the battle is to be won, every last pair of hands, and every last brain that can be applied to this task, must be called forth to assist, just as happened in World War Two.

The initial complexity of the expanded task may appear daunting. But given that millions of lives are at risk from diseases that are in fact preventable and/or curable, the efficacy of dual-track financing – as well as the moral demand for it – makes it clear that this the only feasible path to victory.

[Note: This is the second of a number of GFO Commentaries by Wycliffe Muga (muga@aidspan.org). Wycliffe, a Kenyan journalist, is the BBC World Service’s “Letter from Africa” correspondent, and last year served as the BBC’s “Letter from the United States” correspondent during a fellowship at MIT. He has also been a columnist for Kenya’s Daily Nation and Standard newspapers, and is currently a columnist for the Nairobi Star. The views expressed here are his own.]

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