



Independent observer
of the Global Fund

IS THE GLOBAL FUND'S PRINCIPLE OF COUNTRY OWNERSHIP AT RISK?

Since its creation, the Global Fund to Fight AIDS, Tuberculosis and Malaria has embraced [four principles](#): partnership, country ownership, performance-based financing, and transparency.

Ownership, as stated by the [Paris Declaration on Aid Effectiveness](#), indicates that “countries set their own strategies”. The Global Fund's definition of [country ownership](#) “means that people determine their own solutions to fighting these three diseases, and take full responsibility for them. Each country tailors its response to the political, cultural and epidemiological context”.

In 2013, Aidspan [expressed the view](#) that although country ownership appeared in the Global Fund's documents, in practice, the Secretariat, heavily and unduly, influenced the selection of Principal Recipients and the selection of activities funded by the Global Fund grants. This was the case under the previous, rounds-based funding.

Sadly, seven years later, many years into the ‘new’ funding model (post-rounds-based) in the 2020-2022 allocation cycle, the situation remains the same, judging by the allocation letters and their annexes that the Secretariat has sent to countries, as well as views expressed to Aidspan by some of these implementing countries.

Prescriptive allocation letters

In the many allocation letters seen so far by Aidspace, the Secretariat has provided details of implementation mechanisms, including where it wanted a country to change its Principal Recipient and the types of activities that the future grant should fund.

For example, the following extract from one allocation letter:

“In the HIV allocation [...], there is \$30 million designated by the Global Fund for key and vulnerable population (KP) needs, to be managed by civil society actors. These funds are to be invested in the consolidation and expansion of programs targeting KPs and Community-led efforts to maximize achievement of 90-90-90 for HIV and TB”.

Currently, in many countries, the Global Fund country team participates in [country dialogues](#), which are supposed to be national and inclusive forums for stakeholders collectively to think through issues and choose activities that could maximize the impact of Global Fund grants. In contrast, when the Global Fund was funding countries through its [rounds-based system](#) (up until 2013), the Secretariat was not allowed to engage with a country during the application process, as countries' proposals were competing with each other, but only did so as part of the 'administrative review' of applications, which checked that countries had submitted all the required documents, their applications were considered complete, and facilitated TRP clarification processes prior to the grant's approval by the Board.

Some countries work within a tight deadline in preparing and submitting their grant proposals, which may negatively affect the quality of the funding requests. For this allocation period (2020-2022), countries received their allocation letters in the third week of December 2019. Many will submit their proposals [in the first application window, for which the deadline is March 23, 2020](#). These countries have to organize their country dialogues and submit the first draft of their proposals to the Secretariat by the first week in February.

These proposals should rely also on National Strategic Plans for the different diseases and the health sector as well as reliable epidemiological, economic and social data. (For this allocation cycle the Secretariat has provided countries with a data set regarding the 3 diseases and the health system; we are not sure if countries were consulted during the process of creating their respective data sets.) The proposals are also sent to the Mock Technical Review Panel (TRP) organized by financial and technical partners like the RBM Partnership to end Malaria, or the Joint United Nations Programme on HIV/AIDS (UNAIDS) to help improve the quality of the submission.

The final proposals submitted to the Secretariat undergo several iterations between the country coordinating mechanism (CCM) and the Secretariat, until “everyone is happy with the quality of the proposal,” as it was explained to Aidspace.

Countries also need to prepare and get organized in a timely manner

In fairness, it is worth mentioning that national officials in the CCM, Ministry of Health or other line ministries that are Principal or Sub-Recipients of the grants know that the Global Fund grants run on a three-year cycle and are also aware of the principle of country ownership. Thus, national strategic plans for the different diseases – and other data needed to select interventions and document them – should be ready by the time the Global Fund sends the allocation letters. In addition, most countries resort to the services of consultants to help them write their funding proposals. Those consultants' fees are often paid using partners' resources, making the consultants open to funders' “suggestions”.

In some cases, the absence of national strategic plans and reliable data leaves room for a Global Fund Secretariat, bent on obtaining results, to fill the perceived vacuum (for example, including for the first time the country-specific data sets sent to countries along with their allocation letters).

Too much prescription may backfire

A member of a CCM expressed to Aidspace that those “iterations [after submission of funding requests to the Secretariat] are tiresome,” and, he added, referring to Secretariat country team members, “at the end it is their money, they should do whatever they want with it.”

Another government official, obviously unhappy with the extent of the instructions his country received from the Secretariat, told us that “they should come and write the proposals as they have already decided on the country priorities”.

The Global Fund Secretariat is intent on serving countries’ best interests by ensuring that Global Fund grants are used to achieve optimal impact, and at the same time must deliver results to the Board and to all within the Global Fund Partnership. It is therefore vital for the Global Fund Secretariat to help set directions in order to ensure that countries use the grants in the best possible ways to fight the epidemics. What is at issue is how to do this without being over-prescriptive.

No one in the Global Fund partnership wishes to compromise the principle of country ownership and put the effectiveness of the fight against the three epidemics at risk.

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