



Independent observer
of the Global Fund

GIZ BACKUP Health strengthens its focus on health systems and evolves to meet the demand

Huzeifa Bodal is a Team Leader at the global programme BACKUP Health implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH. BACKUP Health supports state and civil society organizations to make efficient use of resources provided by global financing mechanisms ? the Global Fund, Gavi, the Vaccine Alliance, and the Global Financing Facility for Women, Children, and Adolescents (GFF) ? to support national health systems. BACKUP will continue to maintain its focus on the Global Fund, and in this phase, take the first steps in applying its experiences working with the Global Fund to working with new global health initiatives (GHIs). BACKUP Health is commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ).

A little background on Huzeifa Bodal

Huzeifa Bodal was born in Kenya. He studied International Health, an academic and career path inspired by his formative years. He grew up in Kitui, a small town where he experienced first-hand challenges in accessing healthcare and seeing how family members faced problems such as being unable to pay for health services due to out-of-pocket payments. Also, Kitui is arid, so there was no running water where he lived.

He is very passionate about health systems, global health security, infectious diseases, international cooperation, and the environment and climate.

Nearly twenty years of working with BACKUP Health in one way or another

Huzeifa describes himself as a “BACKUP baby”. When he was 21 years old, he left Kenya for Germany to

study for a Master's degree in International Health. After his studies, he joined BACKUP Health in 2003 as an intern, one year after it came into existence in 2002 (the BACKUP initiative was set up three months after the Global Fund to support partners with various Global Fund processes at the country level). Since then, he has worked in several capacities in GIZ in general and at BACKUP Health, including coordinating the HIV program in Malawi and heading GIZ's bilateral health program in Zambia. He has also worked at the BACKUP Health headquarters in Germany; in his last assignment, he headed the health systems strengthening team and workstream for three years. He has also worked in other institutions, including a two-year stint at the World Health Organization (WHO) Eastern Mediterranean Regional Office in Egypt.

Huzeifa is currently heading a part of BACKUP Health that is financed by the United Kingdom (UK) through the Foreign, Commonwealth & Development Office (FCDO). This portfolio covers six countries: the Democratic Republic of Congo, Mozambique, Nigeria, Tanzania, Uganda, and Zimbabwe. In August he moved to Tanzania as part of BACKUP's effort towards being more present on the ground and closer to the partners.

Huzeifa spoke to the Global Fund Observer about the major shifts in BACKUP's current project phase, which runs from 2020 to 2023, and the effect of the COVID-19 pandemic on BACKUP Health's technical support and the implementation of this phase.

In March 2020, BACKUP Health started a new phase. Could you tell us about major shifts in the current phase compared to the previous phase?

BACKUP Health is a GIZ program that works on behalf of BMZ, which is its core funder since 2006. Our approach has attracted other governments to co-finance our work: Switzerland started co-financing BACKUP's work through the Swiss Agency for Development and Cooperation in 2013, and now, more recently, in 2020, the UK through the FCDO and France through Expertise France, which has led to an expansion of BACKUP.

Health system strengthening in relation to GHIs has become BACKUP's central focus. When it comes to GHIs, we aim to build country capacity to effectively leverage the investments from the Global Fund and other GHIs to strengthen health systems with a view toward sustainability and readiness to respond to future health challenges. COVID-19 has shown us how important it is to focus on building robust health systems. The specific workstreams on grant management and Country Coordinating Mechanisms (CCMs) continue to remain key thematic areas within our overall mandate.

Since 2003, BACKUP has focused primarily on technical support around Global Fund life-cycle processes at the country level. However, for this operational phase, we have been commissioned by BMZ to expand our mandate beyond the Global Fund, to include Gavi and GFF processes at the country level. Over the last 19 years, we have gained a wealth of expertise and know-how working with and supporting Global Fund processes nationally. In order to have large-scale investments from GHIs that have an impact, there are some common denominators that are needed to ensure success. These all revolve around the integral pieces that make a strong health system. We would like to apply and adapt our know-how to other GHIs. In order to do so effectively, we need to first understand the "mechanics" of Gavi and GFF in terms of their architecture, process at the global and country levels, key challenges, needs, and the existing technical support landscape. We are currently making efforts to gain a sound understanding of Gavi and GFF and this will help to determine how best to support our partners at the country level.

In this phase, we are placing more staff on the ground. We want to understand the needs of our partners better; operating from Germany was not enough to maintain a close dialogue with our partners, to better understand challenges and root causes, and better design technical support that really addresses the needs. We tested this approach in the last phase, where selected countries had one or two staff on the ground and received positive feedback from the country-level partners. This approach produced good

results so, in our new phase, we now have three to four staff in our focus countries. In addition to these BACKUP staff, we will also receive secondments from FCDO in six of our focus countries. That has never happened before; it's quite a unique situation and presents us with an opportunity to be even more impactful.

BACKUP has also reduced its number of countries. Historically, BACKUP provided support to over 40 countries and in different areas depending on the demand from the partner requesting support. Looking back at the impact we were having, we found that it was very challenging to measure results or produce impact when we are only doing single interventions in so many countries. As a result, BACKUP now has selected focus countries where we have staff on the ground and the technical support is more focussed. Alongside these focus countries, further countries are eligible to apply for demand-based support.

The start of the new phase coincided with the start of the pandemic. Did that affect its rollout, and how?

I would say the rollout of the new phase and speed of implementation was affected in many ways. What really helped us is that we were a global team even before the pandemic. We were used to working remotely and using digital tools to communicate and coordinate with each other internally within the team. But the level and intensity of this remote working have increased and so our way of working changed quite a bit. We had staff, colleagues, and family members who became ill with COVID-19 and that also took a toll on the team.

We also faced challenges setting up operations in the new countries. For the FCDO-financed part of BACKUP that I head, we only had existing operations in one of the six countries (Nigeria). This meant that we had to start from scratch in the other five, for instance, by hiring staff and setting up offices, which has taken much longer than initially anticipated. Undertaking the needs assessment in six countries, which is one of the first steps to better understand the gaps and problems faced by the partners, was a major challenge. We had difficulties finding the right type of qualified consultants who were able to interact in a highly virtual setting with stakeholders at the country level. So even getting that first step off the ground in some countries was tricky.

Communication with partners was also problematic: some partners were poorly resourced and not geared up to start working virtually. We had planned stakeholder workshops in all the countries as the next step after the needs assessment. The idea was to bring together everyone who contributed to the assessment, validate its findings and jointly agree on BACKUP areas of support. Due to the pandemic, these workshops had to take place virtually, which was never our intention. We noticed that in some cases, we were losing important aspects of communication in the virtual format; a physical presence is essential to build trusting working relations with our partners. So that has been a challenge. Our partners also face connectivity issues. Moreover, having the resources to completely move into a virtual working mode was also somewhat problematic.

But I can look at it positively because I'm also passionate about the environment. One rather constructive side effect of the pandemic is that BACKUP has greatly reduced its carbon footprint as air travel came to a complete halt for a long time for BACKUP staff, the numerous consultants, and the partners with whom we work. Also, BACKUP is lucky to have an excellent team and we all came together to support each other and our partners in the countries we work in.

How has the pandemic affected Global Fund programs and others supported by the various financing mechanisms in the countries you support? Has this affected the support you are providing to the countries? If yes, how?

Global Fund programs experienced and continue to face major challenges. It was alarming that people who needed life-saving medicines and health services faced major obstacles in accessing them.

Procurement supply chain systems were disrupted, human resources could not deliver the same level and quality of services as those before the pandemic, so there were significant service disruptions. There were also major issues with the continuity of care.

The Global Fund put together the COVID-19 Response Mechanism (C19RM) 1.0 and then 2.0 to support countries to respond to the COVID-19 response. For example, BACKUP swiftly assisted countries to develop C19RM proposals because we knew that the in-country partners urgently needed this support. Our technical support shifted towards supporting countries to access C19RM funds. In some cases, we also supported countries to address the pandemic directly, for example, by building human resource capacity to deliver COVID-19 vaccinations in Kyrgyzstan and Malawi. In one case, we also provided infection prevention control equipment. However, we refrained from supporting commodities because we knew that the in-country partners were mobilizing significant resources for this. We also played a small role in the rapid health facility assessments around COVID-19 because the countries, particularly ministries of health and departments of policy and planning and monitoring and evaluation, needed information much more quickly than the normal timeframe.

As the pandemic continues to devastate health systems and disrupt programs supported by the global financing institutions, what areas do you think BACKUP Health and the global financing institutions should focus on to ensure that the countries use the resources efficiently?

There are immediate needs, and then there are long-term needs. Regarding immediate needs, the focus should address the key gaps arising from the pandemic. In the long term, countries should invest in building stronger health systems, partnerships, and institutions and use this opportunity and the availability of resources that are becoming available. I think that countries need to leverage the resources from GHIs to build systems in a more sustainable manner that aim to address the current problems but more importantly to prepare for the next health challenges which are surely going to come.

During the development of the Global Fund post-2022 strategy, there has been much discussion about the Global Fund integrating pandemic preparedness and response into its portfolio. Do you think it is appropriate that the Global Fund expands its mandate?

I don't feel well placed to comment on that, to be honest, because I'm working for GIZ and we are implementers on behalf of France, Germany, Switzerland, and the UK. I would say that it depends on future funding strategies and how they will help build long-lasting health systems that can achieve deep impact. Pandemic preparedness requires that we have the right systems in place. And so it all boils down to how these new future funding strategies will prioritize the balance between achieving the disease outcomes, as mandated by GHIs, and taking a longer-term view and investing in strengthening systems. This will hopefully lead to better disease outcomes in the short run, but also bring about a wider and more sustainable perspective in the long run.

BACKUP is planning several stakeholder workshops in the FCDO funded focus countries in September 2021 following the one held in Mozambique in July 2021, which the GFO will cover. What should we expect from these workshops?

BACKUP is demand-driven, meaning that we respond to our partners' requests for support. These next steps in designing our new program are important and exciting. Through these stakeholder workshops, we will validate the aforementioned needs assessments that were carried out in each of the countries. We are just concluding the needs assessment exercise here in Tanzania. I'm in Dodoma to present the findings of the needs assessment to the Ministry of Health, and soon after we will hold the workshop.

The overall aim of the stakeholder workshops is to jointly develop an understanding with a wide range of government and non-government actors on what areas BACKUP should support. The workshop format

will be as participatory as possible and involve all stakeholders in defining the areas for BACKUP support.

Author's note: GFO will attend the five remaining workshops to be held in September 2021 in the five FCDO funded focus countries and report on the discussions in subsequent GFO issues.

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