



Independent observer
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IMPLEMENTATION THROUGH PARTNERSHIP PROJECT ADDRESSES PROBLEM GRANTS IN 20 COUNTRIES

Over the past year, the Global Fund and many of its partner organizations have been actively collaborating on an Implementation Through Partnership (ITP) project to support countries that are encountering problems implementing grants. The problems include grants starting late; grants falling behind schedule; and grants having difficulty absorbing all of the financing they have been awarded.

This article provides an overview of the ITP project. To read about how the project works in one of the countries, Niger, see separate [article](#) in this issue.

The ITP project aims to alleviate bottlenecks, increase operational efficiency and effectiveness, and ultimately to maximize impact via shared ownership and mutual accountability.

The project is being implemented in 20 countries in collaboration with the following partners: government entities from the U.S., France, and Germany; and multinational entities including the World Health Organization (WHO), UNAIDS, the Stop TB Partnership, UNICEF, the Bill and Melinda Gates Foundation, and Gavi.

The ITP is focusing on 20 countries that received allocations greater than \$150 million, and met one or more of the following criteria:

- historic fund absorption rates (expenditure vs. budget 2010-2014) of less than 70%; and
- scale-up of greater than 50% in annual expenditure required; and
- forecasted grant disbursements for the period 2015 (second quarter) to 2017 suggesting that greater

than 20% of the country's allocation will remain undisbursed at the end of 2017.

The 20 countries are Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of Congo, Ghana, Guinea, India, Kenya, Malawi, Mali, Mozambique, Niger, Nigeria, Pakistan, South Africa, South Sudan, Tanzania, and Uganda. For each of the countries, the ITP engaged the country, partners and the Global Fund in a dialogue that jointly assessed the situation in-country and prioritized and coordinated required additional technical assistance.

The project, which started in October 2015 and is scheduled to run through to December 2016, has five phases, which the Global Fund refers to as "milestones." See the table for a description of the milestones and corresponding timelines.

Table: ITP milestones and timelines

Milestone 1	Milestone 2	Milestone 3	Milestone 4	Milestone 5
In-depth country analyses completed	Actions identified and prioritized	Mobilization and coordination of technical support finalized	Actions implemented in-country, results monitored	Results captured, learning streamlined
Oct-Dec 2015		Jan-Feb 2016	Mar-Dec 2016	

Milestones 1-3 have been completed. Milestones 4 and 5 are in progress.

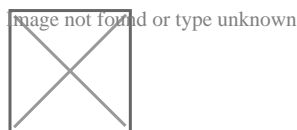
Description of the process

The ITP process started with an inclusive, broad engagement of partners and countries in a joint analysis and dialogue. The issues identified were further refined and prioritized through feedback from partners, countries and the Global Fund country teams into specific, time-limited, measurable actions where additional partnership support was needed.

The actions include political leadership and advocacy, where the bottlenecks might best be alleviated through high-level messaging from and to leadership in country; sustained support, where the action is underway, but is critical and requires ongoing and close engagement of partners in country; and additional technical support, where supplemental technical advice and programmatic assistance is necessary. Follow-up and monitoring of the actions and results are coordinated with partners, country stakeholders, and the country teams and are reported through the ITP.

In terms of programmatic categories, 67% of all ITP actions focus on cross-cutting systemic challenges, while 33% are disease-specific (see figure).

Figure: Breakdown of ITP actions



Source: The Global Fund

For example, one the ITP actions involved partners conducting a joint high-level mission in one country to engage ambassadors and government officials regarding the release of a national co-financing commitment of 30% for health products relating to antiretroviral treatment (ART) and biological monitoring. According to the Global Fund Secretariat, this cross-cutting action, catering to political advocacy, was successfully carried out with the involvement of national authorities and high-level executives from Expertise France (the French international technical expertise agency), UNAIDS, the WHO, and the

Global Fund. The timing of the procurement order which resulted from this action is crucial to achieving the 2017 national targets for ART scale-up.

Another example pertains to disease-specific efforts where, in another country, the ITP served as a catalytic factor in the launch of a time-sensitive mass distribution campaign of long-lasting insecticide-treated bednets. With sponsorship from partners from the Alliance for Malaria Prevention, in association with the (U.S.) President's Malaria Initiative, expert consultants were dispatched to the field within 10 days of this action being prioritized, and the necessary support was provided to grantees to commence efforts and launch the mass campaign without delay. The Secretariat told Aidsplan that this action resulted in a noteworthy reduction in programmatic risk, as well as a significant increase in absorption for the period ending in July 2016. The partners' quick and coordinated response, facilitated through the ITP, was instrumental in ultimately limiting the population's exposure to malaria for the upcoming year.

The ITP partners developed a mutual accountability framework for the project. The framework defines the overall scope, timelines and reporting frequency, as well as the governance and leadership structure, and country selection criteria.

The project has a monitoring element which includes the following "core metrics": progress of actions; completion rates of actions; and levels of coordination and active collaboration with respect to the provision of technical assistance for stakeholders. Other metrics include monitoring impact on financial and programmatic indicators where the ITP is a contributor and complements the work of the partner's country teams. Progress on core indicators is collected and communicated on a monthly basis, whereas progress on other metrics is reported on a quarterly and semi-annual schedule.

Today, the focus of the partners continues to be on the prioritized actions, 50% of which have already been completed, and on incorporating the results and learnings from the ITP into an enhanced partnership focused on program quality, outcomes, and impact.

Building upon the current momentum created during the project phase of ITP, partners and country stakeholders are collectively exploring ways to evolve from "implementation" to "impact." The shared objective of maximizing impact at the country level will be key in ensuring evidence-informed (a) country-level dialogue and (b) central-level support in addressing technical assistance needs and building mutual accountability.

Post ITP, the Fund aims to learn from and maintain what worked well, while evolving elements that reflected more of a "project approach" into a sustainable model. Initial stakeholder's feedback identified the following themes to assess: Coordination, Transparency Technical Support and Accountability, under this theme, the Fund would seek to maintain coordination, transparency and mutual accountability orientation of technical support, moving beyond a focus only on implementation to longer term capacity development. In regards to the second theme of Technical Support Framework, stakeholders identified the need to sustain a comprehensive framework for technical support, including demand identification, supply matching, and the monitoring of results. For the last theme of Country Ownership, stakeholders felt there ought to be an increased country level of engagement in technical support demand identification and implementation oversight.

Information for this article was provided by staff in the Global Fund Secretariat.

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