



Independent observer
of the Global Fund

ON HOLDING THE PEN: REFLECTIONS FROM A WRITER OF GLOBAL FUND FUNDING REQUESTS

This year, I wrote three Global Fund funding requests for African HIV and TB programs. In Window 1 (20 March 2017), I wrote for Zimbabwe; in Window 2 (23 May 2017), I wrote for Zambia; and in Window 3 (28 August 2017), I wrote for Swaziland.

Both Zimbabwe's and Zambia's funding requests were invited to proceed directly to grant-making. Swaziland anticipates learning the outcome of its request in mid-October.

Aidspan has reported on these three requests as they were submitted (see GFO articles [here](#), [here](#), and [here](#)).

Taken together, these three TB/HIV proposals were worth more than \$1 billion. These are not the first Global Fund funding requests I've written (in fact, they were number 6, 7 and 8), but it was the first time I wrote three, back-to-back, within half a year.

Being that immersed in such different country-level processes evokes all kinds of thoughts on what worked, what didn't, and what we might have missed altogether. Some of the key recipes for success were for countries to start the process early, request and secure the necessary technical assistance (TA), and involve affected communities in a meaningful way.

The length of time spent developing these requests (on my part) were quite different, depending on the country's schedule. For Zambia, I spent about three weeks writing their request, compared to nearly nine weeks for Swaziland. Zimbabwe took about five. I think that starting early is a good thing, allowing country stakeholders to have time to review and comment on drafts. However, if the process is too drawn out, it

can distract key program personnel from their vital implementation work of current grants (and other duties) which, ideally, should never take a back seat to proposal development. In my view, a process of about five to six weeks of intensive work is optimal.

Equally distinct were the sizes of the writing teams I worked with this year. In Zimbabwe, about 130 people showed up every day to feed into the draft. In Swaziland, I was working with about half that number (~60). Zambia had the most manageable team size, with about 30 people. In other countries, I've worked with writing teams as small as eight. The teams that work the best are leaner, but it's important that they have a wider reference group to gather input and clarify questions.

To manage large(er) groups, I have found that having a team of writing consultants is very helpful. In the best scenario this year, I had different consultants working on HIV, TB, gender, key populations, young people, health systems and civil society – all feeding consolidated information to me from their respective sub-teams.

However, more TA is not always better. I've seen TA where country partners lost confidence in the provider, as well as where TA providers clashed and did not work well together. In many cases, TA was offered through partners (most often the U.N. family) rather than being specifically requested by the country. This sometimes led to confusion about the precise terms of reference for the consultants. I think countries should feel it's acceptable to decline TA if there is not a specific need identified. In addition, I've often found that when TA is offered rather than requested, it's more likely to be a donor's agenda, disguised as help.

Engagement of affected communities – a key priority for the Global Fund – was also starkly varied. Zimbabwe stands out as a country that took this engagement very seriously. When it came time to develop the budgets for sex workers, men who have sex with men and transgender communities, the writing team insisted that we needed to wait for the relevant civil society and community organizations to arrive and lead the discussion. Zimbabwe was the only country where I have seen this happen at that level. Lots of countries hold consultations with key populations. Few insist that they lead the development of budgets.

Even with proper engagement from a wide range of stakeholders, deciding how much money should go towards various interventions is a hugely challenging task. Since countries cannot go beyond the ceiling of their allocation, and the need is almost always greater than the funding available, tough decisions have to be made. There is no set methodology for making these decisions. In Zambia, the writing team submitted all the activities on their "wish list," the consultants costed everything, and then began a prioritization process to see what could fit within the allocation and what would be placed in the prioritized above allocation request (PAAR). In Zimbabwe and Swaziland, the team leaders and I developed indicative budgets (rough estimates) per module to guide the writing team's prioritization. This is hardly an exact science. In Zimbabwe, the indicative budget turned out to be quite off the mark, once the detailed costing was done. In Swaziland, it was a more accurate approximation.

I would love to turn this guess work into more of a science. A step-by-step process for how to optimally split up a country's allocation would be a most useful tool. This, of course, should take into account the country's existing programmatic and financial gaps. But there is no real hierarchy for which gaps to fill first. For most, ensuring there is no treatment gap is issue number one. But this is not a view shared by all. In Zimbabwe, a group of donors submitted a letter to the Chair of the country coordinating mechanism (copying several high-ranking staffers at the Global Fund) complaining about "changes to the budget allocations resulting in a greatly increased focus on treatment at the expense of health systems strengthening" (see [GFO article](#)).

Compared to past years, the Global Fund Secretariat certainly appears to be much more invested in

helping countries write successful proposals. But different fund portfolio managers certainly have different styles. Some stayed out of the process completely, some requested several drafts to review, and some sent daily emails with suggestions for the team's consideration. Among the three countries I supported this year, one country team visited twice during funding request development, another visited once, and one not at all. It's a delicate balance for country teams to offer guidance without being prescriptive. For the most part, I think country teams could engage more thoroughly with drafts of funding requests, especially to reduce the likelihood of them being sent back for iteration. So far this year, about one in ten applications is "unsuccessful," requiring the country to rework and resubmit.

The funding request templates and instructions are also a lot more user-friendly than they were in the last funding cycle. The death of the modular template has made a lot of people very happy. However, the introduction of the list of health products (LOHP) offsets a lot of this joy. The LOHP is a detailed "order form" style template where countries must list – exactly – which medicines, consumables and equipment (brand name included!), in which quantities, and at what price, they intend to procure with their grant. To my mind, this is a step too far for the funding request stage, which should remain more of a high-level summary.

After this year's funding request marathon, I will be glad for a slight change of scenery. After this article, I am taking a break from writing for GFO since a number of my upcoming projects will present a conflict of interest. Let's just say I will no longer be an "independent observer." However, I hope to contribute commentaries here and there. Putting this pen down for now.

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