

Pre-Board Session on Technical Assistance

Presentation
May 4, 2009

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Overview of study

- McKinsey and Company conducted this study for the Bill and Melinda Gates Foundation to provide a **fact base and landscape of the users, providers, and funders of technical assistance (TA) to identify what is working and not working** as it relates to Global Fund grants for HIV/AIDS, tuberculosis and malaria
- The team conducted **over 80 interviews and consultations** with staff from the Global Fund, implementing countries, Principal Recipients, multilateral agencies, coordinators, funders and providers of TA. These were conducted in an iterative process to improve on landscape data and findings. An **extensive literature search** was also conducted
- This effort was intended to be a landscape exercise with respect to TA provision for Global Fund grants **using the best available data**
- In the course of the analyses and interviews, several areas emerged as possible improvement opportunities which are also included for discussion. This effort **did not include a detailed analysis of improvement opportunities** (e.g. the likely impact, direct and indirect costs, or implementation requirements) but we hope that they can serve as a useful starting point for next steps in this important area of work

While there is much debate on the definition of TA, most agree that it includes advice, support and capacity building

TA is:

- Advice and support for:
 - Program and policy development
 - Technical expertise (e.g., PSM)
 - M&E
 - Management and coordination
- Capacity building such as:
 - Training new or existing staff
 - Recording and sharing best practices
- Personnel from national and international sources
- Short and long term support

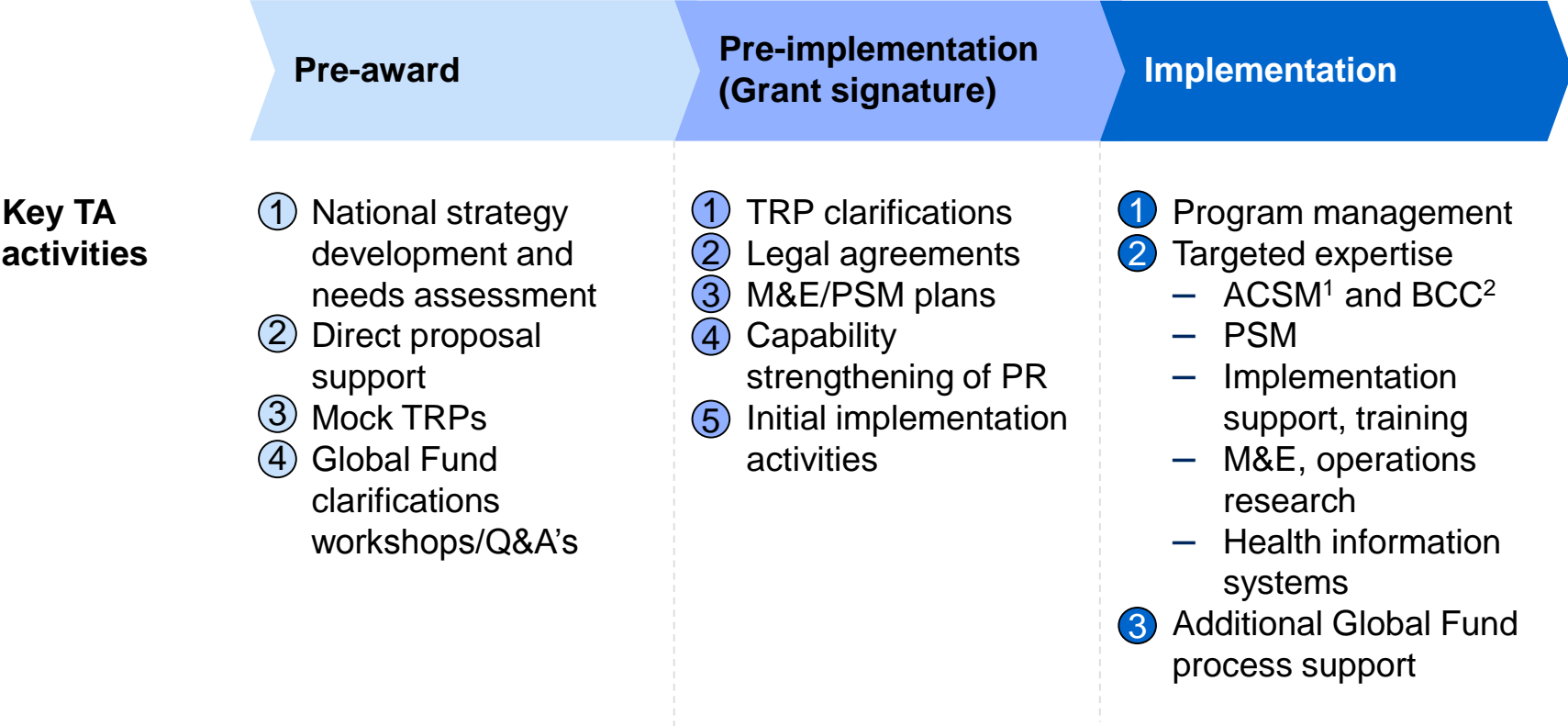
(TA providers can either advise existing staff or act in lieu of locally available personnel)

TA is not:

- Full time staff
- Outsourced execution services (e.g. vendors distributing)
- Support for formal long-term education (e.g., university degrees)

Team relied upon definitions of TA used by interviewees and PRs as reported in Global Fund data

We studied TA provision for HIV, TB, and malaria across three stages of the Global Fund grant process

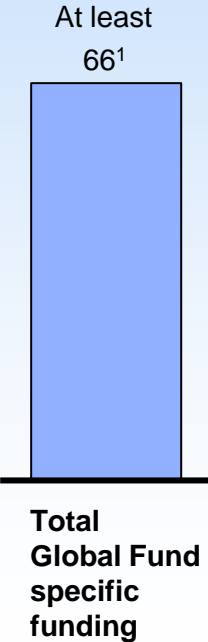


1 Advocacy, communication, and social mobilization

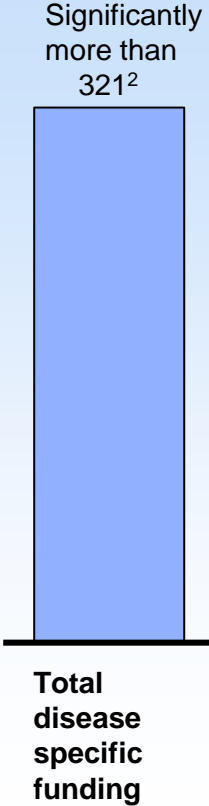
2 Behavior change communication

Overall, there is substantial funding for TA for HIV, TB, and malaria

**Confirmed Global Fund-specific TA funding –
CY 2008 TA budget**
\$ Millions



2008 TA budget for HIV/AIDS, TB, and Malaria
\$ Millions



- This funding is for TA for country program support – it has been difficult to assess how much is in support of Global Fund grants
- Given the % of funding that is thought to be contributed by the Global Fund to the diseases (25% HIV, 67% TB, 75% Malaria), it is likely that much of this is used to directly and indirectly support Global Fund funded programs
- This funding is likely to include staff salaries and committed programs

1 Approximate CY 2008 budgets for GFATM-specific funding for TA from USG, GTZ Backup, HWG, TBTeam, and as budgeted by countries in GFATM grants

2 Includes funding for TA from multilateral, bilateral, foundation, and country sources

Summary of key challenges specific to the Global Fund

- PR and CCM driven demand for TA is low and not timely, instead there has been emergence of ad hoc and supply driven TA
 - There is some disagreement on ability of PRs and CCMs to predict and plan for TA upfront in grants, but there is consensus that there is a need to eliminate the perception that requests for TA indicate issues with programs
 - Even when TA is budgeted for within proposals (3% on average in Rounds 7 and 8), PRs can be unwilling to spend TA budget due to political and cultural constraints
- There is lack of alignment between the Fund, TA providers, and CCMs about some key guidelines and goals. For example, there is a lack of consensus on optimal time required for signature given the number of activities required in this phase. Malaria TA coordinators are providing support and are pushing for a 4-month time frame while there is no specific focus on this phase HIV and TB TA providers
- Current models for accessing implementation TA do not adequately address the distinction on the need for management versus technical assistance with the default often that technical providers address a range of issues
- There are a variety of coordinating mechanisms for TA. Some focus on diseases and others on activities of certain elements of Global Fund grants, but there is no one stop shop to connect these various mechanisms and PRs and CCMs and even FPMs often do not know who is best to approach for specific issues
 - There are three different pre-award coordinating mechanisms currently (70% coalition, TB Team, and HWG)
 - For implementation, there is a fragmented coordination space

Summary of key general TA challenges

- TA is used broadly and often inappropriately instead of hiring, out sourcing, or true capacity building. It is viewed as a solution to a variety of problems that is often more “acceptable” and easy to execute than other possible solutions
- There are concerns about quality of TA, conflicting TA, and the sense that money gets spent on TA that is not always useful although there are no broad mechanisms establishing standards or better transparency on TA that is provided
- There are supply gaps among current providers. These include
 - Management assistance: program, financial, project management
 - General technical expertise: M&E, PSM, ACSM, etc.
 - Certain diseases-specific expertise: MDR-TB, TB labs, new approaches (e.g. male circumcision, RDTs)
 - Lack of providers with local knowledge
 - Limited supply of providers with non-English language capabilities
- Repeat requests for similar TA and lack of real capacity building are ongoing deficiencies in current TA provision

Summary of improvement opportunities

This effort was intended to be a landscape to identify issues with respect to TA provision for Global Fund grants using available data. In the course of the interviews, several areas emerged as possible solution areas. This preliminary list is meant to be a discussion starter.

