

TECHNICAL ASSISTANCE

PART 1: BACKGROUND

1. The Global Fund's country-driven principle – as well as being a purely financing mechanism – left Technical Assistance (TA) and the relationship with its providers undefined. Over the years, the Global Fund has attempted to address TA needs by introducing a budget line in the proposal form to cover the costs of TA. However, given the nature of how proposals are often developed, using an international consultant to develop a proposal, this implied that the majority of CCMs were not able to identify their own needs. In addition, there remains a common reluctance to pay International TA providers from grant resources which, at times, highlighted an apparent conflict between the normative role of Technical Agencies in countries and their work within GF grants. The emergence of ad-hoc and supply-driven TA has also contributed to confusion at country level.
2. In an attempt to clearly link TA providers to grants, the Global Fund introduced the Early Alert and Response System (EARS). Slow performing grants were identified and linked with technical partners to provide the needed assistance. These actions led to a considerable debate on the unfunded mandate of TA providers, which is not only limited to bottlenecks in implementation but also to assistance needed in proposal development and created tensions with the country-driven principle. A key question became: *how much leverage does the Global Fund have in deciding on TA needs and provider?* Partners have also started several initiatives such as Global Implementation Support Team (GIST) - a mechanism which is not clearly understood by countries. The US Government has, through 5% deduction from their contribution to the Global Fund, established Grant Management Solutions to provide urgent short-term technical assistance to countries receiving grants from the Global Fund. GTZ Back-Up initiative has also worked to provide long-term TA in specific countries to build local capacity.
3. The Five-Year Evaluation finding – that an efficient and effective system for the provision of technical support to Global Fund grants does not yet exist – validated the issues and debate related to TA. The evaluation underlines that at the global level; the Global Fund has not sufficiently clarified or facilitated roles and responsibilities of the different partners that support Global Fund grants in-country. This gap was largely created because the Global Fund did not develop an adequate overall partnership strategy that would facilitate timely, quality provision of technical support. At the country level, the Five-Year Evaluation found that the confusion regarding roles and responsibilities for TA needs identification and mobilization is even more pronounced.

4. The need for coordinated and harmonized TA is growing and the requirements to continue to develop it are becoming an urgent priority as the Global Fund moves into health system strengthening, national strategies and doubles its size by 2010. This quantum change requires radical approaches and new mechanisms for the definition and provision of timely and quality TA.
5. The Study Area 2 report from the Five Year Evaluation provides four recommendations under Technical Assistance. Recommendations focus on the need for the Global Fund to clarify its policies and procedures related to accessing TA budgets. The report does not reflect on the role of the Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs), nor national partners, in defining needs and resources for TA. It puts the onus on the Global Fund, but does not recommend defining the principles which delineate the boundaries of the Global Fund as a financing entity vis-à-vis other policy and development entities. There is also a need for a clear assessment of partners' capacity to provide the assistance needed in a sustainable manner, as well as to provide mechanisms to foster the growth of non traditional providers including CSOs, the private sector, academic institutions, etc. at the local level.

PART 2: ISSUE AREAS

The issue areas are:

1. Identification of actors for TA /capacity building as a necessary means to ensure successful grant implementation.
2. Engagement of CCMs in developing comprehensive TA /capacity building plans to take into account the identified needs of PRs, SRs and SSRs.
3. Ensuring that TA does not replace but takes into account the development of national capacities.
4. Defining the relationship, roles and responsibilities of the Global Fund vis-à-vis technical partners and other TA providers.
5. Defining the unfunded mandate (management assistance, capacity building) and then a subsequent decision to directly finance TA. Models should be explored for financing UN technical partners for their work on GF grants.

PART 3: TA Provision through grants

Actions and Solutions

1. Give priority to existing local capacities, e.g. academia, TA to build capacity by twinning local and international TA providers, facilitate linkages with development agencies. For example, OGAC provides short-term TA to build capacity and then conducts follow up missions. GTZ has also provided, in a number of countries, long-term TA to build national capacities.
2. Develop a public database which captures feedback on TA received/provided and focus TA provision to countries with repeated unsuccessful proposals. This is being operationalized through the MoU signed with UNAIDS.
3. Expand the Voluntary Pooled Procurement (VPP) initiative to allow all countries to access Global Fund managed capacity building services for supply management which also has a direct impact on Health Systems Strengthening.
4. Review the Global Agreements such as those with GLC and MDR-TB and CHAI and second line ARVs in some countries. While such agreements have facilitated TA through GLC for MDR-TB, it has not proven its effectiveness as the transactional costs for direct payments are high and many times are viewed by countries as excessive costs for a small number of TB patients. As to CHAI, they will only respond in countries where they have signed MoUs with the government and thus many times exclude all Global Fund PRs.
5. The Global Fund Secretariat has conducted an RFP to identify a number of organizations who can provide diagnostic and remedial-action planning to grants facing implementation challenges, improve CCM governance and to analyze and document case studies at country level.
6. Lead technical partners to provide an analysis of the cost of services to provide TA that are outside the normative mandate to inform direct financing discussions.
7. Focused communication to the CCM, PRs and others at country level to use the provision of TA on the grant effectively.
8. Pre-allocation of grants funds to allow for TA before the grant is signed.

Part 4: What the Global Fund Secretariat can do to improve TA

1. During grant negotiations:
 - a) Negotiate TA plans and work with the PR / CCMs to set a transparent process in place for the selection of TA.
 - b) Identify names of TA providers at the time of signing or set up a system which allows for the Global Fund Secretariat follow up.
 - c) Discuss LFA assessments with partners and map out TA needs throughout grant implementation.

2. During grant implementation:

- a) In case a grant performance slips into a B2, the Global Fund will suggest to the PR to reprogram funds and work to mobilize TA providers in-country to ensure timely intervention.
- b) To implement the new IT-based GPR System which allows for closer monitoring of grant performance and share information regularly with partners on CCMs to alert them to potential bottlenecks.
- c) The Global Fund Secretariat, together with partners, is presently mapping TA providers e.g. UNAIDS, so that this information is available to countries.

3. With CCMs:

- a) Work to build capacity of the CCMS for coordination of Technical Assistance.
- b) Provide targeted support for repeated failures to access funding.
- c) Ensure multilateral and bilateral meaningful representation on the CCM and enhance their participation in oversight of grant implementation.
- d) Advocate for better coordination between National Disease Committees, UN Theme Group as well as other technical working groups and CCMS.

4. With the TRP:

- a) Communicate with the TRP to ensure that comprehensive TA plans in proposals are not considered as weakness.

5. With Partners:

The Secretariat is working to define partnership agreements in accordance with the Performance based principles and Partnership agreements will include the following:

At Global Level:

- a) Template to clarify the respective roles and responsibilities of specific agencies;
- b) Set accountability structures;

At Regional / Country level:

- c) Develop operational plans which include TA needs as an SDA with activities identified across the different stages of grant implementation;
- d) Monitoring the evaluation plans with periodic review of agreed upon timelines.