Technical Evaluation Reference Group Thematic Review of Partnerships Position Paper

5 July 2019

The Global Fund

Executive Summary

Context

The Technical Evaluation Reference Group (TERG) commissioned the Thematic Review of the Global Fund Country Level Technical Support Partnership Model (referred to in this paper as the Partnership Review or the Review) following requests from the Strategy Committee and the Global Fund Secretariat that the TERG (1) independently assess the state of the Global Fund's technical support partnership model through a summative review of experience to date; and (2) suggest how to capitalize on best practice/lessons learned for future technical support partnerships. While 'partnership' in the Global Fund context is a vast subject, the main area of interest for both the Secretariat and the TERG is how technical support provided through different partnerships is enhancing countries' ability to increase the impact of Global Fund investments.

The Review highlights areas of good partnership practice across six technical support partnership models. It also looks at lessons learned by Gavi in re-thinking its partnership strategy.

Questions this paper addresses

A. What was the organising framework for, and conclusions of, the Partnership Review?
B. What recommendations did the Review make and what is the TERG's position?
C. What are the next steps that the TERG recommends to take?
D. What are the lessons-learned for enhancing the Global Fund's technical support partnership arrangements?

Conclusions

A. The TERG endorses this Review as it provides a useful overview of how the different types of partnerships are functioning in terms of technical support provision.
B. The Review has categorized the different types of technical support partnerships into six partnership models, ranging from partnerships funded and implemented directly by bilateral and multi-lateral agencies and supporting the mutual interests of both the agency and the Global Fund (e.g. 5% funding), to partnerships funded directly by the Global Fund to support Global Fund initiatives (e.g. Strategic Initiative partnerships).
C. No one partnership model was found to be superior to another, as each brings different strengths and challenges, and in most countries where more than one model operates, different models can be complementary.
D. The main factors leading to a successful partnership are related to: the context in which the partnership operates; the skills and interest of key individuals within partnerships charged with implementing interventions to enhance Global Fund outcomes; and the way in which the partnership is managed while maximizing transparency, coordination and accountability of technical support provision across different partners.

Input Received

Throughout the duration of the Partnership Review, extensive consultations were held with the Global Fund Secretariat. At the final stage of the Review, a workshop was convened where findings, conclusions and recommendations were presented to a range of Global Fund's main technical support partners.

Report

What is the topic of this update?

i. The Partnership Review sought to provide both a better understanding of how effective different types of technical support partnerships have been by undertaking a summative review, and to propose a 'best practice' partnership process for future partnerships between the Global Fund and others through a formative review. The three objectives of the Review were:

   a. Develop a greater understanding of how and to what extent Technical Support Partnerships have contributed to improved program outcomes at the country level.

   b. Generate learning to contribute to ongoing improvements in the Global Fund's partnership models and working modalities.

   c. Develop a Theory of Change (ToC) for how partnership models should work at the Global Fund.

ii. The Partnership Review was undertaken using a mixed methodology, including document reviews of 400 documents, 150 key informant interviews, four country case studies (Bangladesh, Cote d'Ivoire, Georgia and Tanzania) together with eight 'spotlight' studies of specific partnership areas (Stop TB Partnership, Regional civil society organizations, transition preparedness, Challenging Operating Environments (COE), Public-Private partnerships, WHO Cooperation agreement, Bilateral set asides and Gavi comparator) and ongoing engagement with the Global Fund Secretariat.

Partnership Review Framework Analysis and Conclusions

The Partnership Review categorized the different Global Fund technical partnerships into six typologies or models. These are presented in Figure 1:

Figure 1:   Technical Support Partnership Models

Framing and describing: Technical support partnership models

Model 1: Bilateral Global Fund Set Asides

- Funding channelled directly by bilateral partners (donors) to country partners by 'setting-aside' a proportion of total contribution to the Global Fund
- Used alongside Global Fund-managed programmes.

Model 2: Partnerships to operationalize Global Fund Strategic Objectives

- Funding for centrally managed approaches that cannot be addressed only through country allocations due to cross-cutting or off-cycle nature
- Critical to ensure country allocations deliver against the strategy.
- Rely on established partners and existing shared objectives so they aim to rejuvenate action or address technical barriers to progress.

Model 3: Global Strategic Partnerships

- Partnerships with other global health organisations whose objectives overlap with those of the Global Fund.
- Require best practice in terms of Effective Development Cooperation

Model 4: Technical capacity strengthening through grants

- Identified, managed and coordinated by countries in the delivery of Global Fund grants.
- Oversight of the CCM, in close coordination with country governments.
- Can be used to support long term technical and capacity building challenges over multiple cycles.

Model 5: Non-state partnerships

- With private and civil society/NGO actors
- Different networks from those of the Global Fund or partners working in the state sector.
- Tend to have durable relationships with others in their area of interest, including the Global Fund.

Model 6: Technical support enhancers

- Address identifiable shared gaps.
- Focus on specific dimensions of HSS creating opportunities for the Global Fund to link its disease focus to a broader agenda and global health goals.

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The main criteria used for this categorization is related to who determines the scope of the technical support and funded the support provided. The categories are not mutually exclusive in the sense that non-state actors are often commissioned by bi-lateral set asides (Model 1), or through the Strategic Initiatives (Model 2), to provide technical support, and non-state actors may also use their own resources to identify and provide support to country programs (Model 5).

These models were then examined using a SWOT (strengths, weaknesses, opportunities and threats) analysis, which also pulled out a number of best practice case studies as noted below. The SWOT analysis used the main '**partnership principles**' as the analytical framework: Outcomes Focus; Systems Strengthening; Alignment; Transparency; and Country Ownership*).*

The findings suggest that a successful partnership model needs to deliver results for **countries,** the **Global Fund** and other **partnership members**. Partnerships should be designed and implemented in accordance with **sound design** and **partnership principles.**

The main conclusions of the review were grouped under the headings shown in Figure 2:

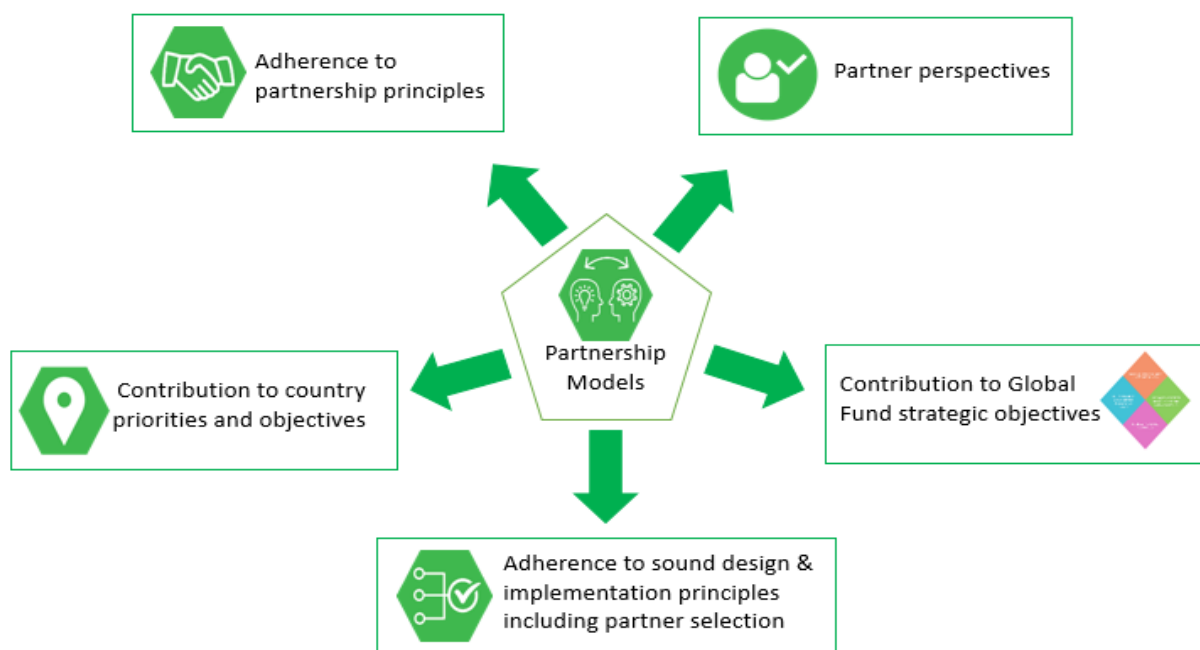Figure 2:   Framework for Presenting Conclusions

Table 1 summarizes the main concluding messages under each of these categories

Table 1:   Main Partnership Review Conclusions

Category	Summarized Conclusions
Partnership Models	• Each partnership model serves a distinct purpose. • No single model is 'best' – their utility depends on context. • The technical support partnerships have different strengths and can complement each other, with careful management.
Contribution to Global Fund Strategic Objectives	• The technical partnership models reviewed here clearly link to the delivery of Global Fund Strategic Objectives (SOs) although the *relative* contribution of each was not possible to estimate. • Most partnerships are geared towards SO1 – impact on the three diseases, though the partnerships under the strategic initiatives cover SOs 2 and 3 as well. • The most effective partnerships (from the Global Fund's perspective) are those that integrate commitment and engagement *within* the Global Fund Secretariat across the strategic and grant delivery teams) as well as *between* the Global Fund and its partners, *including* country commitment and engagement.
Contribution to country priorities	• Differentiated approaches to technical capacity building in countries is needed. • Much of the technical support provided is used to compensate for continual 'brain drain' experienced by countries. • Partnerships that facilitate south-south learning are appreciated by in-country partners.
Partner Perspectives	• Many country-based partners believe partnerships should adhere to effective development principles (e.g. coordination, alignment, respect). • Partners perceive that the Global Fund's approach to partnerships is becoming more methodical and constructive, especially where development partner coordination is

	• more established.
	• However, uneven coordination and communication with the Global Fund is also leading to misunderstandings and inefficiencies.
	• Individuals and individual relationships are critical to successful partnerships.
	• Some global and bilateral partners observed that the Global Fund is engaging more pro-actively in technical support in countries, and that this is a departure from the 'funding agency' mandate of Global Fund.
	• A number of partners reflected on whether the Global Fund is sufficiently punching at or above its weight – e.g. the Global Fund could exert more pressure in countries, beyond the three disease programs, in support of broader HSS and reform.

Adherence to design and implementation principles	• Reasons for strong, healthy and productive partnerships are similar, whatever the model at play
	  o Identified partners' comparative advantages, common points of interest and mutual focus on a similar outcome
	  o Clearly defined and articulated agreement of what the partnership could achieve (MOU, TORs, letters of agreement)
	  o Scope to differentiate interventions depending on contexts
	  o Promotion of sound partnership principles (country ownership, transparency, etc.)
	• Close monitoring and support for coordination amongst partners can improve targeting and effectiveness.

Adherence to partnership principles	• No single partnership model routinely demonstrated adherence to all partnership principles although some individual partnerships were better performing. • Where partnerships were less effective this was due to weak adherence to core partnership principles, e.g. objectives poorly defined, duplicative of others, unaccountable in relation to broader processes in partner countries or failed to deliver quality or sustainable technical inputs.

The TERG agrees with the overall conclusions, including the view of the team that conducted the Review, that it is not possible to determine that any one of the six models as 'better' than another. Rather, the type of partnership to work with is dependent on the context and the specific skills and interests of the different parties.

In response to the Review objective of how and to what extent technical support partnerships have contributed to program outcomes at country level, the team that conducted the Review made the following observations:

- The summary of best practices in the report identifies how every partnership model contributes something to the best practices while no particular model dominates.
- The impact of partnerships on Global Fund programs can be linked to positive effects on all four of the Global Fund's Strategic Objectives:
  - Maximize impact on HIV, TB and Malaria: Partnerships accelerate impact on disease control programs through grant funds (e.g. Middle East Response, UNICEF support to malaria in Côte d'Ivoire, Stop TB capacity building support to TB control in Bangladesh)

- Build resilient and sustainable Systems for Health (RSSH): (e.g support to Georgia by WHO and Stop TB funded from the bi-lateral set asides to build laboratory research capacity for the TB reference laboratory);

- Promote and protect Human Rights and Gender Equality (e.g. the Community Rights and Gender (CRG) capacity building support platforms funded through Asia Pacific Council of AIDS Service Organisations (APCASO)

- APCASO and others to enhance engagement by civil society groups, strengthen demand for human rights);

- Mobilize increased resources: The "MOSASWA" program in southern Africa is supported by a public private partnership that mobilizes additional resources from the Gates Foundation and the Private Sector (e.g. Nandos corporate support to Good-Bye Malaria) to eliminate malaria in the tri-nation area of Mozambique, South Africa and Eswatini.

In several cases, the partnerships interact with each other to create synergies and amplify their impact. For example:

- The Health Data Collaborative works alongside the RSSH Data Strategic Initiative and relevant Global Fund grant-funded technical support in target countries such as the Democratic Republic of the Congo to address the same challenges simultaneously from a number of angles.

- Different bi-lateral set asides provide capacity building support to disease programs and Country Coordinating Mechanisms (CCMs) to develop strategies and design effective funding requests to deliver on those strategies. Additional support from global technical partners and from grants further strengthen and enrich country capacity over the grant lifetime.

Some of the challenges that have been identified with respect to technical support partnerships, which lead to less of an impact on Global Fund programs, include:

- Short term interventions are delivered by externally sourced consultants. Partnerships delivered in this way tend to have less sustained impact and may be inefficient in the medium to longer term;

- Insufficient communication about investments and activities among technical partners, and with the Global Fund Secretariat, leads to duplications; and

- Poor quality technical support or ill-timed investments that do not coordinate well with country-led processes and those of other partners leads to inefficiencies.

Instead of recommending a new Partnership Strategy for the Global Fund, or pointing to one specific model to prioritize over others, the team that conducted the Review proposes a best practice partnership 'process', which the TERG feels is appropriate and helpful (see Figure 3 below).

Figure 3: Proposed Best Practice Partnership Process
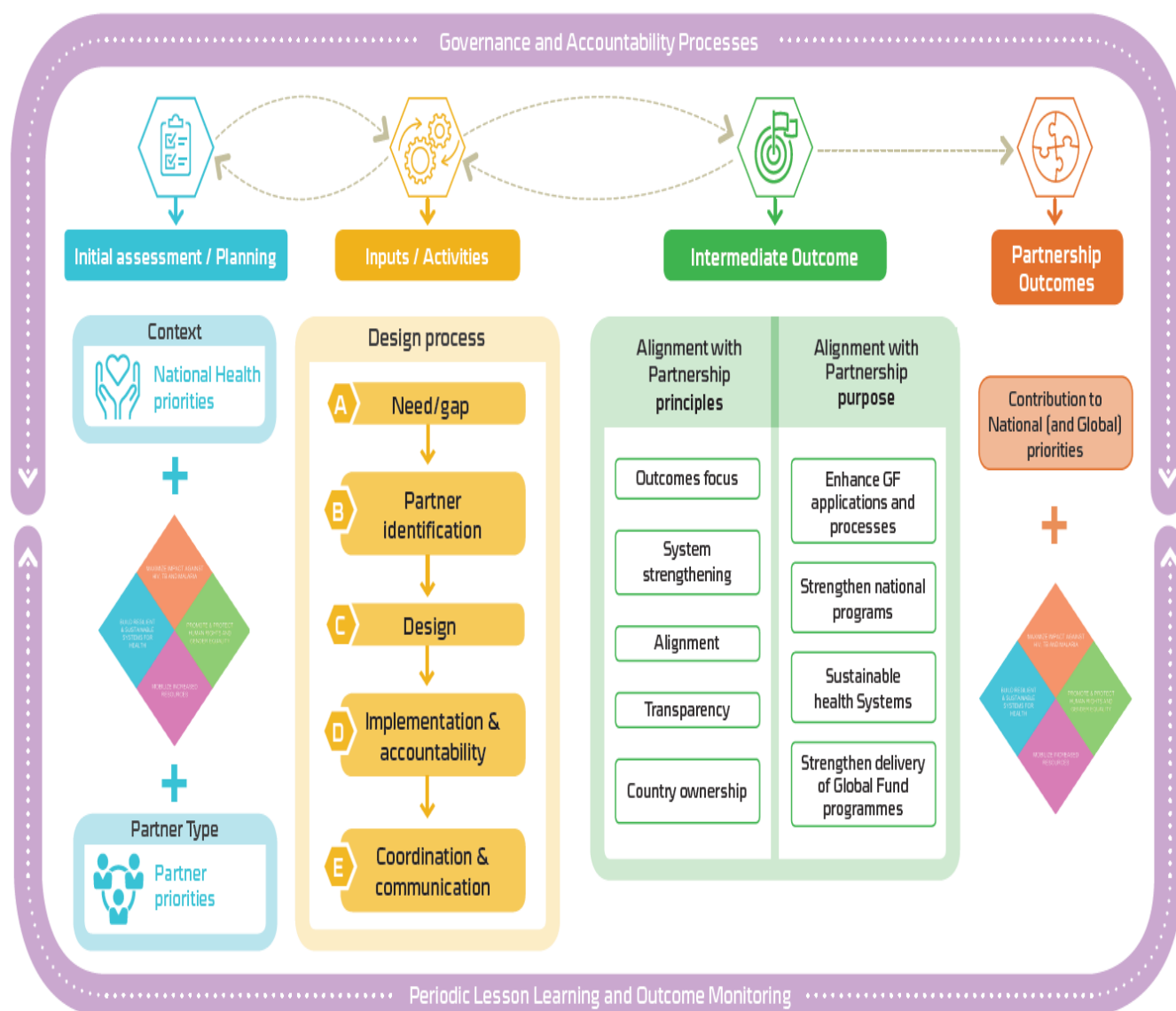
Partnership Review Recommendations and TERG's position

The team that conducted the Review made seven recommendations to improve technical support partnership efficiency and effectiveness. These were developed through dialogue with key staff in the Global Fund Secretariat and in discussion with the TERG. The Secretariat requested the team that conducted the Review to provide key, general recommendations that signpost where the Secretariat should focus their attention to improve partnership relevance, efficiency and effectiveness related to Global Fund Strategic objectives. The high level recommendations directed to the Global Fund Secretariat, and which are endorsed by the TERG, are:

1. Promote more transparency and better coordination in technical support partnerships at the global level and in countries.
2. Strengthen accountability for outcomes and results of technical support partners and all parties involved in the partnerships.

3. Increase investment in building capacity to institutionalize essential health systems processes through technical partnerships.
4. Consider how the Global Fund can more systematically integrate good practice into technical partnership management, starting with a focus on its major global partnerships.
5. Evolve and refine the Strategic Initiatives partnerships in the next funding cycle to be more country driven and sustainable.
6. Consider how to strengthen internal alignment and institutional coherence within the Global Fund Secretariat and with technical support provided at country levels by other partners.
7. Use the Prospective Country Evaluation (PCE) to analyze the six partnership models proposed in the Review and more fully assess their benefits, strengths, and limitations.

The Global Fund Secretariat has made previous efforts to encourage countries to develop comprehensive technical support plans and to include technical support in routine reviews of disease programs and/or the health sector, but has found it difficult to maintain momentum. During a workshop with Global Fund partners to discuss the Partnership Review findings and conclusions, it was agreed that a longer term technical support plan may not be the most appropriate means of coordinating technical support inputs. Instead, what is needed is a more coherent attempt to do joint (across Global Fund and country-based partners) bottleneck analyses to understand where the main pressure points are for developing and implementing Global Fund grants, and then targeting these areas. Ideally, this is not a new process but may be based on improving operationalization of a national strategic plan.

The team that conducted the Review examined the Gavi partnership arrangements and developed a case study around lessons learned from the Gavi experience. One key recommendation coming out of this analysis was that the Global Fund could work with and encourage national stakeholders to review Global Fund-related technical support provided to, and within, countries on an annual basis and to determine technical support needs in the coming year, potentially as part of a country's normal health sector or disease program annual review process.

The TERG feels that the Global Fund can be more influential with its partners at the global level to increase transparency, accountability and coordination of technical support provided in relation to the three diseases and for cross-cutting issues of interest to the Global Fund (e.g. rights of key and vulnerable populations, gender, health systems, etc.).

TERG's position on next steps

The TERG has already requested the Prospective Country Evaluation teams to incorporate an analysis of how the six partnership models are working across the eight PCE countries. Early findings on partnerships from the PCEs echo many of the findings of the team that conducted the Review. Further work by PCEs could also look at the extent to which current partnerships in countries have applied aspects of the Proposed Best Practice Partnership Process presented in Figure 3 above.

As noted above, the TERG Secretariat convened a joint workshop on the Partnership Review and the RSSH Thematic Review, where findings, conclusions and recommendations were presented to a range of Global Fund's main technical support partners (bilateral and multi-lateral) to explore

where partner technical support could maximize the efficiency and effectiveness of RSSH-related support in particular.

The Global Fund Secretariat is considering the steps it can take to incorporate and operationalize the conclusions and recommendations from the Partnership Review, together with the different partnerships it works with, especially as regards improving transparency, coordination and accountability.

Lessons for the future

The Review highlights a number of best practice examples that the Global Fund Secretariat could take into consideration when renewing and establishing new technical support partnership arrangements. Table 2 highlights the main areas of best practice and examples, which are further detailed in the Partnership Review report. Using this as a framework would go a long way to enabling greater transparency and coordination of Global Fund-related technical support and needs promoting across the Global Fund Board constituencies.

Table 2: Best Practice examples to draw on for future partnership arrangements

Best Practice: Characteristics of successful partnerships	Example
1. **Flexible and responsive to country needs and priorities; promotes country ownership**	Grant funding most clearly places countries at the center of decision-making regarding objectives, partner selection, timing and sequencing, commitment to sustaining results and implementation approaches. Gavi provides a model for how technical support needs and priorities can be developed and monitored on an annual basis.
2. **Strengthen the capacity of country and region-based technical groups and individuals**	The National TB Research Laboratory in Georgia is an excellent example of how long term, consistent Global Fund investment has transformed capacity with funds from grants allocated to the country and from the set asides. It is now a WHO reference laboratory.
3. **Institutional alignment of technical support between the Global Fund Secretariat initiated support and country partner initiated support**	The alignment required to implement the TB: Missing Cases initiative is a good example. Although initiated and managed directly from the Secretariat, FPMs managing target countries have developed performance incentives linked to the delivery of outcomes. This creates an accountability and monitoring link between country grant recipients and Secretariat managed special initiatives. Communication with implementing partners at global and headquarter levels was more coherent and effective.
4. **Create space for the meaningful participation of key and vulnerable populations**	The community engagement platform supported by the CRG strategic initiative and grant funding to support civil society organization outreach to key and vulnerable populations were two examples of how partnerships expand space in ways that extend service delivery – especially prevention services and demand for care and treatment.
5. **Clear identification of the objective or purpose of the partnership**	Enhancing partnerships tend to have clear objectives (if not always specified outcomes). For example, the Health Data Collaborative aims to address a shared challenge and develop a common solution for all its partners.
6. **Link as directly as possible to defined outcomes**	Outcomes should be discernible and achievable. The results chain should not be too long. For example, civil society platforms may have outcomes linked to enhanced participation by communities in accountability processes.

7.	Clear identification of roles and responsibilities	Where partners have global mandates and multiple roles in the health system, it is helpful to be clear about roles and responsibilities within the partnership. The new memorandum of understanding (MOU) with WHO aims to support the implementation of this best practice (and other MOUs with UNAIDS and UNICEF are underway). While not every partnership needs or should have a formal MOU, within the global health architecture, they can help to ensure better alignment and coordination.
8.	Expand networks and catalyze broader engagement and more support	Where possible, partnerships should incorporate demand and meaningful participation by key and vulnerable populations as well as broader communities. The CRG Strategic Initiative is an example of a partnership that aims to expand engagement and capacity by reaching smaller networks through larger networks from regional and country to sub-national levels.
9.	Innovative and creative new solutions to recognized problems or challenges	Where there are shared challenges or gaps, the Global Fund can apply its considerable experience and skills to partnerships aimed at creating global health goods. The Health Data Collaborative Enhancing partnership is a voluntary collaborative forum to strengthen data collection, quality and use in a way that meets all the participants' needs, and in effect creates a public good.
10.	At the country level, coordination and alignment among technical partners improves efficiency and accountability	In Tanzania there is a more methodical planning process for technical support that reduces duplication and improves coordination.
11.	Target and advance innovations in partnerships	The evolution of the regional Green Light Committee has led to an efficient approach to technical support partnerships that are sustainably funded with focused expertise.
12.	Partners work to their comparative advantage in countries	In Côte d'Ivoire, the implementation of the malaria program is enhanced through its link to UNICEF's established community engagement activities and clear experience in this area.

Annex 1 – Relevant Past Board Decisions

Relevant past Decision Point	Summary and Impact
GF/B36/DP06: Catalytic Investments for the 2017-2019 Allocation Period (November 2016)[1]	The Board approved USD 800 million for catalytic investment priorities, including technical support for responses on the three diseases, and for key populations, adolescent girls and young women, and RSSH support.
GF/B35/DP04: The Global Fund Strategy 2017 – 2022: Investing to End Epidemics (April 2016)[2]	The Board approved the Global Fund Strategy 2017 – 2022. The four Strategic Objectives and related sub-objectives provide a critical path outlining how the Global Fund will work with partners to ensure that the response globally and at country level is inclusive, impactful and sustainable. The Strategy also stipulated that the Global Fund's health impact goals and targets are linked to Partners' Global Plans.
GF/B31/DP06: Special Initiatives (March 2014)[3]	The Board decided that up to USD 100 million will be available over the 2014-2016 allocation period for a number of Special Initiatives, including Technical Assistance on Community, Rights and Gender, and Technical Assistance for strong concept notes and PR grant-making capacity building.
GF/B23/DP10: Plan for Comprehensive Reform: Partnerships (May 2011)[4]	The Board requested the Secretariat to act on the following two items in the near term, and report back at the following Board meeting: 1. Strengthen country-level mechanisms to build on goodwill-based partnerships through formalized agreements between in-country stakeholders to ensure effective technical cooperation, country support, and capacity building in areas that have been identified as gaps, e.g., in technical, financial, and operational management. 2. Use flexible funding models, where agreed by the CCMs and Principal Recipients, to utilize existing grant budgets to improve financing of partner support for grant implementation, particularly in bottleneck situations.
GF/B19/DP34: Enhancing the Global Fund's Response to HIV/AIDS (May 2009)[5]	Among other requests to the Secretariat, the Board urged it to urgently work with partners to adopt measures to identify gaps and to further improve the quality of Global Fund supported prevention, treatment, care and support including operational research to identify effective scaling up strategies to improve outcomes.

[1] https://www.theglobalfund.org/board-decisions/b36-dp06/

[2] https://www.theglobalfund.org/board-decisions/b35-dp04/

[3] https://www.theglobalfund.org/board-decisions/b31-dp06/

[4] https://www.theglobalfund.org/board-decisions/b23-dp10/

[5] https://www.theglobalfund.org/board-decisions/b19-dp34/

The Global Fund

Secretariat management response to TERG evaluation

Technical Support Partnerships

September,2019

Introduction

The Technical Evaluation Reference Group (TERG) is a critical component of the Global Fund Partnership, providing independent review and evaluation of the Global Fund's business model, investments and impact to the Global Fund Board through its Strategy Committee. The Global Fund operates with a high degree of transparency and now publishes most non-advisory TERG reports on our website after they are reviewed by the Board and following the end of the internal deliberative process.

The Global Fund Secretariat appreciates the thematic review of the Global Fund's country level technical support partnership model. We agree with the findings and recommendations of the TERG Review and the TERG Position Paper and look forward to using the generated learning to drive improvements in the Global Fund's partnership models and working modalities.

Major Areas of Agreement

We agree with the findings and recommendations of the TERG review. In the approach, we appreciate the effort to differentiate between different partnership types and the subsequent development of six models of technical support (e.g., Bilateral Set Asides, Strategic Initiatives, Global Strategic, Technical Capacity Strengthening through Grants, Non-State, and Technical Support Enhancers). The subsequent analysis of strengths, weaknesses, and identification of best practice is thus better tailored to the type of partnership, increasing the opportunity for operationalizing improvements.

In addition, we would like to reinforce the following areas of agreement in the recommendations:

- *Strengthen accountability for outcomes and results of technical support partners and all parties involved in partnerships:* We find strengthening this accountability particularly challenging in technical partnerships where funding is not directly involved or within Global Fund control. In particular, the areas of Bilateral Set Asides for technical assistance can benefit from increased investment transparency, thus allowing for more systematic meeting of country technical needs.

- *Strengthen partnership management across all partnership models* Currently, some of the major technical partnerships at Global Fund are significantly more mature than others. It is in the Global Fund's best interest that the less mature, as well as new critical partnerships, benefit from the best practices already identified. We feel a differentiated increase in internal coordination of partnership engagement and relationship management ensures these changes occur systematically.

- *Evolve and refine the Strategic Initiatives partnerships in the next funding cycle to be more country driven and sustainable:* Ensuring a transparent, direct connection of the investments through Strategic Initiatives to activities occurring in country grants is critical to bringing partner technical expertise to meet country needs. Now is the right time to join up these two mechanisms, where appropriate, in preparation for the next cycle of grants.

- *Consider how to strengthen internal alignment and institutional coherence within the Global Fund between headquarter and country levels:* We support this recommendation to efficiently and effectively strengthen internal alignment between our technical centers of excellence and grant-making activities at the country-level. We emphasize the need to be efficient and effective in this effort and to acknowledge the existing constraints of Secretariat on-going operations and priorities.

Next Steps

In line with TERG recommendations and additional assessments including an OIG Advisory and external review by Spark Street Consulting, we are building on the *Partnership Process Guidelines* and using a best practice "Partnership Engagement value chain" (see Exhibit 1 below) to operationalize high impact changes.

To increase accountability, we are ensuring the consistent use of outcomes-based agreements for financial and non-financial arrangements and increasing investment transparency in country grants for consistently used technical support partners.
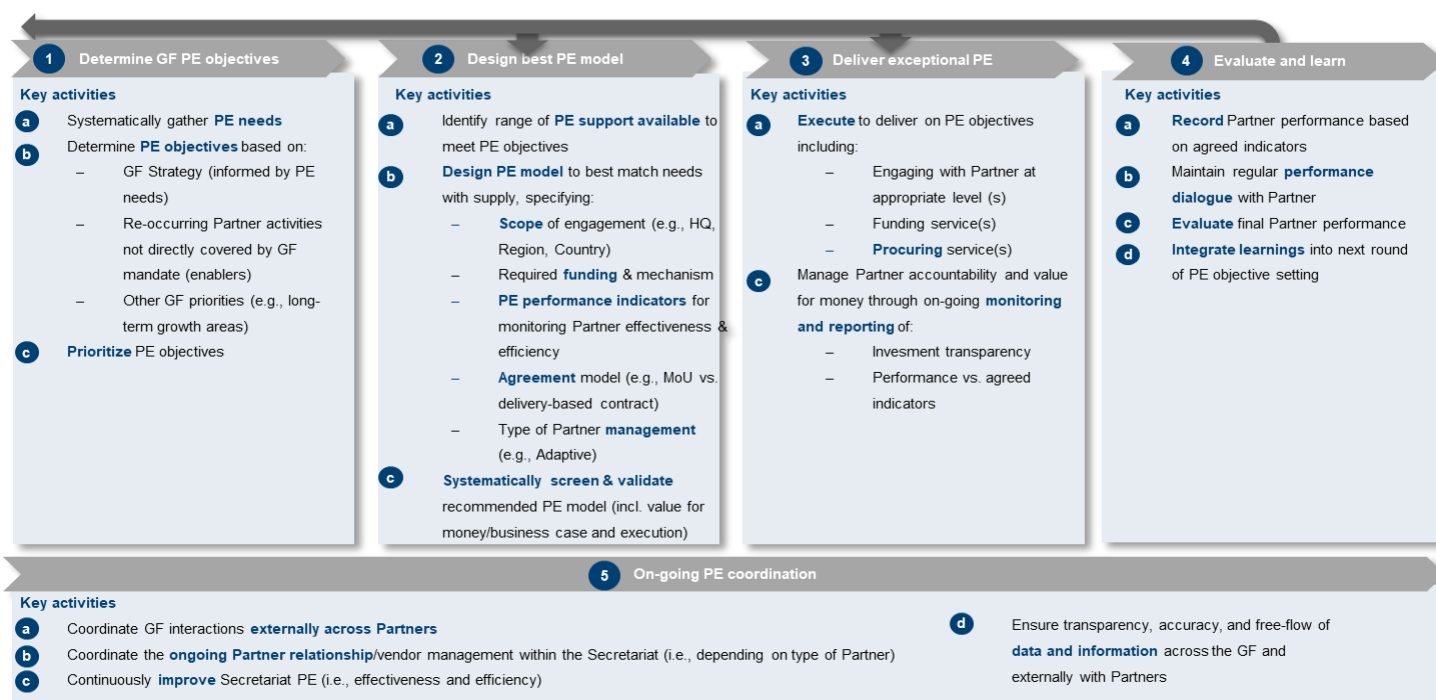
Building on efforts from the Performance & Accountability Framework, we are clarifying the internal Global Fund coordination and differentiated relationship management approaches towards our technical support partners.

Prior to the next allocation cycle, we are joining up the investments in technical support partners in our Strategic Initiatives with those in our country grants. Strategic Initiatives will be held to the same standard and rigor as grants, where appropriate, prior to approval by the Grant Approvals Committee.

Given the nature of the Secretariat's current engagement with technical support functions, these efforts to operationalize high impact changes are inherently cross-functional. In addition, the clarified internal coordination and relationship management approaches systematizes this institutional coherence through the Performance & Accountability Framework.

We thank the TERG for its thematic review of this topic and look forward to continuing to strengthen the impact of Global Fund investments together.

Exhibit 1: Best Practice Partnership Engagement (PE) Value Chain

1 Determine GF PE objectives

Key activities

a. Systematically gather **PE needs**
b. Determine **PE objectives** based on:
   – GF Strategy (informed by PE needs)
   – Re-occurring Partner activities not directly covered by GF mandate (enablers)
   – Other GF priorities (e.g., long-term growth areas)
c. **Prioritize** PE objectives

2 Design best PE model

Key activities

a. Identify range of **PE support available** to meet PE objectives
b. **Design PE model** to best match needs with supply, specifying:
   – **Scope** of engagement (e.g., HQ, Region, Country)
   – Required **funding** & mechanism
   – **PE performance indicators** for monitoring Partner effectiveness & efficiency
   – **Agreement** model (e.g., MoU vs. delivery-based contract)
   – Type of Partner **management** (e.g., Adaptive)
c. **Systematically screen & validate** recommended PE model (incl. value for money/business case and execution)

3 Deliver exceptional PE

Key activities

a. **Execute** to deliver on PE objectives including:
   – Engaging with Partner at appropriate level (s)
   – Funding service(s)
   – **Procuring** service(s)
c. Manage Partner accountability and value for money through on-going **monitoring and reporting** of:
   – Invesment transparency
   – Performance vs. agreed indicators

4 Evaluate and learn

Key activities

a. **Record** Partner performance based on agreed indicators
b. Maintain regular **performance dialogue** with Partner
c. **Evaluate** final Partner performance
d. **Integrate learnings** into next round of PE objective setting

5 On-going PE coordination

Key activities

a. Coordinate GF interactions **externally across Partners**
b. Coordinate the **ongoing Partner relationship**/vendor management within the Secretariat (i.e., depending on type of Partner)
c. Continuously **improve** Secretariat PE (i.e., effectiveness and efficiency)
d. Ensure transparency, accuracy, and free-flow of **data and information** across the GF and externally with Partners

Final Report

Thematic review of the Global Fund country level technical support partnership model

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Submitted by Itad

Results in development

Disclaimer

The views expressed in this report are those of the evaluators. They do not represent those of Itad or of any of the individuals and organisations referred to in the report.

The evaluators have been commissioned by the Technical Evaluation Reference Group (TERG) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to conduct an assessment to provide input into TERG's recommendations or observations, where relevant and applicable, to the Global Fund. This assessment does not necessarily reflect the views of the Global Fund or the TERG.

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Contents

List of acronyms

APCASO	Asia Pacific Council of AIDS Service Organisations
CCM	Country Coordinating Mechanism
CEPA	Cambridge Economic Policy Associates
COE	Challenging Operating Environment
CRSPC	Country and Regional Support Partner Committee
CRG	Community Rights and Gender
CSO	civil society organisation
FPM	Fund Portfolio Managers
GAC	Grant Approvals Committee
GHIs	Global Health Initiatives
GMS	Grant Management Solutions
HSCC	Health Strengthening Coordinating Committee
HSS	Health Systems Strengthening
ICASO	International Council of AIDS Service Organizations
IHAA	International HIV/AIDS Alliance
INGO	international non-governmental organisation
IOM	International Organization for Migration
ITP	Implementation through Partnership
JA	Joint Appraisals
KII	key informant interview
KPIs	Key Performance Indicators
MOU	memorandum of understanding
MOSASWA	Mozambique, South Africa, Eswatini (Malaria initiative)
MSH	Management Science for Health
NGO	non-governmental organisation
NHA	National Health Accounts
PEF	partners' engagement framework
PPPs	public–private partnerships
PR	Principal Recipient
RAI	Regional Artemisinin-resistance Initiative
RSSH	Resilient and Sustainable Systems for Health
rGLC	regional Green Light Committees
RMNCAH	reproductive, maternal, newborn, child and adolescent health

SDG	Sustainable Development Goal
STC	Sustainability, Transition and Co-financing
TAI	Technical Assistance Inc. [Bangladesh]
TCA	targeted country assistance
TERG	Technical Evaluation Reference Group
UHC	Universal Health Coverage
UNOPS	United Nations Office for Project Services
USG	United States Government

Executive summary

Purpose, objectives and scope

This report presents the findings from a thematic review of the Global Fund's country level technical support partnership model. The review is based on data collection and analysis carried out between September and December 2018, including four country case studies (Bangladesh, Côte d'Ivoire, Georgia and Tanzania). As a central pillar of the Global Fund's delivery model, the approach to partnership has evolved over time. In this context, the purpose of this Review is to provide a set of best practices that will highlight the most relevant factors in shaping a successful partnership. The review also has a clear descriptive focus, in order to describe the evolution of the Global Fund approach to partnerships over time, and some of the key partnership models that have emerged.

The objectives of the review are to:

1. Develop a greater understanding of how and to what extent technical support partnerships have contributed to improved programme outcomes at the country level; and

2. Generate learning to contribute to ongoing improvements in the Global Fund's partnership models and working modalities.

The review is focused on the Global Fund technical support partnership model. As such, a principal outcome of the review is a more formal typology of the technical support partnerships in which the Global Fund engages, highlighting the factors that drive success within these partnerships.

We recognise that there is a clear distinction between a partnership and a contractual relationship, the latter being a form of service delivery by a third party with transactional elements and obligations by one party to deliver specified results. We have excluded contractual relationships from the review unless they are taking place within the framework of a broader, longer-term collaborative partnership that also meets our definition of a technical support partnership (see Box ES-1). We make an important distinction between technical support partnerships and technical assistance. The latter, which tends to be short-term assistance or assistance to directly fill a gap, rather than build capacity to address a gap, is not the focus of this Review.

Notable limitations of the review were the short time frame for conducting it, limited access to countries for in-depth case studies, and limited scope to assess the contribution of different partnerships to Global Fund objectives.

Box ES-1: Definitions

Technical support: Support aimed at strengthening the capacity of institutions, organisations or individuals to enable them to successfully engage in the negotiation, design, implementation or monitoring of Global Fund grants. This includes support to engage in advocacy and accountability processes and to improve the interface between Global Fund programmes and broader systems for health.

Partnership: A voluntary, collaborative relationship between two or more actors to achieve a shared goal.

Approach

This Review generates learning to inform ongoing improvements to, and different options for, the Global Fund's partnership approach. A technical approach based on the idea of 'looking back to look forward' was adopted and the review was divided into summative and formative components. Four country case studies and eight 'Spotlights' (desk-based, in-depth studies of specific partnership issues or contexts) were conducted to review a diverse range of technical support partnerships. Data were collected through document review, key informant interviews and country visits, analysed using a diagnostic framework, compiled into a central matrix and assessed against a set of criteria to identify six models of technical support partnership being used by the Global Fund as illustrated in Box ES-2.

Box ES-2: Six Global Fund Technical Support Partnership Models

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Partnership Model 1: Bilateral Global Fund Set Asides

The bilateral '*Set Asides'* partnership model refers to the funding channelled directly by bilateral partners (donors) to country partners using a proportion of their total contribution to the Global Fund set aside for use alongside Global Fund-managed programmes.

Partnership Model 2: Partnerships to operationalise Global Fund Strategic Initiatives

Strategic Initiatives provide funding for centrally managed approaches that cannot be addressed only through country allocations due to their cross-cutting or off-cycle nature, but are critical to ensure country allocations deliver against the strategy. Strategic Initiatives rely on established partners and existing shared objectives so they aim to rejuvenate action or address technical barriers to progress.

Partnership Model 3: Global Strategic Partnerships

Strategic level global partnerships refer to partnerships with other global health organisations whose objectives overlap with those of the Global Fund. These partnerships require best practice in terms of Effective Development Cooperation, a concern for alignment at country level and for coordination, efficiency and clear identification around roles and responsibilities in the global architecture.

Partnership Model 4: Technical Capacity Strengthening through Grants

The Grants model refers to the technical support partnerships that are identified, managed and coordinated by countries in the delivery of Global Fund grants. The locus of partnership definition and management is thus the country, with oversight of the Country Coordinating Mechanism, usually in close coordination with country governments. Principal- and sub- recipients are usually established partners. Grants can be used to support long-term technical and capacity building challenges over multiple cycles.

Partnership Model 5: Non-State Partnerships

These partnerships are with private and civil society/NGO (non-state) actors and communities, loosely gathered in this model of non-state partnerships as their main commonality is that they link into countries using considerably different networks from those of the Global Fund or partners working in the state sector. They tend to have durable relationships with others in their area of interest, including the Global Fund.

Partnership Model 6: Technical Support Enhancers

The Global Fund as an organisation engages in a range of technical and enabling partnerships that have been formed to address identifiable and shared gaps or challenges that require agreed solutions. Many of these partnerships focus on specific dimensions of health systems strengthening (or development approaches) creating opportunities for the Global Fund to link its disease focus to a broader agenda and global health goals.

For each partnership model, further analysis presented in the main report in Section 2.5.3, identified the types of organisations partnering with the Global Fund, where accountability lies, the primary and secondary (or complementary) funding source and the source of the technical support mandate.

Findings

For each model, individual partnerships were reviewed and the basic elements of the partnership were defined. Findings were organised for each model in an expanded SWOT[1] format to summarise the key enablers, barriers, opportunities and threats, and to facilitate the identification of best practices. A summary of the key elements of the SWOT for each partnership model is presented in Table ES-1. The full findings are presented in Section 3 of the main report.

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[1] We have expanded the SWOT analysis to include **S**trengths/enablers, **W**eaknesses/barriers, **O**pportunities for enhancement/replication, and **T**hreats/risks.

Table ES-1: Partnership model SWOT summary

| Model	Strengths	Weaknesses	Best practice identified from among partnerships reviewed
Model 1: Bilateral Set Asides	• Flexible and responsive to country needs; • Promote country ownership; • Promote South–South learning.	• Not always coordinated with other country-based technical processes; • Can be time-consuming; • Not fully visible or transparent (clear) to the Global Fund; • Sustainability may be limited.	• Clear eligibility and a transparent application process; • Flexibility and scope to increase technical support throughout the grant life cycle; • Alignment with country, Global Fund, bilateral donor and implementing partner improves process and outcomes.
Model 2: Partnerships to operationalise Global Fund Strategic Initiatives	• A flexible approach that can be aligned to country priorities and adapted to context specific needs; • Can involve a wide range of partners to focus on a common objective.	• Global level mandate and centrally driven (can reinforce verticality); • Difficult to monitor other than through output-driven targets and narrative reports; • Sustainability may be limited.	• Alignment within the Global Fund leads to a more powerful, cohesive approach; • Clear outcome targets and results-based financing create momentum in the partnership; • Coherence with country policies and strategies increases the reach and effectiveness of the approach. • Integration into ongoing programmes and partnerships support coherence and strengthen coordination.
Model 3: Strategic Global Partnerships	• Identification of roles and responsibilities between major global health partners improves coordination and effective development cooperation in countries; • Each partner brings its own mandated area of focus to address a shared objective.	• In practice, approach to partnership among global actors is variable at country level with quality constraints and technical challenges left unaddressed; • Personal relationships, assumptions and informal agreements underpin much country-based working among global health partners.	• The high-level agreement with WHO clarifies roles and responsibilities, as well as accountability arrangements, making it possible to start tracking and improving coordination for technical cooperation; • However, global level agreements are not, in themselves, the key to effective partnership. Country level arrangements should engage national authorities and could help expand accountability more broadly within the health sector.
Model 4: Global Fund Grant Funded Partnerships	• Places ownership more clearly with countries in terms of objectives, partner selection, implementation approaches; • Enables long-term support to established partners; • Increases the likelihood of timeliness, relevance, and coordination and coherence with broader systems strengthening processes.	• Role of the CCM in terms of partnership management is unclear and there may be conflicts of interest; • Ministries of Health may not have full oversight of all elements of grant supported partnerships especially where political will is needed for reforms; • Lack of capacity or knowledge may limit partnership options and opportunities, while	• Optimises the potential for country ownership and accountability by enabling countries to select their own technical partners and integrate technical support initiatives into larger or longer-term reform processes; • Effective solutions to using grant funding to pool funds to support strengthened capacity building and technical support to countries are available (e.g. the WHO Green Light Committee technical support agreement).

		poor design can lead to duplication or limit sustainability.	
Model 5: Non-State Partnerships	• Can broaden engagement and increase community participation in partnerships; • Increase access to underserved and target groups including key populations; • Bring in new funding sources; • Expand networks to a wider group of stakeholders.	• Culture shifts can be needed among all partners; • Limited knowledge or evidence about comparative advantages in non-state partnerships lead to poorly defined roles and responsibilities; • CSOs carry disproportionate responsibility for prevention services to key populations; • Accountability of private sector groups may lie outside the partnership.	• Support to South–South learning; • Optimise CSO access to new and underserved target populations; • Global Fund support through sustained, long-term capacity building (e.g. to CSOs) can significantly transform the opportunities for country-based non-state actors in the health sector especially if support includes leadership, governance and management skills.
Model 6: Enhancing Partnerships	• Problem focused and built around a clear and mutual challenge; • Voluntary participation leads to practical partnerships based on comparative advantage; • Can be innovative and create new solutions to long-standing problems.	• Partnerships are somewhat informal and not specifically accountable; • May not include a sufficient breadth or depth of participants to lead to significant change; • May be insufficiently managed or supported; • Some partners may not have funds to join unless supported (e.g. some countries or NGOs).	• Focused on a clearly articulated, shared problem for which there is no agreed resolution; • Partners make commitments to the partnership including funding, expertise, participation, testing the findings, implementing agreed results.

Discussion

The findings suggest that a successful partnership model needs to deliver results for countries, the Global Fund and other partnership members. Partnerships should be designed and implemented in accordance with sound design and partnership principles.[2] This is mapped out in Figure ES-1, the framework which we also use for presenting the conclusions which follow from the findings of the six partnership models.

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[2] Partnership principles are: Outcomes Focus; Systems Strengthening; Alignment; Transparency; Evidence-based, Gender and human rights focused, Respect for Mandate, and Country Ownership, and combine the Global Fund's own practices (e.g. as used in its October 2018 MOU with WHO) and those identified in in the report Nina Schwalbe, *Engagement with Technical Partners: Initial Recommendations for Improving Alignment with Principles*, Spark Street Consulting, 18 June 2018.

Figure ES-1: Framework for presenting conclusions
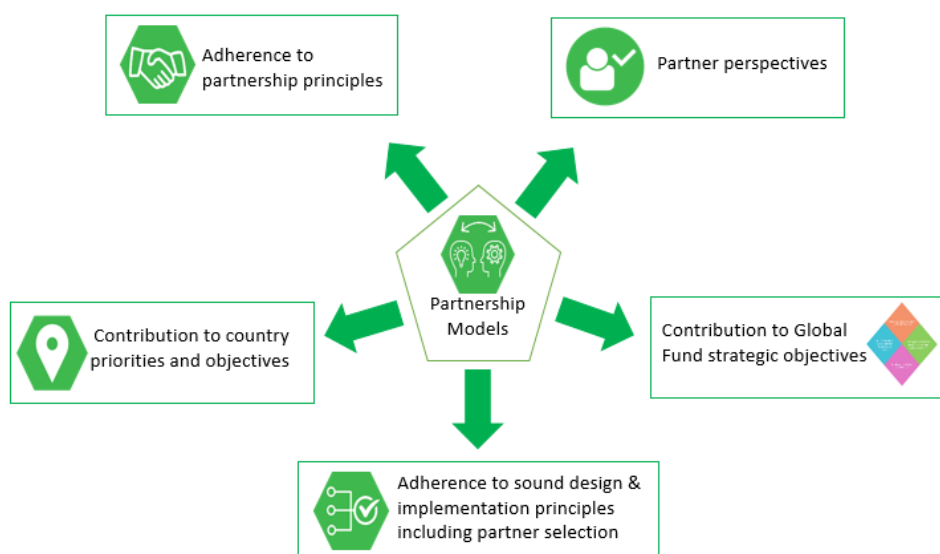
The following discussion structures the synthesis of the findings across the six partnership models around the six components of this framework. Each of the components of the framework is addressed in turn.

Partnership models

The partnership models serve distinct purposes. For example, the *Set Asides* aim to support countries in their interactions with the Global Fund, but they also meet a number of domestic needs related to visibility of aid and political commitment. Their approach is not primarily to support the Global Fund itself but rather to complement the work of the Global Fund, increase accountability within their own political contexts and invest in countries they consider a priority (e.g. the French 5% Initiative prioritises francophone African countries). The existence of the *Set Asides* also keeps their respective governments engaged with the Global Fund beyond taking a turn in a Board seat every few years.

While no individual partnership model is the 'best', it is evident that technical partnerships have different strengths and limitations and can, with careful management, complement each other effectively. There is good evidence of multiple partnerships interacting to improve the impact of one another. The different strengths of the partnership models identified in this Review suggest that the Global Fund is right to work through a wide range of partnerships for technical support to countries.

Contribution to Global Fund strategic objectives

The technical partnership models reviewed here clearly link to the delivery of Global Fund strategic objectives although the *relative* contribution of each was not possible to estimate. The models are primarily geared towards addressing the first strategic objective (impact on the three diseases) although the Strategic Initiatives seem well distributed among disease outcomes, human rights and gender, and RSSH. The strategic objective linked to raising more resources seems the least systematically addressed, especially in relation to domestic resource mobilisation.

The most effective[3] partnerships (from the Global Fund's perspective) are those that integrate commitment and engagement *within* the Global Fund (at headquarter and country level and across the strategic and grant delivery teams) as well as *between* the Global Fund and its partners, *including* country commitment and engagement. Additionally, institutional arrangements are in place to loop country activity, funding, technical support and (crucially) results back to the global or headquarter level within the Global Fund.

Contribution to country priorities

Differentiated approaches to technical capacity building are needed in countries. For example, Transition, COE settings and those where the Global Fund is one of only a few partners. These differences relate to scale (COE environments and least developed countries are likely to need more) and specificity (pre-transition and transition countries have very specific gaps that can be addressed with targeted inputs).

A significant proportion of support is needed to compensate for continual brain drain. This was a concern in all country contexts. Whilst this is a widespread problem that is not unique to the Global Fund, it is nonetheless an important, shared concern; the capacity gaps in partners and in-country health systems are both caused by and result from reduced effectiveness.

There may be a significant level of technical support provided by mandated technical partners working alongside the Global Fund that is nonetheless undocumented. Partnerships with a financial agreement tend to be better integrated into the Global Fund 'community' with regular communication around achievements, and efforts to ensure collaboration and coordination.

Partnership models that facilitate South–South learning are appreciated by in-country partners, for example where the partnership delivery mechanism allows sufficient flexibility to use local consultants from the region, where concerted efforts are made to piggy-back on regional and international meetings and use technology to facilitate learnings, and professional connections and networks are built for ongoing support and mentoring rather than fly-in, one-off consultancies.

Partner perspectives

Many country-based partners expressed views about the fundamental importance of effective development cooperation (good coordination, alignment, communication, respecting partners, a focus on results, etc.) within the partnership process. Overall, there was a perception that Global Fund approaches to partnerships were becoming more methodical and constructive with time especially in contexts where development partner coordination was more established. This was not universal, and one informant (echoed by others) said that uneven coordination and communication sometimes led to '*misunderstandings and inefficiencies'*.

The critical role of individuals and individual relationships in successful partnership was emphasised throughout the review emphasising the importance of leadership, management and governance skills. For many country-based partners, the role of the Fund Portfolio Manager (FPM) was the axis on which their partnership with the Global Fund turned, whichever partnership model they were engaged with. The leadership and management capacity of other partnership leaders also affected the pace, progress and outcomes of partnerships.

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[3] *Effective*, in this context, and as defined in Table 1, refers to the partnership's success in meeting its specific objectives through collaborative work.

Some global and bilateral partners observed that the Global Fund was engaging more proactively in providing technical support in countries and saw this as a departure from being a funding agency only. They observed that the Global Fund's engagement in technical inputs in countries (primarily through the Strategic Initiatives) could '*fuel competition and lack of direction*' as well as duplication, but if handled well could '*enable and encourage collaboration*'. Partners pointed out that the approach to partnerships has evolved since 2001, when the relationship between the Global Fund and other partners was based on cordial interaction, to something more focused on country ownership rather than just providing money.

A number of partners reflected on whether the Global Fund is sufficiently punching at or above its weight in all matters in a partnership context. Some suggested that the Global Fund could exert more influence in countries (beyond the three diseases programmes) in support of broader health systems strengthening and reform, particularly in light of country ambitions to advance UHC. However, there was an acknowledgement of the continuing challenge in getting the right balance between direct engagement and working through others. For most informants, while the Global Fund was considered to be on a positive trend, there was more to do. As one informant said, '*There is a missed opportunity for the Global Fund to capitalise on its relationships to facilitate transition for sustainable health programming, to reduce dependence on external funding, and move towards UHC*'.

Adherence to design and implementation principles

Where partnerships are strong, healthy and productive the reasons are similar, whatever their model. Across the examples of technical support partnership reviewed, the most functional and productive partnerships:

- Identified partners' comparative advantage and selection, their common point of interest and their mutual focus on a similar outcome;

- Clearly defined and articulated through an agreement, MOU, terms of reference or similar document that clearly lay out strategic objectives, modes of working, contributions of each partner (financial and otherwise), monitoring plans, and accountability;

- Had the scope to differentiate contexts and circumstances and so adjust country by country; and

- Promoted sound partnership principles including country ownership, transparency, coordination with others and a clear focus on results.

Across all partnership models, there were examples of insufficient quality control, monitoring, lesson learning and accountability, especially in relation to specific inputs (technical contributions).

Close monitoring and support for coordination amongst partnerships can improve targeting and effectiveness. This is particularly the case when the area of technical support is specific and multiple partners can add specific value (e.g. the role of the Global Fund CCM Hub, or coordination of support from WHO (rGLC) and Stop TB for procurement and supply chain management). The Situation Rooms, particularly the TB Situation Room, have increasingly become a vital tool in technical support collaboration and coordination from country-to-global-to-country.[4]

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[4] Insufficient evidence about the HIV or Malaria equivalents to the TB Situation Room was gathered during this Review and the positive review of the TB Situation Room does not imply any negative assessment of similar arrangements for the other disease (e.g. the CRSPC for malaria).

Adherence to partnership principles

The partnership principles[5] were not fully visible in any single partnership model although some individual partnerships were better performing than others. For example, grants were more likely to foster country ownership but they were often not fully aligned especially in relation to RSSH. The Gavi approach to partnerships aimed to systematically incorporate these principles in its overhaul of the Partner Engagement Framework and the mechanisms built into the model to address accountability: transparent, joint assessments and agreements about what technical capacity should be prioritised and which partners should engage offers useful lessons to the Global Fund. While not entirely transferable, the prospect of boosting transparency, predictability and participation among a broad range of stakeholders, including – crucially – non-disease partners, would help address a commonly observed weakness in many of the partnerships studied.

Whereas partnerships worked well for a similar range of reasons (primarily related to design) they were less effective for a wide variety of causes, many related to the extent to which they adhered to core partnership principles or where vague and poorly defined; duplicative of others; unaccountable in relation to broader processes in a partner country; or failed to deliver quality or sustainable technical inputs.

Conclusions

Our conclusions consider the evidence for efficiency and effectiveness, best practices, the critical factors that underpin partnerships, and lastly, a discussion about the contribution of partnerships on Global Fund programmes and how impact could be improved more systematically.

Efficiency and effectiveness

The ability to assess efficiency and effectiveness was highly variable within and across partnerships and partnership models. For example, among the *Set Asides*, the evidence needed to assess efficiency was available in some of the *Set Asides* more easily than in others. In assessing effectiveness, it was possible to use annual reviews or reports (e.g. a USAID report to Congress, a French report to its parliament) to get a snapshot of global effectiveness from the perspective of the partnership itself (or commissioned evaluations where available), but not to assess the country impact of that partnership.

On the other hand, there was fairly good evidence about some of the Strategic Initiatives and the strength of that evidence is likely to grow over time. There was limited evidence about the efficiency and the effectiveness of global partnerships although this was partly due to the way in which global partnerships operate; their impact on countries is visible in general terms as they are very active and tend to be highly engaged, but it is difficult to isolate the element of this engagement that is specific to a Global Fund-focused partnership. In any event, it is reasonable to assume that these partnerships have impact that outstrips direct financing due to their technical role in the global health architecture and in countries.

The evidence gathered in this Review to assess the role and impact of partnerships was rich in content but dispersed and often particular to specific countries or even partnerships within countries, making it challenging to draw overarching conclusions. Additionally, whilst the resources for specific country studies allowed us to gather evidence on the partnership ecosystem and specific examples of what was working/not working in individual partnerships, the evidence needed to comprehensively assess the efficiency and effectiveness of each partnership in individual countries was not possible to gather without

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[5] Outcomes Focus; Systems Strengthening; Alignment; Transparency; Evidence-based, Gender and human rights focused, Respect for Mandate, and Country Ownership.

in-depth country by country studies. In order to capture and present this variability, qualitative efficiency[6] and effectiveness[7] assessments of each partnership model were assembled, reviewing the extent of the evidence (strong, medium, weak or variable) and the strength of that evidence using a red, amber, green rating. This analysis is presented in Table ES-2.

Table ES-2: Summary of evidence of efficiency and effectiveness in partnership models

Partnerships	Efficiency		Effectiveness	
	Findings SMW (V)	Strength of evidence RAG	Findings SMW (V)	Strength of evidence RAG
Set Asides	M (V)		M (V)	
Strategic Initiatives	M		M	
Grant-funded partnerships	(V)		(V)	
Global partnerships	(V)		(V)	
Non-state partnerships	M (V)		(V)	
Enhancing partnerships	M (V)		S/M	

Best practices

We have identified a range of best practices from the evidence and analysis. These best practices and examples for each area of best practice from across the partnership models is detailed in Table ES-3.

Table ES-3: Best practices in technical partnerships to support impact on Global Fund objectives

Best practice identified	Partnership examples
Flexible and responsive to country needs and priorities; promotes country ownership	Grant funding most clearly places countries at the centre of decision-making regarding objectives, partner selection, timing and sequencing, commitment to sustaining results and implementation approaches.
Strengthens the capacity of country and region-based technical groups and individuals	The National TB Research Laboratory in Georgia is an excellent example of how long-term, consistent Global Fund investment has transformed their capacity with funds from both from grants allocated to the country and from the *Set Asides*. It is now a WHO reference laboratory.
Institutional alignment within the Global Fund, and between Global Fund Secretariat and country programmes	The alignment required to implement the *TB: Missing Cases* initiative is a good example. Although initiated and managed directly from the Global Fund Secretariat, FPMs in target countries have performance incentives linked to the delivery of outcomes. This creates an accountability and monitoring link between country and Secretariat managed programmes. Communication with implementing partners at country and headquarter levels was more coherent and effective.

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[6] Efficiency was defined as the extent to which the partnership helps one or both partners increase their outputs, develop or improve coordinated and avoid duplication.

[7] Effectiveness was defined as the extent to which a partnership meets its specific objectives and/or fulfils it shared goals through collaborative work.

Create space for the meaningful participation of key and vulnerable populations	The community engagement platform supported by the CRG Strategic Initiative and grant funding to support CSO outreach to key and vulnerable populations were two examples of how partnerships expand the response in ways that extend service delivery – especially prevention services and demand for care and treatment.
Clear identification of the objective or purpose of the partnership	Enhancing partnerships tend to have clear objectives (if not always specified outcomes). For example, the Health Data Collaborative aims to address a shared challenge and develop a common solution for all its partners.
Clear links to defined outcomes	Outcomes should be discernible and achievable, with a results chain that is fit for purpose for the intervention. For example, civil society platforms may have outcomes linked to enhanced participation by communities in accountability processes.
Clear identification of roles and responsibilities	Where partners have global mandates and multiple roles in the health system, it is helpful to be clear about roles and responsibilities within the partnership. The new MOU with WHO aims to support the implementation of this best practice (other MOUs with UNAIDS and UNICEF which aim to do this are underway). While not every partnership needs or should have a formal MOU, within the global health architecture, this can help to ensure better alignment and coordination.
Expand networks and catalyse broader engagement and more support	Where possible, partnerships should incorporate the demands of and meaningful participation by key and vulnerable populations as well as broader communities. The CRG Strategic Initiative is an example of a partnership that aims to expand engagement and capacity by reaching smaller, country- or sub-national level networks through larger networks at regional or country levels.
Innovative and creates new solutions to recognised problems or challenges	Where there are shared challenges or gaps, the Global Fund can apply its considerable experience and skills to partnerships aimed at creating global health goods. The Data Collaborative Enhancing partnership is a voluntary collaborative forum to strengthen data collection, quality and use in a way that meets all the participants' needs and in effect, creates a public good.
On a country level, coordination and alignment among technical partners improves efficiency and accountability	In Tanzania, there is a methodical planning process for technical support that reduces duplication and improves coordination.
Targeting and advancing innovations in partnerships	The evolution of the regional Green Light Committee has led to an efficient approach to technical support partnerships that are sustainably funded with focused expertise.
Partners work to their comparative advantage in countries	In Côte d'Ivoire, the implementation of the malaria programme is enhanced through its link to UNICEF's established community engagement activities and clear experience in this area.

Contribution to improving programme outcomes

This section summarises the evidence from this Review on how technical support partnership are contributing to improving programme outcomes.

There is evidence of a direct link between partnerships and impact on Global Fund programmes which show how long-term, sustained partnerships with clearly defined goals, mutually agreed objectives and sufficient flexibility, can have impact. Examples such as the Strategic Initiative on TB, which interacts with partnerships funded by grants, demonstrate where different partnership models worked together to deliver more impact than any one of them would have on its own such. Bilateral *Set Asides* supported capacity building that visibly enhanced and supported improved programme implementation, for example in Georgia and in Côte d'Ivoire.

The *extent* to which technical support partnerships contribute to improved programme outcomes at the country level varied by partnership model and by country context but each model has the potential to address important needs that could otherwise be difficult to meet. The management of technical support partnerships and the appropriate use of individual partnership models for different purposes can improve Global Fund effectiveness. Basic principles of effective development cooperation apply to technical partnerships (country ownership, transparency, focus on results) and influence the impact of individual partnerships especially in relation to alignment with ongoing country reforms and processes.

Cross-institutional coherence and alignment within the Global Fund can sustain focus and strengthen accountability for the results achieved through partnerships. A number of strategies were noted through which this was already happening, including alignment across the organisation from HQ to country programme level. Many partners are engaged across several partnership models simultaneously and these partners should be particularly carefully nurtured and managed given their complexity and importance to Global Fund outcomes.

Strengthening the practice of partnerships to improve impact

Although a core mechanism through which the Global Fund operates, technical support partnerships are vulnerable to factors that are hard to control or mitigate including context, individuals and partnership management. Partnerships should be developed, managed and nurtured using an approach that seeks to replicate the best practices and follow sound design and implementation principles. These are encapsulated in the *Partnership Process Guidelines* (Figure ES-2).

Figure ES-2: The Partnership Process Guidelines
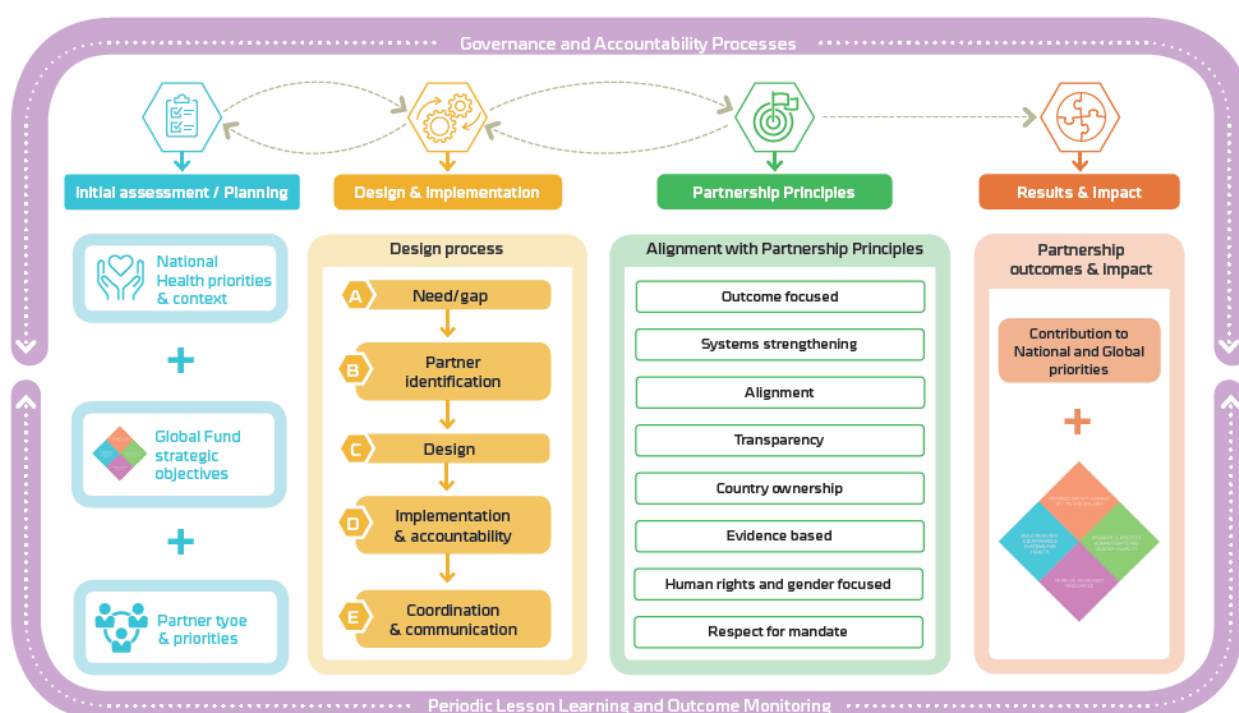
Recommendations

Drawing on the findings and conclusions, the following recommendations seek to guide decision-making and investment into partnerships going forward, maximising strengths and promoting opportunities to increase coherence while confronting barriers and minimising risks. The recommendations are rooted in the overarching conclusion that partnership models have different roles and no single model is best or even desirable; successful partnerships, whatever their model, share a common range of attributes. These attributes can and should be nurtured in all partnerships. Recommendations one, two and three apply to the Global Fund and its country and technical partners while recommendations four to seven are targeted to the Global Fund more directly.

Recommendation 1

Promote more transparency and better coordination in technical support partnerships at global level and in countries

Working with countries and technical support partners, the Global Fund should consider how to increase transparency and alignment among partners, including those that finance, deliver, and consume technical support and at both global and country levels.

The Global Fund should be a stronger advocate for more integrated technical support planning. Bearing in mind that coordination and alignment, as well as multi-partner planning processes, have been pursued in different ways in the past and have encountered various challenges, any innovations or revitalised efforts should be focused on encouraging best practice among major partners to increase transparency and reduce duplication and inefficiencies.

Recommendation 2

Strengthen accountability for outcomes and results of technical support partners and all parties involved in partnerships

Consider how to strengthen accountability by the Global Fund and its partners for quality, timeliness and sustainability of technical support offered and delivered by all partners. It is important that this is done in a way that does not create a new, bureaucratic process – for example, integrating the forum(s) for review of technical support outcomes into existing processes could support the aim of greater accountability without needing to create a new, bureaucratic process. The Global Fund should model accountability –with open acknowledgment of successes and challenges – from its position as a participant in technical support partnerships.

The new funding cycle would be an ideal opportunity to introduce a renewed focus on joint accountability.

Recommendation 3

Increase investment in building capacity to institutionalise essential health systems processes through technical partnerships

The Global Fund should consider how technical partnerships could be encouraged to invest more in institutionalising relevant systems and process into the health systems to promote increased sustainability in disease control programmes as well as in health systems strengthening, inclusion, community rights and gender and other Global Fund priorities.

Recommendation 4

Strengthen partnership management across all partnership models

The Global Fund should consider how it can more systematically integrate best practice into technical partnership management, starting with a focus on its major global technical partnerships.

- The Global Fund should consider whether and how it can make more systematic use of the partnership best practices identified in this Review and summarised in the *Partnership Process Guidelines* (Figure 5) as a guide to the design, management and monitoring of major technical partnerships across the Global Fund.

- When developing new partnerships, the Global Fund should consider how to adopt a more methodical approach to ensuring that these partnerships incorporate best practices, especially at country level and in the context of effective development cooperation commitments (based on the *Partnership Process Guidelines*).

Recommendation 5

Evolve and refine the Strategic Initiatives partnerships in the next funding cycle to be more country driven and sustainable.

Building on experience in the current programme cycle, the Global Fund should assess the way that technical support partnerships most relevant to delivering the Strategic Initiatives are designed, implemented and monitored with a view to ensuring that country leadership, alignment and ownership are not compromised in favour of short-term quantifiable results.

The way that technical support partnerships are used to deliver the Strategic Initiatives should be assessed carefully for their impact on differentiated country contexts. Recognising that there are quite a number of Strategic Initiatives and that they are very different from each other, refinements will be different for each of them. Adjustments should be oriented around ensuring the Strategic Initiatives partnership model can be better integrated into or aligned with partnerships that support country grant implementation as well as the contributions of other country-based partners working in similar areas.

Recommendation 6

Consider how to strengthen internal alignment and institutional coherence within the Global Fund between headquarter and country levels

Drawing on best practice, the Global Fund should consider how it can incentivise and strengthen alignment between the different divisions in the Secretariat (the Strategy, Investment and Impact Division and the Grant Management Division) with each other and with country teams.

Recommendation 7

Use the Prospective Country Evaluation (PCE) programme to analyse the six partnership models proposed in this Review and more fully assess their benefits, strengths and limitations.

The PCE programme is an ideal opportunity to build a better understanding of good practice across a wider range of countries and contexts and to test whether and how some partnership models work better than others.

1   Introduction

This report presents the findings from a thematic review of the Global Fund's country level technical support partnership model. We are pleased to have had the opportunity to work with the Technical Evaluation Reference Group (TERG) and the wider Global Fund on bringing the report together.

The review is based on data collection and analysis work carried out between September and December 2018, including four country case studies (Bangladesh, Côte d'Ivoire, Georgia and Tanzania). This final report draws on ongoing engagement with the TERG and follows the submission and incorporation of feedback from the TERG Secretariat on preliminary findings, as well as inputs provided by key stakeholders from the Global Fund Secretariat at a recommendations co-creation workshop held in Geneva on 11 December 2018.

The report is structured as follows:

- This section (**Section 1**) focuses on the purpose and objectives of the review, followed by the scope and some limitations faced by the review.

- In **Section 2** we describe our technical approach and give an overview of the phases of the evaluation, including the data collection methods and tools as well as our approach to data analysis.

- **Section 3** presents the findings of the review.

- **Section 4** presents a synthesis of the findings.

- **Section 5** sets out our evaluation conclusions.

- **Section 6** presents our recommendations.

1.1 Purpose

Partnership is one of the central pillars of the Global Fund's delivery model and as detailed later in the report, the approach to partnership has evolved over time. In this context, the purpose of this Review is to provide a set of best practices that will highlight the most relevant factors in shaping a successful partnership.

In relation to the above, the review also has a clear descriptive focus, in order to describe the evolution of the Global Fund approach to partnerships over time, and some of the key partnership models that have emerged.

1.2 Objective

The objectives of the review are to:

3. Develop a greater understanding of how and to what extent technical support partnerships have contributed to improved programme outcomes at the country level.

4. Generate learning to contribute to ongoing improvements in the Global Fund's partnership models and working modalities.

1.3 Scope

The review is focused on the Global Fund technical support partnership model. As such, a principal outcome of the review is a more formal typology of technical support partnerships in which the Global Fund engages, which highlights the factors which drive success within these partnerships. The early stages of this Review focused on framing and describing some of the partnerships that the Global Fund is engaged in. This analysis led to the identification of six partnership models and the development of an analysis framework. We have used a variety of methods to assess technical support partnerships at

different levels, enabling an exploration of how they function and what drives success. Looking from global and country level perspectives and disease-specific interventions and collaborations, we have explored many of the issues that arise related to technical support partnerships for the Global Fund. We have also looked at these partnerships in terms efficiency, effectiveness and impact and – given the qualitative nature of most partnerships – we propose some definitions for these terms as applied to technical support partnerships (see Table 1).

We recognise that there is a clear distinction between a partnership and a contractual relationship, the latter being a form of service delivery by a third party with transactional elements and obligations by one party to deliver specified results. We have excluded contractual relationships from the review unless they are taking place within the framework of a broader, longer-term collaborative partnership that also meets our definition of a technical support partnership (see Table 1). We are making an important distinction between technical support partnerships and technical assistance. The latter, which tends to be short-term assistance or assistance to directly fill a gap, rather than build capacity to address a gap, is not the focus of this Review.

For the purpose of this Review, we used the definitions listed in Table 1. It is worth noting that key informants and stakeholders used the terms technical support, technical assistance and partnerships in different ways, and a detailed discussion with stakeholders was often necessary to agree on a common understanding of these terms, for the purpose of this Review, before being able to discuss more substantive issues.

Table 1: Key definitions

| Term	Definition
Technical support	Support aimed at strengthening the capacity of institutions, organisations or individuals to enable them to successfully engage in the negotiation, design, implementation or monitoring of Global Fund grants. This includes support to engage in advocacy and accountability processes and to improve the interface between Global Fund programmes and broader health systems.
Delivery	The process of providing services to final beneficiaries; this may include engaging in advocacy activities, governing and managing health systems, improving financial management, providing quality health services to individuals or communities, or strengthening accountability.
Partnership	A voluntary, collaborative relationship between two or more actors to achieve a shared goal based on mutual agreement.
Effectiveness (of a partnership)	The extent to which a partnership meets its specific objectives and/or fulfils its shared goals through collaborative work.
Efficiency (of a partnership)	The extent to which the partnership helps one or both partners increase their outputs, develop or improve coordinated working within the sector, and avoid duplication and reduce transaction costs.
Impact	The additional results achieved as a result of the collaborative work of the partnership.

2 Technical approach

2.1 Overview

This Review generates learning to inform ongoing improvements to, and different options for, the Global Fund's partnership models and working modalities. Thus, we adopted a technical approach based on the idea of 'looking back to look forward'. Taking this approach, the review was divided into a summative

component and a formative component, which was further divided into four distinct phases. Our technical approach is summarised in Figure 1 and the different phases are described below:

- **Phase 1: Framing and Describing –** focused on developing a common analytical framework for unpacking the way the Global Fund has approached partnerships and then using this frame to generate a typology of technical support partnerships.

- **Phase 2: Evaluative –** was the evaluative phase and focused on generating robust evidence-based findings about what has worked well, best practices, constraints and areas for improvement in terms of technical support partnerships.

- **Phase 3: Identification of best practices –** focused on the co-development of forward-looking (normative) best practices in partnership processes, which shows how technical support partnerships should work at the Global Fund. This phase has been informed by both the analytical frame developed in Phase 1 and the evaluative evidence of Phase 2.

- **Phase 4: Recommendations –** focused on delivering a set of clear, actionable and realistic recommendations and options for the Global Fund's technical support partnership model and working modalities with a view to improving the effectiveness and impact of its investments.

Figure 1: Phases of the review
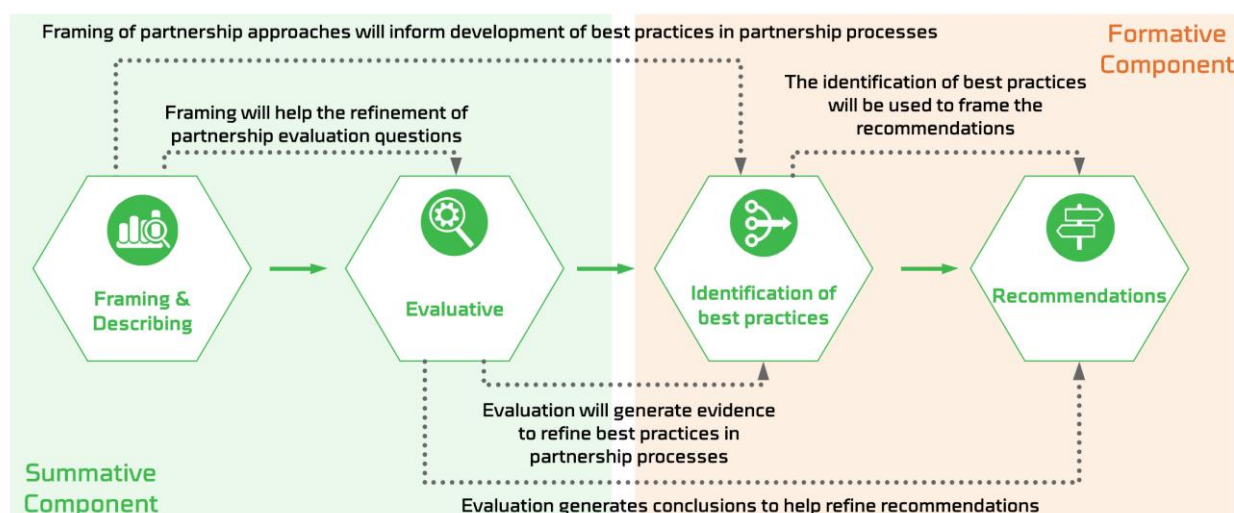
The review was guided by a set of evaluation questions (see Annex F) along with an indication of which phases of the review were used to answer the different evaluation questions.

2.2   Country case studies

The review included four country case studies that aimed to explore how technical support partnerships work in different contexts at country level. The approach was to study the role that technical support partners play in advancing both Global Fund and country goals, while also enabling a distinction to be made among the many functions that technical support partners may undertake, often simultaneously.

To ensure the case studies generated a broad range of experience, country selection was guided by a range of criteria such that overall, we aimed to cover countries:

- From different geographical regions;

- From different types of portfolios (Core, Focused, High Impact), with a majority from the high impact group to reflect the disease burden and financial investment;

- At different stages of the economic development continuum;
- Reflecting, if possible, the two cross-cutting themes (challenging operating environments and transition countries); and
- Involved in the Implementation through Partnership (ITP) pilot.

Using these criteria, Table 2 identifies the country selection in partnership with the Global Fund Secretariat. As anticipated, the countries offer a diverse range of geographic and economic development settings, and different levels of disease burden.

Table 2: Country case studies

Country	Country type	Region/diseases/cross-cutting	Dates of visit
Bangladesh	High impact	South Asia, HIV/TB/malaria	5–8 Nov 2018
Georgia	Focused	Eastern Europe and Central Asia, HIV/TB (Transition country)	29 Oct–2 Nov 2018
Côte d'Ivoire	High impact	West and Central Africa, HIV/TB/malaria (ITP pilot country)	5–9 Nov 2018
Tanzania	High impact	East and Southern Africa, HIV/TB/malaria (ITP pilot country)	29 Oct–2 Nov 2018

2.3   Spotlights

In addition to the country visits, the review included eight 'spotlight studies'. These were desk-based in-depth studies of specific partnership issues or contexts. Their purpose is to offer a rich vein of evidence about where, how and to what extent different technical support partnership models function. Specific technical support partnership models were identified and explored by drawing examples of how the model works. This approach has enabled the review to draw on examples from a diverse range of countries and explore the way in which technical support partnerships work in different contexts, with different partners and the role they play in delivering impact.

Themes for the spotlights were identified building on initial analysis of the different dimensions of technical support partnerships based on current and recent Global Fund activities, according to criteria such as: source of financing; function and aim of partnerships; institutional structure; and regional/geographic focus. The eight spotlight studies are presented in Table 3.

Table 3: Spotlight studies

Spotlight	Contexts/case studies
1. Stop TB Partnership	Stop TB, TB REACH
2. Transition preparedness	Guatemala, Georgia, Romania
3. Regional civil society organisations (CSOs)	APCASO (Asia Pacific Council of AIDS Service Organisations)
4. Challenging Operating Environment settings	Global Partnership with International Organization for Migration (IOM) for technical support and grant management
5. Public–private partnerships (PPPs) to support malaria elimination	Exploring PPPs for malaria elimination including the MOSASWA initiative (South Africa, Eswatini and Mozambique) and RAI-2 (Regional Artemisinin-resistance Initiative)
6. World Health Organization (WHO)–Global Fund Cooperation Agreement	Reviewing the broader framework of the partnership with WHO
7. Bilateral *Set Asides*	5% Initiative (France), BACKUP (Germany, Switzerland), GMS, LMG and others (USG)
8. Gavi comparator	Partners' engagement framework (PEF)

2.4   Data collection: methods and tools

This section details the data collection methods and tools that we have used throughout this Review. Data collection was done through a combination of KIIs and document review, including:

- Desk-based historical document review;

- KIIs with Global Fund personnel (based in Geneva) and partners;

- Country case studies which combine document review with in-country KIIs; and

- Spotlight studies which combine document review with KIIs conducted with key personnel (either globally or in-country).

2.4.1   Document review

We have undertaken an extensive review of Global Fund documents and external secondary data sources to establish the history of the Global Fund's approach to technical support partnerships. We have also gathered and reviewed external documentation for the country case studies and spotlights. This consists of:

1. Country Coordinating Mechanism (CCM) documents: strategic plans, oversight plans, implementation documents, reports, meeting minutes.
2. Principal Recipients: technical assistance requests, technical assistance reports and feedback.
3. Technical provider's reports.

2.4.2   Key informant interviews

A central part of the data collection was carried out through semi-structured KIIs, which generated rich insights on how the Global Fund's technical support partnerships operate within different contexts. Interviews were conducted with informants at the country level, with representatives of global health organisations, multilaterals, donors and key stakeholders from the Global Fund Secretariat.

2.4.3   Country case studies

Figure 2 outlines the process used for gathering data on the country case studies – as shown, this included a mix of document review and country-based KIIs.

Figure 2: Country case study data collection approach
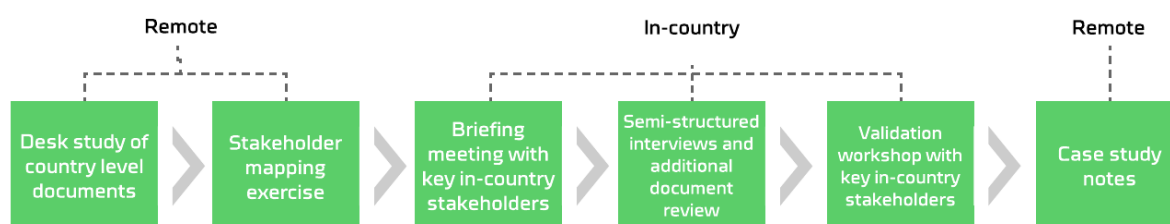
2.4.4   Spotlights

Data collection for the spotlight studies included document collection and review and a selection of targeted KIIs for each spotlight (conducted remotely).

2.5 Data analysis: methods and tools

2.5.1 Data analysis workshop

Data analysis was coordinated across the team using workshops (face-to-face and virtual) and with the use of data analysis tools. An initial data analysis workshop was held at Itad's offices on 14–15 November. This workshop enabled all team members to share their preliminary findings from country visits, spotlight development, initial global KIIs, and document review. During the workshop, the focus of analysis for the country visits and spotlights was an overall description of findings, partnership models in evidence, and issues arising from the partnerships model at the country level.

2.5.2 Data analysis framework

After the analysis workshop, data from each country case study and spotlight were analysed further using a 'diagnostic framework' developed by the team. Use of this tool honed down the specific design and processes involved within each partnership, and the strengths and enablers, opportunities, threats and risks, weaknesses and barriers posed by each example (see Figure 3). Additional data analysis was also conducted around what the evidence indicated in relation to Effectiveness, Efficiency and Impact. Once analysed, these data were mapped onto an overarching matrix that allowed for comparison between different partnerships and triangulation of data sources. Additional data from KIIs and ongoing data collected from the document review were analysed in the same way and added to the matrix as the review progressed.

Figure 3: Technical support partnership diagnostic framework for case studies and spotlights
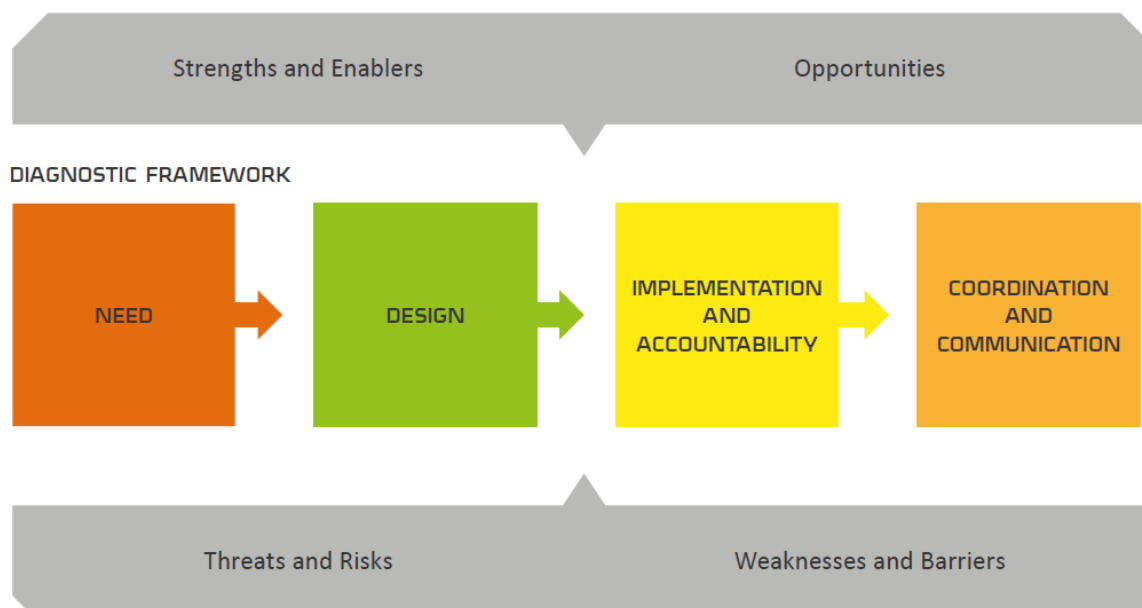
2.5.3 Categorisation of partnerships and finalisation of the model

Once the data were compiled into a central matrix, they were analysed against a set of criteria to identify distinct modalities of technical support partnership being used by the Global Fund. The criteria were drawn from the definitions we developed for this Review related to technical support partnerships (Table 1):

- **Definition conformity**: The existence of a voluntary, collaborative relationship between two or more actors to achieve a shared goal (to conform to the general definition of a partnership);

- **Technical substance**: Either the primary or a major secondary purpose of the partnership was technical cooperation or support;
- **Strategic focus**: There was a clear line of sight between the partnership purpose and approach and the Global Fund strategic objectives;
- **Duration and durability**: The partnership existed in the long term, irrespective of short-term contractual arrangements or deliverables;
- **Objectives**: Partners within a partnership have clearly identifiable, shared objectives that bring them into contact with each other in a number of different ways (shared working in countries, policy analysis, global health interaction) at country and/or global levels.

Using the above criteria, six partnership modalities were identified as shown in Box 1.

Box 1: Global Fund technical support partnership models

Partnership Model 1: Bilateral Global Fund Set Asides

The bilateral '*Set Asides'* partnership model refers to the funding channelled directly by bilateral partners (donors) to country partners. In this model, bilateral donors to the Global Fund hold back a proportion of their donation (typically 5% although the French programme has recently increased to 7%) to be used alongside Global Fund-managed programmes. Although there is some variation among the set-asides in terms of their offer to countries, they largely share common objectives and similar funding channels.

Partnership Model 2: Partnerships to operationalise Global Fund Strategic Initiatives

The locus of this partnership model is the Global Fund headquarters. USD800 million has been made available for 'Catalytic Investments' in the period 2017–19. Catalytic Investments are operationalised under three distinct modalities: matching funds, multi-country approaches and strategic initiatives. Strategic initiatives provide funding for centrally managed approaches that cannot be addressed through country allocations only due to their cross-cutting or off-cycle nature, but are critical to ensure country allocations deliver against the strategy. Strategic Initiatives are delivered primarily through established partners and address technical barriers to progress. This partnership model allows the Global Fund to require that Technical Partners work together to achieve specific outcomes (e.g. TB Strategic Initiative) in a time limited and outcome oriented way.

Partnership Model 3: Global Strategic Partnerships

Strategic level partnerships refer to partnerships with other global health organisations including the Global Health Initiatives (GHIs) and development partners, development banks and others in the global architecture whose objectives overlap with those of the Global Fund. The Global Fund works alongside and in cooperation with other global health organisations both at the global level and in individual countries. These partnerships require best practice in terms of Effective Development Cooperation, a concern for alignment at country level and for coordination, efficiency and clear identification around roles and responsibilities in the global architecture.

Partnership Model 4: Technical Capacity Strengthening through Grant Implementation

The Grants model refers to the technical support partnerships that are identified, managed and coordinated through grants awarded by the Global Fund to countries. Grant mechanisms include allocated funding, above allocation funding and matching funds. The locus of partnership definition and management is the country. This model includes the partnerships that support the process of applying for and approving grants, as well as the final grant that is awarded to a country (or group of countries). Principal and sub-recipients are established partners. The Country Coordinating Mechanism, usually in close coordination with country governments, has important oversight responsibilities for the grant. Grants can be used to support a range of technical and capacity building challenges. They are thus potentially a powerful modality for countries to address technical gaps and barriers to progress.

Partnership Model 5: Non-State Partnerships

These partnerships are with private and civil society/NGO (non-state) actors and communities. They are loosely gathered in this model as their main commonality is that they link into countries using considerably different networks from those of the Global Fund or partners working in the state sector. They include a broad range of organisations that share a common objective with the Global Fund and tend to have durable relationships with others in their area of interest, including the Global Fund.

Partnership Model 6: Technical Support Enhancers

The Global Fund as an organisation engages with other partners in a range of technical and enabling partnerships that have been formed to address a common gap or shared problem or challenge. Many of these partnerships focus on specific dimensions of health systems strengthening (or development approaches) creating opportunities for the Global Fund to link its disease focus to a broader agenda and global health goals.

In addition to applying the criteria noted above to define the six technical support partnership models, we also considered the type of organisation partnering with the Global Fund, where accountability sits, the primary and secondary (or complementary) funding source for the partner and/or the source of the mandate for the technical support. We recognise that some partnerships could fit into more than one model but we have categorised and considered them where we believe there are the most similarities. Additionally, some partnership models do not have a main source of funding (e.g. technical support enhancers, non-state partnerships or global strategic partnerships). However, every partnership model has multiple sources of funding or support including technical, human, and material support. Table 4 lists the six models with the key characteristics we considered in grouping the partnerships, and Box 2 (in Section 3.2) provides additional detail on the funding sources from Table 4.

Table 4: Key partnership characteristics

Model	Type of organisation	Accountability	Primary funding source	Secondary/ complementary funding source(s)	Source of mandate of technical support
Model 1: Bilateral Set Asides	Bilateral government donors	Bilateral government donors; Accountability to the Global Fund could be presumed given one purpose is to support Global Fund priorities.	Government donor direct financing	Global Health partner **contributory** funds or shared funding*	Bilateral government donors
Model 2: Partnerships to operationalise Global Fund Strategic Initiatives	Varied, primarily global health organisations or intergovernmental organisations	The Global Fund is accountable to stakeholders for its own funding and partnership results.	Global Fund Secretariat direct financing	• Government donor direct financing • Global Health partner contributory funds or shared funding • Non-state (private sector or NGO) direct or contributory financing	Global Fund Strategic Initiatives
Model 3: Strategic Global Partnerships	Global health organisations	Mutual where there is a MOU and more broadly in terms	No common primary funding source	Financing from: • Government and donor direct financing	Recognised global mandate

		of Effective Development Cooperation. Otherwise, limited formal accountability.		• Global health partner contributory or shared funding • Non-state (private sector or NGO) contributory financing • Unfunded contributory support	(foundation mandate)
Model 4: Global Fund Grant Funded Partnerships	Highly varied, country determined	Broadly, the Global Fund is accountable to stakeholders; countries are accountable to the Global Fund for use of funds; PRs are specifically accountable for grants.	Global Fund financing direct through country grants	• Global health partner contributory funds or shared funding* • Non-state (private sector or NGO) direct or contributory financing*	Global Fund grant
Model 5: Non-State Partnerships	Private sector, NGOs, CSOs, Communities	Varied – Global Fund and/or entities to whom non-state actors are accountable	No common primary funding source	Financing from: • Global Fund Secretariat • Global Fund through country grants • Bilateral donor and government direct financing • Non-state (private sector or NGO) contributory financing	Responding to a country level need; by nomination and agreement with the Global Fund
Model 6: Enhancing Partnerships	Varied, primarily global health organisations, policy and academic groups and countries.	Mutual among partners for contributions to agreed workplans and deliverables.	Individual organisation brings its own funding	Financing from: • Global Fund Secretariat • Global Fund through country grants* • Global health partners contributory funds • Non-state (private sector/NGO) direct or contributory financing • Unfunded or contributory funding from each partner	Individual organisation

* Where marked with an asterisk, it is acknowledged that contributions may be through unfunded human resources, and/or through technical and material support as well as, or instead of, financing.

Table 5: Description of funding modality

Funding modality name	Description of the funding modality
Global Fund Secretariat direct **financing**	Funds flow from the Global Fund Secretariat budget directly to support programmes delivered through partnerships
Global Fund financing direct **through country grants**	Funds are allocated to countries and flow through approved grant modalities to/through primary and secondary recipients
Government donor direct **financing**	Global Fund donors (usually bilateral governments) fund Global Fund-related or enhancing activities and programmes
Global Health partner contributory **funds or shared funding (UN, WB)**	Global Health partners' programme or core funds used to enhance, add on to, expand or contribute to Global Fund programmes funded in other ways as well
Non-state (private sector or NGO) direct **or** contributory **financing**	Non-state (private and/or NGO) funds that contribute to or enhance or complement Global Fund programmes particularly (usually) at country level
Unfunded **or** contributory **funding from each partner**	Collaboration is voluntary within a peer group where the majority of partners fund their own participation or 'chip in' to cover partnership expenses

Once the types of partnership were categorised into the six models, the team systematically drew from the matrix content and triangulated analysis from the case studies, spotlights, timeline and KII notes to describe the different models, their strengths/enablers, weaknesses/barriers, opportunities, and threats/risks, and best practices. This forms the body of the findings presented in Section 3. The conclusions and recommendations were identified collectively by the team.

2.6 Limitations

The review faced a few key limitations, which are highlighted below, as well as mitigation strategies employed to address these:

▪ **Short time frame:** The field of partnership within the Global Fund is vast and we have had a very short time frame to complete the review. This has been translated into several difficulties such as lack of availability of some of the key informant interviews (KIIs) and logistical issues within the country case studies.

In order to address this, we have coordinated closely with the TERG Secretariat to facilitate discussions with the Fund Portfolio Managers (FPM) for the country case studies. Via the TERG Secretariat, we have also worked with the team from Cambridge Economic Policy Associates (CEPA) to align country visits, where possible, in order to leverage the meetings that they have already arranged and avoid 'interview fatigue' with the same stakeholders.

▪ **Access to countries:** Within the criteria we have chosen for country selection, we have only been able to generate country case study data from countries that were able to give us access in the very short time frame during which the country visits can take place.

We have worked closely with the TERG Secretariat to shape the country selection to allow us to explore relevant issues including how technical support partnership models are operating in very different contexts such as challenging operating environments, federated systems, etc. Additionally, in order to boost our exposure to country experience, we have expanded the breadth and depth of the

eight 'spotlight studies' to enable us to cover a wider range of issues related to technical support partnerships across a larger number of countries.

▪ **Outcome measures:** Methods that we have employed have not generated extensive information on the efficiency, effectiveness or impact of the technical support partnership model per se (or value for money) as this would have required a different study design and would have been very difficult to isolate particularly in the study time available. Evidence for good practices has been identified and using empirical findings where available. In order to address this, we have developed working definitions of these concepts (Table 1) that are more appropriately applied to the concept of technical support partnership in the context of the work of the Global Fund.

2.7 Evolving approaches to technical partnerships: Timeline

Technical support needs and the partnerships to deliver these have changed as the Global Fund has evolved and matured since it was founded. The Global Fund and its technical partners have made concerted efforts over time to strengthen the availability of technical support, improve coordination and enhance quality control. As a financing organisation primarily focused on directing grants to support country priorities, the Global Fund has largely relied on other organisations with technical mandates aligned with Global Fund priorities to drive most partnerships. Indeed, there was a presumption underlying the establishment of the Global Fund as a financing organisation that technical capacity and expertise would be available to countries through other organisations and this capacity would be made available on a 'goodwill' basis from other partners if the funding gap was filled. While a partnership approach was fundamental to the Global Fund's strategy, what this meant in practice was not clearly defined or reviewed with potential partners when the Global Fund was established.

The literature consulted for this Review identified the main efforts to work through partnerships over the last 16 years. These are shown in the timeline below. Along the top (in orange), the timeline captures major Global Fund interventions, policy shifts, decisions and milestones that affected approaches to partnerships. The events captured below the line, in green, reflect the evolving global health context, policies and investments that affected or influenced the Global Fund during this time.

Within the Global Fund's own evolution, partnership highlights include:

- Limited specific or formal partnership-focused engagement in the early years of the Global Fund;

- The first evaluation of the Global Fund's approach to partnerships reviewing the first five years of experience, published in 2008;

- A specific attempt to define and promote an organisational partnership model (through the launch of a partnership strategy in 2009);

- The beginning of formalised agreements with global health partners from 2011;

- The Impact through Partnership approach introducing a results focus to some partnerships;

- Multiple and various technical assistance reviews, proposals, strategies over the last decade.

Overall, the timeline shows a shift towards more concrete agreements to underwrite technical support partnerships and a greater commitment to collaborative working rather than assumed input and unfunded contributions from other partners. As one Technical Partner noted, '*relationships with the Global Fund have shifted from cordial and assumed at country level, to more concrete and defined*'.

In the global health context, the launch of PEPFAR and PMI, the expansion of bilateral *Set Asides*, and the significant investments made into civil society strengthening and participation were important developments that influenced the scope and nature of partnership working in the early years of the Global Fund.

Latterly, the shift among global health partners more generally and in the global health agenda towards horizontal (health systems) investments and universal health coverage, as well as the combined pressures created by a levelling off of global investment in health and the rise of other health priorities (e.g. non-communicable diseases and the health effects of climate change) have created additional impetus for the Global Fund to improve outcomes through partnerships such as through the new WHO–Global Fund Cooperation Agreement. New opportunities to expand partnerships have become available, for example with the Global Financing Facility (GFF).

Timeline of events related to Global Fund TSP
(Pre-2002 to 2011)

Pre-2002
- Roll Back Malaria (RBM) Partnership launched.
- Stop TB Partnership (STOP TB) was founded in 2001.

2002
- The Global Fund was established, hosted by the World Health Organization.
- Start of GTZ back-up initiative.

2003
- USG President's Emergency Plan for AIDS Relief (PEPFAR) launched.

2004

2005
- UNAIDS Technical Support Facilities (TSF) set up in 5 regions.
- USG started to withold up to 5% of its annual contributions to the Global Fund to provide TA.
- USG President's Malaria Initiative (PMI) established.
- The Global Implementation Support Team (GIST) established by UNAIDS, WHO, UNICEF, UNFPA, UNDP, the World Bank and GFATM.

2006
- Second joint meeting between the GFATM and PEPFAR and the first trilateral meeting along with the World Bank to improve coordination on HIV/AIDS.

2007
- The GFTAM Board approved dual-track financing.
- TBTEAM established by the Stop TB partnership along with WHO.
- WHO established the Joint Working Group; included discussion about country level issues.

2008
- Five year evaluation reported on the effectiveness of partner environment.
- South Asia regional USAIDS Technical Support Facilities established.
- 70% Success Coalition formed to coordinate technical assistance.
- Civil Society Action Team (CSAT) established with a 5-year mandate to address civil society TS needs related to GFATM.

2009
- The GFATM became an autonomus organization, no longer hosted by the WHO.
- 6th regional UNAIDS Technical Support Facilities for Eastern Europe and Central Asia established.
- Study on TA and TS to GFATM Grant Implementation at Country Level completed by UNAIDS for CoATS group (formerly GIST) to provide findings and recommendations on TS providers and their effectiveness.

2010
- PIC established a Sub-working Group on TA. PIC endorsed three out of the nine proposed solutions on TA.
- France's 5% set aside 2010-2017 started to support strengthening of CCMs, improving governance and oversight of GF grants, and effectiveness and efficiency of GF Grants.

2011
- 'Operational Policy Note' on costed technical assistance plans to define TA and its purpose.
- Efforts to harmonise and expand online TA Platforms amongst UNAIDS, WHO, Stop TB, Roll Back Malaria, IHAA, ICASO and GFATM put in place.

■ Global Fund ■ Global health context relevant to Global Fund TSP

Timeline of events related to Global Fund TSP
(2012 to 2018)

2012

- GFATM **strengthened and reformed its governance model** to improve performance standards for oversight, risk and assurance, and interactions with in-country actors.
- Approval for GFATM's **new funding model (NFM).**
- Launch of Global Fund strategy 2012–2016 is focused on "Investing for Impact"

2013

- **The first GF/ Gavi/WHO joint consultancy roster.**

2014

- TERG review of the **Green Light Committee agreement with the GF**
- **Roll-out of CCM Eligibility and Performance Assessments: (EPA)** Standardised tools for CCM performance; increased demand and delivery of focused TS delivered to CCMs in partnership with GF CCM Hub, IHAA, US government through GMS, GIZ and Expertise France.
- **Quality Assurance of TA for GFATM Mechanisms** report issued from GFATM TA Quality Assurance Sub-Committee of the TA Coordination Group.
- Launch of **New Funding Model.**
- **CRG Department established** to address areas of work "not adequately accommodated through the allocation of resources to Country Bands.

2015

- **Implementation Through Partnership** project established to increase the effectiveness and efficiency of grant implementation in 20 countries.

2016

- TERG review of the **cooperative agreements between GFATM and WHO and STOP TB.**
- **Differentiation for Impact** classifications affects the level of resourcing and expertise devoted to different portfolios.
- GFATM **Technical Advice and Partnership Department (TAP)** established.
- **Audit Report of The Global Fund CCM** led to funding for the CCM Hub to assign clearer responsibilities to CCMs, strengthen oversight and sustainability, integrate CCMs into national systems, and ensure civil society and KPs engage meaningfully with CCMs.

2017

- **CRG Strategic Initiative** rolled out.
- **Evolution of Impact Through Partnership** to identify lessons learned, gaps and opportunities for improvement.
- Launch of Global Fund Strategy 2017-2022: **Investing to End Epidemics.**

2018

- **'Roll-out of the CCM Evolution pilot in 18 countries** including delivery of technical support in 4 areas: (1) oversight strengthening, (2) CCM functioning, (3) linkages with national structures and other forums for coordination, and (4) leadership and constituency engagement.
- **Mainstreaming of Impact through Partnership - Transformation** and launch of Partner Support Platform.
- **New strategic framework agreed for collaboration GFATM and WHO.**
- **Enhancing impact and efficiency: Collaboration between Gavi and the Global Fund** - joint perspective on current programmatic collaboration and future opportunities.

2012
- USAID 6-year $38.3million funded **Leadership, Management & Governance (LMG)** Project launched.
- **Grant Management Solutions (GMS) 2.0** awarded for 2012 to 2017.
- FHI360 article, 'Defining and assessing evidence for the effectiveness of technical assistance in furthering global health.'
- **BACKUP cooperation** started with IHAA, IPPF, AIDSPAN to improve capacity of grant recipients to manage risk and prevent fund misuse, establish a civil society watchdog, and health services for KPs.

2014
- UNAIDS launched the **Fast Track Approach.**
- MOU signed beween **UNFPA** and **GFATM** for interventions to strengthen integration of sexual and reproductive health'.
- MOU signed between **UNICEF** and the **GFATM on Alignment of Maternal, Neonatal and Child Health Interventions.**
- Agreements signed between the Global Fund and **WHO, STOP TB Partnership and RBM** for the 'Provision of Technical Assistance to the Global Fund Applicants under the New Funding Model'.
- Agreement signed between the Robert Carr civil society Networks Fund (RCNF) and the Global Fund.

2015
- **BACKUP Health - new phase 2015 to 2019** to support CCMs, Health systems strengthening, and Management capacities of Global Fund grant recipients.
- **Quality Assurance Framework for Short-Term Technical Support** a desk review commissioned by The Expanded Core Group on Technical Support Coordination.

2016
- **New WHO Country Cooperation Strategy 2016** enables CCS to address the health-related targets in all SDGs working within country's overall National Health Policies Strategies and Plans.
- Establishment of the **WHO Civil Society Task Force on TB** marked shift in TB response from a biomedical approach to include communities, human rights, and social inclusion. This helped spark interest and investments in CRG TS / learning and sharing.

2017
- **New WHO GFATM Cooperative Agreement** focussed on access to health products, TB programming, Malaria eliminaton and improved data.
- **Italy's 5% GF set aside** started 2017-2019 to be used to finance Italian CSOs and research activities that are coordinated with and complementary to those of the GFATM.
- **GMS was replaced with** other mechanisms of USAID funded TA.
- **New MOU signed between WHO for Green Light Committee and GF** for 2017 to 2019.
- E8 created a Regional Monitoring Early Response Team, the so-called **'Malaria Situation room'.**

2018
- **The Global Financing Facility Progress, Additionality, Effectiveness report** recommends the GFF work clsoely with WHO, other H6 agencies, GAVI and GFATM.
- **UNAIDS TSM** now centrally managed by OPM & Consortium with three regional area of focus: Eastern and Southern Africa, Asia-Pacific, and West and Central Africa.
- **New strategic framework agreed for collaboration GFATM and WHO.**
- **France's Global Fund set-aside increased to 7%.**

■ Global Fund   ■ Global health context relevant to Global Fund TSP

3   Findings

This section lays out the main findings from the review. Table 4 in Section 2.5.3 identifies that the models cover a wide range of partners, funding sources and mandates illustrating the diversity of partnerships currently operational in relation to Global Fund processes and implementation. This section considers each partnership model individually in order to compare and contrast different approaches to technical support and capacity strengthening. For each model, first the individual partnerships reviewed are presented and the model is then defined with the basic elements of the model summarised. Findings are then presented for each model in an expanded SWOT[8] format in order to summarise the key enablers, barriers, opportunities and threats, and to facilitate the identification of best practices. Our analysis draws on examples from specific countries and individual partnerships as appropriate.

3.1   Model 1 – Bilateral Set Asides

Definition and approach of the Bilateral Set Aside Partnership model

The bilateral '*Set Asides*' partnership model refers to the funding channelled directly by bilateral partners (donors) to country partners. In this model, bilateral donors to the Global Fund hold back a proportion of their donation (typically 5% although the French programme has recently increased to 7%) to be used alongside Global Fund-managed programmes. Although there is some variation among the set asides in terms of their offer to countries, they largely share common objectives and similar funding channels.

For this Review, we focused on three bilateral *Set Aside*[9] partners:

- United States Government (USG) 5% (delivered through various channels); Leadership Management and Governance through Management Sciences for Health (MSH) and the Grant Management Solutions (GMS) programme which was funded up to USD100 million between 2013–17 for Phase 2 and USD100 million prior to this for Phase 1 (GMS closed in 2017).

- French 5% Initiative (€25 million annual budget);

- German/Swiss BACKUP Health (€31 million between 2015–20); and

Set Asides tend to distinguish between short-term, one-off requests and longer-term, more significant capacity building programmes. Resources through *Set Asides* are used to improve participation, effectiveness and impact of Global Fund resources and can be used to fund UN agencies, consultants, academic and others. There were many examples found of *Set Aside* funding being used to fund UN agencies (including WHO, Roll Back Malaria Partnership to End Malaria, STOP TB, UNAIDS and others) to provide specific capacity building support. Across the different programmes, resources are available to meet a wide range of needs to:

- Assist CCMs and Principal Recipients to develop better applications to the Global Fund both generally and for specific sector applications, including Resilient and Sustainable Systems for Health (RSSH);

- Improve and strengthen CCM governance, and fill capacity gaps in CCMs, national CSOs and civil society networks, and sometimes, national consultants or private sector partners;

- Improve grant management and oversight capacity;

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[8] We have expanded the SWOT analysis to include **S**trengths/enablers, **W**eaknesses/barriers, **O**pportunities for enhancement/replication, and **T**hreats/risks.

[9] Other bilateral *Set Aside* schemes were noted but not included either because their modality for working was not strongly aligned with a review of technical support partnerships (e.g. Italy which funds Italian NGOs to deliver services) or it was too new to report on (e.g. Australia which has just started a technical capacity building programme).

- Support countries to implement RSSH grants through additional specific technical capacity building including delivery of specific RSSH inputs;

- Develop national strategic plans for individual disease programmes or other specific needs;

- Promote community rights and gender in the management of Global Fund grants; and

- Ad hoc consulting needs identified in the course of grant implementation.

While *Set Asides* differ from each other in their detail, they all make provision for differentiated channels of support up to specified financing thresholds and for short- or longer-term periods. All the *Set Asides* are accountable to their own governments first. Critically, they do their own internal monitoring and review, track their own spending and make their own decisions about future support. There is some degree of sharing challenges and lessons between the *Set Asides* through scheduled phone calls but we do not have details on how regularly this occurs or if the individual *Set Asides* change their approach based on what has been shared. From Global Fund key informants, it seems that there is limited structured, comprehensive or regular reporting to the Global Fund itself about the *Set Asides*.

The USG invests in technical capacity support at the country level to complement the Global Fund contribution. Prior to the launch of the strategic initiatives, financing from the Global Fund at the country level was only through grants. The USG has had several channels of support, one of which, the Grant Management Support (GMS) programme, closed in 2017 and handed over a range of tools and materials, including a database of trained consultants, to Expertise France, BACKUP Health and the International HIV/AIDS Alliance (IHAA).[10] USAID is the main provider of Global Fund technical support at the country level. The President's Malaria Initiative supports malaria technical capacity building and other malaria partners such as the RBM Partnership to End Malaria. The Leadership Development Programme Plus (LDP+) provided leadership and governance training, for example, in Côte d'Ivoire for decentralisation of the health system. Collating the full amount and distribution of USG funding, eligibility for funding, and the process for accessing funds was not been possible in the time available for this Review both because no centralised summary of USG support was identified and because even across the different modalities, USG funds are often integrated into other programmes. Although USG has significant *Set Aside* funds available, they do not appear to be easily visible as a whole even to different agencies within the USG.

The French and German/Swiss *Set Asides* operate with oversight by a multi-faceted board or committee composed of members beyond the immediate government department involved. They deliver through a range of contractors, INGOs and independent consultants. The French 5% Initiative has been formally evaluated and the programme is discussed in parliament, which contributed to the political decision in 2018 to increase spending to 7% of the French contribution to the Global Fund. The French 5% Initiative was established to increase French visibility in the global response to HIV, TB and malaria as well as to target support specifically to Francophone countries (mainly in West Africa).

SWOT analysis

Strengths and enablers

- **Countries find them flexible and responsive:** The *Set Asides* were valued by countries on the whole as they created relatively straightforward access to some kinds of technical support (especially short-term support and technical assistance) without this needing to come out of the budgets for the country's grants. Informants we spoke to in Tanzania, Georgia, Côte d'Ivoire and Bangladesh all expressed that they valued the *Set Asides*).

- **Country ownership is usually a prerequisite:** For some of the *Set Asides*, country ownership is built into the operating model because the request is drafted at the country level by CSOs, CCM, Principal

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[10] See their final report (pages 101–9): https://gmsproject.org/wp-content/uploads/2017/12/GMS_Final-Report-2017-12-14-1.pdf

Recipient (PR), or others. This process is capacity enhancing in itself. This was seen in the processes for applying for funding from the French 5% Initiative and BACKUP Health.

- **South–South capacity building focus:** The preference is to rely on national or regional (South–South) consultants to deliver support. In fact, for the French 5% Initiative, it is mandated that 50% of the consultants must be national consultants. As part of the USG-funded GMS programme, not only were local consultants nurtured alongside international consultants but the second phase also worked to build the capacity of 20 regional technical support providers to ensure sustained technical support provider availability in the region, for example Technical Assistance Inc. (TAI) in Bangladesh. Informants in Bangladesh stressed the quality of the GMS technical support approach, in particular for CCM support, including that consultants came in teams with mixed skills, highly trained, pre-tested tools, expert backstopping for problem solving and time added for mentoring to embed learning and problem solving (typically with days added for technical support from the local consultant).

- **In-country support improves process:** In countries where there were active French Embassy health officials or a GIZ presence (BACKUP Health), the technical inputs seemed to move ahead faster but also to have more impact (possibly due to hands-on problem solving which helped them work more smoothly and to implement effective donor coordination). In the case of GMS, the presence of USG partners in-country and on the CCM served the same purpose. In Tanzania, although it was considered a USG seat, in practice, PEPFAR was the main Global Fund liaison and according to in-country informants, was represented by the deputy coordinator for external affairs. Routine monitoring arrangements and fairly direct feedback loops enable countries to expect good quality support while bilaterals' own internal processes lead to internal accountability.

- **Eligibility is (usually) clear:** The French 5% Initiative operates primarily in French West African countries with fewer options for technical support although they aim to become more involved in East European and Central Asia countries nearing transition as well. BACKUP Health has clear country eligibility but also one grant application option for all countries with a Global Fund grant to implement.

Weaknesses and barriers

- **Coordination with other technical support processes** (including those funded from Global Fund grants) **is not routine** and can lead to confusion about who is doing what. Coordination was dependent on country capacity and willingness to perform these roles to a large extent. However, it was also observed in a recent French 5% Initiative strategic evaluation[11] that reported dysfunction occurred in some settings between 5% Initiative technical support and that of French bilateral assistance.

- **Design can be a protracted process**. There was some evidence that processes linked to designing, approving and initiating technical support were either bureaucratic or affected by internal administrative delays within *Set Aside* agencies. For example, in Georgia, it took more than 18 months to agree and initiate the French 5% Initiative (Channel 2) support to the TB National Research Laboratory for operational research capacity building due to the need for repeated drafts to improve quality and completeness.

- **Sustainability challenges:** Some inputs have had little durability or deliver fleeting benefits. For example, the USG-funded TB technical support in Georgia funded a consultant to occupy the national TB Coordinator post for two years but once that person left (for Geneva), the post remained vacant for reasons that were not clear. A digital TB tracking tool developed by GMS was defunct almost immediately on completion and has never been used. The 2018 French 5% Initiative strategic evaluation identified that its own short-term technical assistance lacked sustainability.

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[11] Évaluation stratégique de l'Initiative 5% (2011–16), Rapport définitif – volume 1 – version du 29 janvier 2018, Technopolis France & CREDES pour le compte du ministère de l'Europe et des Affaires étrangères, https://www.diplomatie.gouv.fr/IMG/pdf/evaluation_initiative_5pc_rapport_final_290118_cle47f59a.pdf

- **Lack of transparency:** Despite clear eligibility criteria and, in the case of the BACKUP Health programme, clear application procedures, across the *Set Asides* as a group it is difficult to gain a full picture of their level of effort, impact and spending, making it very difficult to assess value for money and identify the extent to which there is duplication of efforts between bilateral-funded support and grant-funded support. Only a country by country analysis allows for the development of a comprehensive picture of all technical support (Global Fund, bilateral Set Asides, and other bilateral investments in technical support for the three diseases (e.g. through PEPFAR or PMI).

Opportunities (especially for enhancement and replication)

- **Extend approach to build capacity and sustainability:** Delivery through national consultants and CSOs is more likely to build longer-term capacity in-country. In many contexts, CSOs require long-term support including for proposal writing and fundraising, particularly in an approaching transition context. Opportunities to boost sustainability by scaling up technical support or extending time horizons have been noted and are currently being explored, for example by the French 5% Initiative, and are already an option under BACKUP Health.

- **Investments in systems strengthening:** Some of the bilateral investments are long-term systems oriented (e.g. pharmaceutical reforms in Côte d'Ivoire supported by USG and the French 5% Initiative as well as a number of other partners) and human resources for health and institutional strengthening in Tanzania) adding potential resources and support to the health systems strengthening effort.

- **Strengthen lesson learning and sharing:** In common with other partnership models, the *Set Asides* do not appear to have a formal approach to lesson learning or to sharing their experiences of delivering support; Processes could be significantly improved, mainly to enable sharing experiences and to identify and jointly address needs. For example, based on evidence from the country case studies, it does not appear that the experience of channelling support through UN agencies for specific or longer-term technical support to countries across all the *Set Asides* has been evaluated.

- **Take more advantage of flexibility:** The flexibility of the model could be harnessed to promote more technical coherence, for example linking into a more coordinated health systems strengthening strategy. Such an approach, using *Set Aside* funding could even be a means to linking specific disease-related systems investments with broader health systems strategies.

Threats and risks

- **Failure to assess aggregate impact:** *Set Asides* monitor their individual programmes (sometimes very actively) but little monitoring is focused on individual countries assessing the aggregate of all the different technical support received from *Set Asides* (and others). Therefore, it is difficult to develop a sense of what the *Set Asides* contribute within an individual country.

- **Risk of inefficiency:** Given that *Set Asides* focus primarily on short-term interventions, they struggle to build continuity. Without strong institutional memory (in both countries and in the *Set Aside* headquarters) there is a risk of duplication and inefficiency.[12]

- **Poor communication:** Unless informed in detail, other partners in-country and the Global Fund can be left unaware about technical support. This presents a risk of duplication and inefficiencies through missed opportunities to transfer lessons and knowledge.

- **Brain drain:** A recurring theme in countries has been the loss of capacitated staff from national programmes. Typically, capacity strengthening efforts have successfully improved staff and grant

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[12] This was identified in the French 5% Initiative strategic evaluation, Évaluation stratégique de l'Initiative 5% (2011–16), Rapport définitif – volume 1 – version du 29 janvier 2018, Technopolis France & CREDES, pour le compte du ministère de l'Europe et des Affaires étrangères, https://www.diplomatie.gouv.fr/IMG/pdf/evaluation_initiative_5pc_rapport_final_290118_cle47f59a.pdf

implementation performance. It is not unusual for staff to then be offered better terms and conditions (not always, but often with a bilateral or global organisation working in the same country).

Summary of best practice and key constraints

Best practices

- Having a clear, transparent process for applications for *Set Aside* support including explicit eligibility criteria and user-friendly, accessible materials to guide the application process. BACKUP Health was mentioned by many informants as a positive example of this.

- Flexibility and opportunities to access support throughout the grant life cycle.

- *Set Aside* support works best when there is a planning and implementation link between the bilateral funder, the technical assistance provider, the country partner, and the Global Fund/CCM. This alignment among different partners improved the delivery of the technical support, increased follow-up and ensured inputs were both delivered and received with more attention.

Key constraints

- A lack of coordination and leadership at the country level as well as lack of coordination with the Global Fund: *Set Asides* are managed by individual bilateral agencies rather than the countries themselves.

- The potential for a lack of ownership of technical support especially where the consultant offered to countries is selected by the *Set Aside* rather than the country, or where technical support is not carefully embedded into the country programme, especially in case of RSSH.

- Poor quality technical support provision by technical capacity building partners with insufficient attention to quality assessment of technical support or incentives to ensure quality.

3.2   Model 2 – Partnerships to operationalise Global Fund Strategic Initiatives partnerships

Definition and approach of the Strategic Initiatives Partnership model:

USD800 million has been made available for 'Catalytic Investments' in the period 2017–19. These aim to help countries catalyse their country allocations to ensure they deliver against the 2017–22 Global Fund Strategy by investing in priorities that are unable to be addressed through country allocations alone, yet deemed crucial to ensure Global Fund investments are positioned to deliver against its strategic aims. Catalytic Investments can be operationalised under three distinct modalities: matching funds, multi-country approaches and strategic initiatives.

Strategic initiatives provide limited funding for centrally managed approaches that cannot be addressed through country allocations due to their cross-cutting or off-cycle nature, but are critical to ensure country allocations deliver against the Strategy. Critical leadership in developing the priorities for the Strategic Initiatives was provided by WHO, Stop TB Partnership, Roll Back Malaria Partnership to end Malaria, and UNAIDS. Current funding for Strategic Initiatives is USD194 million over three years (2017–19). There are 11 Strategic Initiatives; this Review looked at the technical support partnerships under a sub-set of the six Strategic Initiatives shown in Table 5.

Table 5: Strategic Initiative partnerships reviewed

Strategic Initiative: Name and objective	Budget (USD million)
TB: Finding Missing TB Cases Address specific barriers to finding missing tuberculosis cases; develop innovative approaches to accelerate case finding; scale up tools and approaches	10
MALARIA 1: Malaria Elimination Accelerate efforts in 21 countries to achieve the Global Technical Strategy for Malaria to eliminate malaria in at least 35 countries by 2030	7
RSSH: Community, Rights and Gender Build upon progress made in strengthening engagement of civil society and communities most affected by the three diseases in Global Fund processes	15
RSSH 1.1 Sustainability, Transition and Efficiency To support sustainability and effective health programming in high burden countries with low domestic investments in health, as well as responsible transition from Global Fund financing	15
RSSH 1.3: Technical Support, South to South, Peer Review and Learning Support health systems and effective HIV, TB and malaria programming	14
RSSH 4: Data Systems, Generation and Use Strengthen health information systems and surveillance; enable country systems to collect, report on and use data; support programme impact and thematic evaluations and epidemiological reviews	20
Emergency Fund Support the provision and continuity of essential prevention and treatment services for HIV, TB and malaria during emergency situations that cannot be funded simply through the reprogramming of existing grants	20

Under the Strategic Initiatives, technical support partnerships are set up in a variety of ways including:

- Agreements with technical partners such as WHO and Stop TB, for example, for Finding Missing TB Cases;

- Funding for CSO technical support providers and also platforms such as APCASO which enable technical support by signposting CSOs to sources of technical capacity building; and

The partnerships that we reviewed under these Strategic Initiatives were similar in the sense that they were funded by the Global Fund centrally in return for a pre-specified programme of activities. However, within this, there are differences in the objectives of the partnerships and/or the structure of the grant. In some cases these activities appear to be more originating from the need to maintain services during emergencies (the Emergency Fund) whilst others are more normative in the sense of trying to bring about change (RSSH, TB and community rights and gender (CRG)). There are also differences in individual grant structures. Some grants (RSSH) specify simply activities and payment arrangements, while others (TB, malaria elimination) include more specificity about results and a results-based financing component. Others (e.g. CRG) are 'umbrella' grants that, among other roles, pass money to one grant holder (in the case of CRG, several regional platforms), which may then subcontract to country-based service delivery agents.[13]

Whilst the partnership frameworks that we have seen are detailed in terms of activities and outputs, they are not as detailed in aspects related to ensuring quality of delivery such as allowing for quality measurement or providing mechanisms for detailed monitoring, sanctions or dispute resolution. Currently

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[13] Some funds are usually also set aside for regional work but the majority of funds support outcomes in individual countries.

the key focus of these partnerships is activity-based, with reporting focused on activities completed or services delivered with little monitoring specified (or possible in practical terms). For instance, some of the agreements with WHO for the RSSH Strategic Initiative specify a list of activities that will be carried out, such as National Health Accounts (NHA) training workshops, and accompany that with a simple timetable for disbursing funds. There is some six-monthly reporting to be carried out but more detailed monitoring does not appear to be expected. Some of the Strategic Initiatives are also monitored by regular meetings between Global Fund staff and grant recipients or focal points, such as in the case of the UNICEF SI grant.

Disease-focused Strategic Investments have more detailed partnership agreements with the Global Fund. For example, the Finding Missing TB Cases Strategic Investment includes a stronger focus on quantitative targets (e.g. number of people reached, cases found), and an outcome-based payment. The Malaria Elimination agreement also contains a similar outcome-based payment element.

Agreements with WHO for work under the Strategic Initiatives are governed by a cooperation and financing agreement that was signed in December 2017 between WHO and the Global Fund, which deals with activities around TB and Malaria elimination as well as some aspects of RSSH. The WHO 2017 Agreement is detailed albeit at the output level, with outputs (and occasionally outcomes) having been thought through and clearly specified. Issues of how to monitor these outputs and their quality have yet to be dealt with but our analysis of this partnership model compared to its precursor suggests that the Global Fund is attempting to move towards a more detailed partnership framework with the Strategic Initiatives that is more results-based, where possible.

Several informants mentioned that they had noticed a significant impact as a result of the Strategic Initiatives on the availability and technical support in some countries. While on the whole the response was favourable, concerns were expressed by some partners that there was an increased lack of clarity about what technical support would be available, when and how it would be delivered and how it would be coordinated with other ongoing technical inputs (e.g. in Bangladesh). They suggested that better harmonisation would benefit all partners and improve coordination and efficiency, reducing the potential for duplication.

We took a closer look at the Finding Missing People with TB Strategic Initiative. Box 2 summarises the initiative, and the strengths, barriers and opportunities for partnerships related to it.

Box 2: Strategic Initiative TB Finding Missing TB Cases

Partnership example: Strategic Initiative *Finding Missing TB Cases*

Overview: The Global Fund has made Finding Missing TB Cases a focus of one of its Strategic Initiatives 2017–19. It has made agreements with both WHO and Stop TB for the implementation of this initiative. The aim is to target 13 countries with the largest gaps in terms of missing TB cases and to find an additional 1.5 million TB cases by the end of 2019.

This initiative aims to support countries to identify and treat missing cases. It has two specific objectives:

1. To address specific barriers to finding missing cases, especially in key populations and vulnerable groups; and

2. To develop and apply innovative approaches and tolls to find and treat missing cases.

WHO and Stop TB are tasked to work in a coherent coordinated way through an integrated, joint planning process. The project is implemented using a deliverable and outcome-based approach. Some payments will only be made to both partners upon evidence that the missing cases have been identified. Significantly, there is also greater institutional coherence within the Global Fund around this partnership with Finding Missing TB Cases targets incorporated into Fund Portfolio Managers (FPMs) deliverables for the 13 identified partner countries. This means that the Global Fund country team is invested also in supporting the outcomes at country level in a way that extends accountability and has performance-linked consequences. In practice, this leads to coherence and focus from the global to the country level and back again.

Partnership strengths: This partnership benefits from two technically strong partners in the area of TB control and is well designed to motivate them to work together in a mutually enhancing way. It is also well designed to involve and be driven by country level stakeholders such as the national TB programmes and other PRs. For example, Stop TB works with KIT and IRD to support countries to use existing data to target interventions more effectively for Finding Missing TB Cases. The partnership also benefits from a focus around an objectively verifiable outcome – which is the number of additional TB cases identified. This enables a results-based approach to be clearly specified and implemented.

Partnership barriers: Implementation of the TB Strategic Initiative is affected by whether countries are making progress in programming TB catalytic funding and requesting the support of Stop TB and WHO. Technical support requests are less likely to be forthcoming from countries that have weak national TB leadership or are slow to programme catalytic funding. Although this approach can lead to challenges implementing the TB Strategic Initiative at the country level, it is based on a good principle of country-driven technical support provision and ownership. Strong links at the global level between Stop TB and WHO have not yet improved poor collaboration and coordination at the country level; more progress has been made where TB Strategic Initiative 'kick-off' meetings have been held, for example in Kenya and Tanzania.

Partnership opportunities and risks: Well-framed partnerships with clearly focused deliverables have scope to be implemented on a much larger scale by the Global Fund. The strength of the TB Strategic Initiative partnership is reinforced by and through the TB Situation Room where progress is monitored and shared regularly. Technical support has shifted from a model based on North-to-South provision to an emphasis on country ownership and innovative interventions by and through country partners to reach the unreached and key populations. This has been enabled by the focus on results. However, it is clear too, that as a centrally driven approach, there is a risk that results will not be sustained or maintained once the three-year funding process (and associated, concentrated effort) is ended.

Overall, this partnership is assessed as an example of relatively effective division of labour among technical support partners and development partners working on TB case finding and treatment. It has three key elements of verifiability, strong technical partners and active country involvement. It was not fully integrated into country programmes in some cases and more could be done to interact with other TB partners in countries to build more sustainable investments while avoiding duplication.

SWOT analysis

Strengths and enablers

- **Flexible mechanism to work with others to contribute to Global Fund strategic objectives:** Strategic initiative partnerships are an effective way for the Global Fund to influence activities and bring about specific change under the Strategic Initiatives. They provide flexibility in that the Global Fund can set strategic objectives at global level using a Strategic Initiative framework and implement this at country/regional level under a partnership that is specific and appropriate.

- **Partners are willing to collaborate on delivering Strategic Initiative objectives**: Partners, such as multilaterals and NGOs that have local service delivery capacity, are willing to collaborate. This is a good channel for the Global Fund to deliver financing to country level using a broad network of providers/technical partners. It has also been an opportunity for improved collaboration, for example

between WHO and Stop TB for the TB Strategic Initiative. This improved collaboration has been further reinforced through the effectiveness of the TB Situation Room.

- **Responsive to specific country needs:** For example, the TB Strategic Initiative partnership demonstrates a design that is well aligned with country priorities, is outcomes focused and should strengthen the national TB system.

Weaknesses and barriers

- **Mandate comes from the global level:** The Strategic Initiative approach reflects a global interpretation of priorities. Whilst these were informed by needs within national strategic plans, Global Fund grants, experiences of global technical partners programming in-country and through local partners, country ownership via these high-level partnerships is not always possible although engagement is essential. The broad parameters of technical support are set even if the implementation has some flexibility to be tailored to country needs.

- **The design of partnerships presents challenges for monitoring and coordination:** By their nature, these partnerships are hard to monitor because activities are dispersed across countries; they are reliant on collaboration with other partners that vary country by country and require mutually reinforcing incentives.

- **Implementation is linked to use of catalytic funding:** For example, the TB Strategic Initiative is demand-driven technical support in part, which means that if countries are not timely and active in programming their funding, the efforts of the technical support providers (Stop TB and WHO) are also delayed.

Opportunities

- **The Strategic Initiative partnership model can be leveraged to support other strategic activities:** Strategic initiatives are important and effective for delivering on the overall vision of the Global Fund. To work as well as possible, the partnerships that deliver them need to be designed in a way that makes them effective and efficient, as well as integrated into country priorities and systems. Strategic initiative agreements have made a start on defining ways in which the Global Fund and its partners can work together to achieve well-defined objectives. Potentially, therefore, such agreements can underpin a framework that defines Global Fund strategic activities at country and regional levels. For example, as the Global Fund becomes involved in wider aspects of healthcare delivery and health systems, the Strategic Initiative partnership model has the potential to be utilised increasingly to influence country level activities if designed and implemented in coordination with others.

Threats

- **Poor coordination:** Where the partners involved in the strategic initiative do not coordinate well with country priorities and the ongoing efforts of other actors, it can risk duplication and increase inefficiency.

- **Insufficient accountability:** Where partners do not deliver under the model or that what they do is ineffective. Weak design and loosely structured incentives limit the effectiveness of the partnership.

Summary of best practice and key constraints

Best practice

- Partnerships are more effective when the timing, inputs and activities are defined as precisely as possible and are linked to outcomes and payments, as demonstrated by the partnerships with WHO in TB and malaria elimination.

- Coherence with country policies and ongoing efforts by other partners in individual countries builds country ownership and supports sustainability as demonstrated by the stepwise approach taken in Georgia to the integration of TB services into primary care.

- Integration of technical support and capacity building efforts with existing programmes and established delivery systems of other development partners and UN agencies (e.g. IOM working with UNICEF, World Food Programme, etc. for MER activities) allows for efficient and optimal use of resources; Agreement with UNICEF to support the extension of malaria services in Côte d'Ivoire).

Key constraints

- It is more challenging to have clearly defined outcomes and payments for initiatives which are less quantitative in nature; for example, health systems strengthening as compared to Finding Missing TB Cases.

3.3   Model 3 – Strategic Global Partnerships

Definition and approach of the Strategic Global Partnerships model

Strategic level partnerships refer to partnerships with other global health organisations including the Global Health Initiatives (GHIs) and development partners, development banks and others in the global architecture whose objectives overlap with those of the Global Fund. The Global Fund works alongside and in cooperation with other global health organisations both at the global level and in individual countries.[14] Achieving coherence within and between these organisations is vital to ensuring functional, productive partnerships.

We reviewed the following partnerships under this model:

- Roll Back Malaria Partnership to End Malaria

- WHO

- Stop TB Partnership

- World Bank

- UNAIDS

- Gavi – as a comparator to the Global Fund partnership approach.

In the context of the significantly increased focus on systems investments (to support RSSH and universal health coverage (UHC)), global health partners – especially the more vertically focused GHIs – are being encouraged by their funders, country governments, and other development partners to make more and faster progress towards increasing coherence and collaboration in the way they work at country level in order to reduce duplication, strengthen efficiency and maximise their impact. The launch of the *Global Action Plan for Healthy Lives and Well-Being for All* in October 2018 was a first step for 11 global health organisations to deliver on this. The Action Plan aims to: *align and coordinate work better; and develop a*

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[14] Global level strategic technical partnerships exist in some form between the Global Fund and most other health organisations. However, partnerships do not always have a formal agreement or MOU (the WHO framework agreement is an exception) and they do not necessarily involve the transfer of funds from the Global Fund to support the partnership. For example, the Global Fund holds a seat on the Investors' Group of the Global Financing Facility, another vertical fund hosted by the World Bank to fill the financing gap and systems barriers associated with reproductive, maternal, newborn, child and adolescent health (RMNCAH). In a very few countries, the Global Fund has channelled funds through a World Bank Trust Fund (e.g. for USD10 million in the DR Congo). The decision was complex to make and ultimately the Board had to debate it. These kinds of barriers impede collaborative working. The relationship with the World Bank is evolving as the Global Fund explores innovative financing mechanism (such as loan buy-downs or social impact bonds). The opportunities behind these developments for the Global Fund lie in having new avenues by which to pursue technical goals, primarily around health systems strengthening, increased sustainability and domestic resource commitments for basic services.

common framework for assessing results and linking investments more closely to results.[15] The next step will be developing more coherence in the approach to collaboration and cooperation in and with a range of countries.

Within the context of the *Action Plan*, and explicitly recognising a mutual commitment to the Sustainable Development Goals (SDGs) and UHC, the Global Fund and WHO recently signed a second high-level agreement. The Agreement sets out the framework for their collaboration and partnership and is designed to improve collaboration and communication between the two organisations. It is unfunded and not legally binding. But it does clearly set out the principles that will form the basis of their cooperation (country ownership, human rights, respect for each other's mandate, reliance on evidence-based approaches, alignment with each other and others) and seeks to strengthen mutual accountability. It also identifies areas of collaboration (and mutual accountability, an implementation and oversight mechanism), a provision for quarterly meetings and a commitment that '*each organization will develop an internal mechanism to track the flow and use of funds from the Global Fund to WHO at all levels, as feasible and subject to each Party's rules and procedures… to be shared between the Parties to help improve collaboration.'* This represents a significant advance on the previous arrangements and for the first time, it may be possible to track how resources flow from the Global Fund to WHO at all levels of engagement including from country grants. The current agreement focuses on HQ level. The Global Fund and WHO are currently working on extending the agreement to WHO regional offices. Other MOUs are in place or underway although not with all global health partners. For example, UNICEF and the Global Fund signed a MOU in 2014 and it was renewed in 2016.

The Global Fund, in common with other GHIs (Gavi and the Global Financing Facility), has no country level presence and is fully dependent on delivering through national authorities, PRs, and wider partners. It is thus of even greater importance to work in alignment with each other, and other organisations which have a country presence. Following an evaluation after the Global Fund's first five-year strategic review (2007/8), a Partnership Strategy was approved in 2009 but the approach to partnership has not been uniform and ultimately, little progress on collaboration across all the GHIs has occurred. A recent review highlighted the need for a more coherent approach to partnership at this level.[16] [17]

Although there are advantages to a flexible or informal arrangement, many of those interviewed for this analysis reported that a more structured approach at the global level would be more appropriate and would help them marshal resources and invest sufficiently in the partnership. Some Global Health partners thought there was a sense of mission creep and that the Global Fund is straying from its mandate as a financier of programmes to providing more technical assistance which is not well coordinated with other technical support in-country. In particular, the catalytic investments were seen as becoming more involved in providing technical support and not necessarily aligned with ongoing technical support in-country.

Both within countries and among global level informants, many of those interviewed for this Review commented on the importance of individual relationships in determining successful cooperation. In addition, several observations were made regarding the variability of country-based UN technical teams identifying that an effective head of office or country programme made a significant difference to the scope for cooperation and coordination. Most organisations have committed to strengthening their recruitment and management processes although without an agreement to this effect, it is difficult for one party to hold another accountable for progress.

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[15] https://www.who.int/sdg/global-action-plan

[16] Nina Schwalbe*, Engagement with Technical Partners: Initial Recommendations for Improving Alignment with Principles*, Spark Street Consulting, 18 June 2018.

[17] One exception is the efforts between the Global Fund and Gavi to strengthen coordination in their work especially on health systems strengthening, including supply chain management and support for data systems and information gathering. The relationship with Gavi has several layers however, and some are administrative and functional (sharing back office functions) while some are technical (working on strengthening health systems).

Beyond the formal WHO agreement, relationships between the Global Fund and key players in the global health arena are set up in different ways that extend beyond funding flows in many cases. For example:

- The Stop TB Partnership, Roll Back Malaria Partnership to end Malaria and UNAIDS have had a number of agreements with the Global Fund over the years but there is no uniform structure to the agreement, making them hard to compare or review. They reflect a case-by-case approach rather than an organisational policy towards formalising partnerships and mandate. Where they do currently exist, they are mostly centred on funding specific activities. Agreements have therefore not been broad in scope or covered partnership ways of working, mandate and general accountability:

  o The Global Fund and UNAIDS formalised their relationship through a series of MOUs in 2003 and 2008 and a cooperation agreement in 2014 which expired in December 2016. Talks are currently underway to refresh the agreement. There is no direct financial relationship between UNAIDS and the Global Fund. However, in the current global architecture, UNAIDS provides a range of technical inputs and support to countries that interact with Global Fund grant implementation and the two organisations are thus technical partners in a number of ways.[18] Moreover, UNAIDS plays a convening, coordination and technical role at both global and country level and is responsible for setting global standards, including developing the Global Strategy for HIV/AIDS, a guiding document for the Global Fund's strategy 2017–22 Investing to End Epidemics. UNAIDS co-chairs the HIV Situation Room which assists countries in solving technical, process and political challenges and engages with the Global Fund's Grant Approval Committee (GAC) where UNAIDS provides guidance on issues pertaining to human rights, gender and vulnerable populations. Independent of any agreement between the parties, UNAIDS provides considerable input to Global Fund processes driven by its own mandate.

  o The Global Fund provides funds to the Roll Back Malaria Partnership to End Malaria; for example, in 2017 the Global Fund earmarked funds for the Country and Regional Support Partner Committee (CRSPC) activities. Funds are also used to support Global Fund grant application development, implementation and bottleneck assessment and removal.

  o The Stop TB Partnership does not have a general MOU with the Global Fund but has received grants to provide technical support to countries in the past and is funded to deliver the Strategic Initiative: Finding Missing TB Cases (see Partnership Model 2). It is also funded to engage with CSOs.

- UNFPA had a MOU signed with the Global Fund in 2014 although it has lapsed. At country level (e.g. in Georgia), UNFPA was unfamiliar with any formal link to the Global Fund although there was some active (unfunded) cooperation around reproductive health and HIV prevention among key populations.

- The MOU signed between UNICEF and the Global Fund in 2014 was renewed and broadened in 2016 to cover six areas through to 2019: Health and community system strengthening; adolescent health with a focus on girls; procurement and supply chain management; operating in challenging environments; monitoring and evaluation, data systems and learning; and operations. The framework is unfunded and non-binding but has created scope for increased engagement both at the HQ and country level. In addition, UNICEF is funded for Technical Support, South-to-South Collaboration, Peer Review and Learning Strategic Initiative to deliver support to community health systems, around adolescent girls and young women, and data.

We looked at Gavi's partners' engagement framework (PEF) as a comparator to how the Global Fund established partnership to advance its objectives. Recognising that there are important differences between how Gavi and the Global Fund work, we identified the component of the Gavi PEF which could be of use for the Global Fund to consider incorporating. Box 3 provides an overview of the Gavi

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[18] UNAIDS commissioned an Independent Evaluation of the Partnership between UNAIDS and the Global Fund in 2017, following which UNAIDS initiated an internal review and business planning process with an aim to renew and strengthen the partnership. Discussions with the Global Fund to develop a new MOU responding to recommendations from the Independent Evaluation were initiated in the second half of 2018 and are ongoing.

partnership approach and the strengths, barriers and opportunities that we see as relevant for the Global Fund.

Box 3: Partnership model comparison: Gavi's partnership approach

Partnership model comparison: Gavi's partnership approach

Overview: Since 2016, Gavi has been providing funding for technical support through the partners' engagement framework (PEF). PEF defines the roles of Gavi's main Vaccine Alliance partners, WHO and UNICEF, and sets out clear, predetermined functions of each partner to reduce duplication and leverage each organisation's established in-country strengths.

PEF defines three distinct routes of support – targeted country assistance (TCA), strategic focus areas, and foundational support. TCA, the largest of these three modes, prioritises a country-focused approach in which needs are defined at country level. In contrast to previous Gavi support modalities in which most resources were allocated to partners at the global and regional levels, over 50% of the budget is used for technical support at country level through PEF. PEF defines UNICEF, WHO, the CDC, the World Bank, and the Civil Society Organisation Constituency as Gavi's Core Partners; however, UNICEF and WHO are the prioritised technical support partners. In-country, partners are coordinated by the Expanded Programme on Immunization (EPI) team, with varying degrees of success. PEF's four key principles are: country-focused approach, differentiation, transparency and accountability. Another key element of PEF is that it defines Gavi's focus on 20 priority countries that face the most severe immunisation challenges.

Model strengths: A major strength of PEF is its mechanism for annual, in-country multi-stakeholder reviews of progress and performance of Gavi support. These reviews, or Joint Appraisals (JA), are conducted with Ministry of Health staff, members of the ICC and the HS Coordinating Committee (HSCC), and staff from Gavi and other partner organisations. The JA process ensures that priorities, targets, indicators and roles are well defined and identified collaboratively. It also supports overall transparency of Gavi's TCA. In some countries, DRC for example, coordination of partners by EPI is highly effective.

Model weaknesses/barriers: Gavi reports that it has taken time to ensure that PEF TCA is well aligned to a clear theory of change and Gavi's other investments in each country. Although there is now a wide diversity of partners available to be contracted by Gavi (more than 50), the majority of resources still go to WHO and UNICEF, two of Gavi's Core Partners. This has enabled long-term continuity and planning but it has had limited impact on expanding the diversity of technical support partners working in countries. Although the PEF pre-defines Core Partners at country level (primarily UNICEF and WHO), enabling continuity and long-term planning, it can create vulnerabilities to weak capacity in specific country contexts. The diversification of both technical support partners and approaches has taken longer than Gavi anticipated.

A challenge Gavi identified, that is more widely experienced, is identifying the most effective technical support for horizontal systems strengthening, including how to effectively reach underserved populations, expand service coverage and long-term capacity strengthening. In Gavi's case, capacity constraints in UNICEF and particularly WHO to shift beyond a vertical immunisation programming approach to one focused on reaching underserved populations echoes a broader challenge common to many vertical programmes.

In common with other organisations, Gavi reports that partners have been reluctant to commit to *outcomes* from the technical support they provide (saying these are the responsibility of countries) as opposed to *deliverables*. This seems to be a challenge for technical assistance more generally. Additionally, countries have been reluctant to challenge partners directly, or hold them accountable, when they are not receiving the support they need. The absence of defined and implementable quality assurance processes for technical support is not unique to the experience between Gavi and its partners.

Gavi recently introduced an 'Expanded Partners' modality, which introduces a wider range of partners that countries can draw on for technical support through Gavi. Success has been variable across different partners, and it is likely that the panel of options will somewhat be reduced in the future. A recent review found that the Expanded Partners were largely not included in the close coordination between Gavi and its Core Partners while at the same time, the voices of UNICEF and WHO were much stronger (understandably). Another weakness of

PEF, in some respects, is that there are limited funds available for health systems strengthening (HSS) support (20% of total funds) and, spread out across several years, they can address a limited range of investments.

Opportunities: While Gavi and the Global Fund differ in several major ways, opportunities exist for the Global Fund to learn from Gavi's experiences of defining technical support relationships through PEF.

In particular, while the JA process might be more difficult to implement in the context of the Global Fund's significantly larger portfolio of countries and more complex portfolio, it is clear that a frequent, multi-stakeholder review process is critical to ensuring that technical support remains relevant, effective and efficient. When the Global Fund has been a part of on-the-ground, multi-stakeholder reviews, for example with Stop TB, they have benefited from a well-coordinated, clearly communicated technical support response.

Overall, Gavi's model represents a methodical, transparent approach to technical support partnerships that enables country ownership and continuity of support. While Gavi's focus is significantly narrower than that of the Global Fund in terms of number of countries supported, lessons can be learnt from comparing the two approaches and the benefits of having clearly defined processes to identify and provide technical support are evident.

SWOT analysis

Strengths and enablers

- **Clear expectations and formalising partnerships:** Structured relationships between GHIs at global level, such as the new WHO agreement, aid collaboration, coordination and efficiency within the global health architecture especially around defining mandate, roles and responsibilities. Formal agreements also support better collaboration in countries and can improve accountability to country governments for technical inputs, common objectives and better cooperation around coherent support for systems reforms for example, where countries like Tanzania have partnership agreements.

- **Leveraging technical focus of GHIs:** A significant proportion of resources for and technical investment in health systems strengthening and UHC pass through the global health organisations (as opposed to directly through bilateral programmes). Strengthening cooperation among different partners in-country is vital therefore to making efficient and effective progress.[19]

Weaknesses

- **Inconsistent approach:** Currently the Global Fund's approach to partnership with major global health partners is not consistent or clear, making it hard for the Global Fund and its partners to hold each to account and optimise added value to support national programming (e.g. Stop TB Partnership, UNAIDS, etc.).

- **Too much dependence on informal incentives:** In situations where there are not clear agreements in place, cooperation between organisations is dependent on personal relationships, political will, commitment and perceived value.

Opportunities

- The new WHO agreement, particularly the ability to be able to track financial flows, could become a model for the structure of global level agreements.

- Country level arrangements should engage national authorities and could help expand accountability more broadly within the health sector.

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[19] See, for example, Ke Xu, Agnes Soucat *et al.*, *Public Spending on Health: A Closer Look at Trends*, WHO, Geneva 2018, https://apps.who.int/iris/bitstream/handle/10665/276728/WHO-HIS-HGF-HF-WorkingPaper-18.3-eng.pdf?ua=1

Threats

- **Limited ability to influence cooperation and change at country level:** Global level agreements are a necessary but not sufficient component of more coherent cooperation. In and of themselves, they cannot advance technical outcomes and have to be actively managed. Additionally, high-level agreements may not be effective at changing more field-level thinking/behaviour. For example, the cooperation seen between UNFPA and the Global Fund in Georgia had little to do with their high-level agreement; neither party even knew there was one.

Best practice and key constraints

Best practice

- The high-level agreement with WHO clarifies roles and responsibilities, as well as accountability arrangements, making it possible to start tracking and improving coordination for technical cooperation.

Key constraints

- Agreements are time-consuming to negotiate and have little value if they are not actively implemented (by all partners), reviewed regularly and updated as appropriate, and managed to reflect changing contexts.

3.4 Model 4 – Technical capacity strengthening through grant implementation

Definition and approach of the Grants Partnership model

The Grants model refers to the grants awarded by the Global Fund to countries. The model includes the process of applying for and approving grants, as well as the final grant that is awarded to a country (or group of countries). Grant mechanisms including allocated funding, above allocation funding and matching funds as well as, occasionally, multi-country grants. One of these, the Middle East Response (MER), combines five country grants under an umbrella arrangement with the International Organization for Migration (IOM), which in turn subcontracts country-focused implementation to other organisations.

Depending on the disease and/or RSSH programme, technical partnerships funded by grants may include, but are not limited to:

- Routine reporting;

- Assessment of programme and data quality;

- Data analysis, evaluations, reviews and promoting transparency;

- Surveys;

- Policy formulation, service design and quality assurance;

- Supporting administrative and financial data sources; and

- Strengthening vital registration systems.[20]

The vast majority of the Global Fund's resources is channelled through grants made directly to countries (or, to a lesser extent, to regions or multi-country groups). Countries apply for funding using guidance received from the Global Fund. Following approval, the detail of each grant is negotiated by the Secretariat and agreed by the Grant Approvals Committee (GAC) for implementation supported by the Global Fund (Geneva-based) Country Team, a multi-disciplinary group, headed by a FPM. In-country,

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[20] https://www.theglobalfund.org/media/4533/fundingrequest_matchingfunds_instructions_en.pdf

responsibility for grant delivery falls to the Principal Recipients overseen by a combination of the CCM, the Local Financing Authority and in some settings, a Fiscal Agent.

A significant proportion of Global Fund technical support resources are spent through partnerships with the UN agencies (e.g. UNICEF, WHO) although the exact amount or even an estimate is not known. Disease- and systems-focused technical support and capacity building that is funded from grants is most commonly delivered through either the technical support budget within grants (managed by PRs) or by the centrally pooled grant-funded technical support fund such as for the WHO-managed regional Green Light Committees (rGLC) which is made up of contributions from country TB grants for MDR-TB technical support provision (see Box 5). The technical support budget within grants may be parcelled out by PRs as a technical support contract as in Côte d'Ivoire with UNICEF for malaria (elaborated on in Box 5) or in Bangladesh with WHO for TB. Alternatively, technical support resources are used in a piecemeal way over time to pay for smaller pieces of work (e.g. in Georgia where the TB programme was strengthened through a series of consecutive capacity building contacts).

Under the Middle East Response (MER), IOM receives USD36 million, described as an 'innovative approach' to provide essential TB, Malaria and HIV services to populations living in Syria and Yemen and Syrian refuges in Jordan and Lebanon. IOM manages this grant through an integrated grant management platform based in Amman, Jordan. The IOM case (MER) demonstrates that in fragile settings the Global Fund can be a flexible and responsive partner and that these partnerships can function well as 'umbrella' structures, supporting implementation through a variety of organisations.

The CCM does not have full sight of all technical capacity gaps in a national disease programme. Once grants are initiated, Principal Recipients take forward implementation, reporting to the CCM among others at regular intervals. The process of coordination around national disease control programmes largely shifts then (in most countries) to the national disease control unit in the Ministry of Health or relevant body (e.g. in the case of RSSH). Specific responsibility for coordinating technical capacity strengthening related to disease programmes does not lie with the CCM but rather with the National Programme team. Although the CCM is required to approve (or express support for) many technical capacity investments including those offered by some but not all of the *Set Asides,* there is a blind spot in this process as the CCM will not necessarily be aware of all other technical support on offer or in progress.

This is relevant as it may contribute to duplication or inefficiencies, the avoidance of which requires sound coordination, good leadership and transparency among all partners about their support. It also raises questions about the role of the CCM (and the limits of that role) in relation to technical capacity strengthening.

Countries reported (sometimes contradictory) experiences sourcing technical capacity partners using grant funds. On the whole, most evidence confirms that countries value selecting technical partners for themselves. On the other hand, there was uneven capacity to design good quality procurement processes or to source technical capacity partners that were appropriate for the anticipated need. Monitoring of outcomes, redress in the event of poor performance and impact assessment of results were uneven and – based on limited evidence – inconsistent. This was noted particularly in connection with the growing investments in RSSH (health systems strengthening). However, in Georgia, the process of sourcing technical support for TB systems strengthening visibly increased capacity in the PR (the National Centre for Disease Control). A first attempt at openly procuring technical support failed to attract any expressions of interest, which lead to a re-think, a more careful definition of services requested, clearer partition of tasks and separation into discrete stages. By then mobilising global TB partners (especially the Stop TB Partnership), technical support was successfully arranged using a different approach with more coordination and country management, and also through mobilising well-known global partners, including WHO Euro regional office, and local health systems partners.

Not all countries are able to overcome capacity shortages and some informants reported that it could be difficult to find expertise, especially for health systems strengthening. In this case, turning to an external partner may not always solve the problem. As one CCM chair said about externally funded, selected

technical support, '*They come, they install somebody recruited by them, we validate the TORs, they execute the programme and when the programme is over, we realise that there has been no return*.'

Where technical partnerships implement service and systems strengthening funded only out of the Global Fund grant for a single disease result (rather than to address larger systems challenges) there is a risk that the results will be too disease-focused, dependent on external support and may be unsustainable. For example, the Global Fund malaria-related grant agreement in Côte d'Ivoire between the Ministry of Health and UNICEF (elaborated in 2017 and 2018) highlights the strengths of the existing partnership and suggests how components of it could provide learning to address broader systems challenges beyond malaria.

Box 4: Tripartite Malaria Response Partnership Agreement in Côte d'Ivoire

Partnership example: The Global Fund Malaria grant-related Response Partnership Agreement in Côte d'Ivoire between the Ministry of Health and UNICEF

Overview: In May 2018, the Ministry of Health and UNICEF finalised a partnership agreement (the *Convention de Prestations de Services*) for the implementation of the 2018–20 Global Fund grant to support the Scaling-up Malaria Programme as part of the *Plan National de Lutte Contre le Paludisme* (PNLP). UNICEF is the sub-recipient to the Ministry of Health under the Global Fund grant.

This is the third such partnership agreement between UNICEF and the Ministry of Health, the first one having been signed in 2013 for the period 2013–15 and the second having been signed in 2015 for the period 2015–17. The outcomes of the previous partnership were largely positive; only one of 15 indicators achieved less than 70% of the target while most met or superseded targets. Monitoring and accountability are again clearly set out with key performance indicators that track quantitative results as well as narrative progress or bottlenecks. UNICEF presents an annual workplan to the Ministry of Health (National Malaria Programme) as well as six-monthly progress reports and financial statements. Funds are transferred directly to UNICEF by the Global Fund upon approval by the Ministry of Health.

Partnership strengths: The expected outcomes of the first agreement, as with the current one, benefits from elements linked to UNICEF's core comparative advantage in bed net and antimalarial procurement, distribution and community engagement. This partnership thus builds on the strengths and long-lasting experience of UNICEF in improving community health, influencing governments, negotiating commodity prices, and managing global/pooled procurement. It also relies on UNICEF's extensive network and numerous partners in the country.

Partnership weaknesses/barriers: UNICEF's model of working mostly with the public sector and procuring at global level makes local private sector participation more challenging. UNICEF's focus on delivery makes it harder to track specific investments into systems strengthening. Some evidence reinforces the perception by informants that there is brain drain through the movement of capacitated health personnel to global health organisations (to UNICEF as well as others).

Partnership opportunities: Genuine opportunities exist to use UNICEF experience in community health to support the country strategy for community health workers. This, in turn, would support better Global Fund outcomes.

More broadly, UNICEF has political leverage and could build on this to advocate with the Ministry of Health for increased domestic health resource mobilisation, and more effective leadership and ownership by the government, two critical conditions for the Global Fund to really deliver improvements in Côte d'Ivoire, including through its Sustainability, Transition and Co-financing (STC) objectives.

This expanded role for UNICEF could support Global Fund results beyond the implementation of the malaria programme to cement better links to a health systems strengthening process, specifically related to community systems.

Overall, this partnership is assessed as an example of relatively effective division of labour among technical support partners and development partners working on malaria prevention and treatment across the districts of the country backed by medium- and long-term support. It may be worth exploring whether there are components of it that could be leveraged, via an expanded role for community services, to support systems strengthening.

The Greenlight Committee is funded from grant funds. All countries with MDR TB are obliged to support the Committee through a flat rate payment from their Global Fund grant allocation. The Committee then provides a range of technical capacity support to any country that calls on it. Box 5 analyses the partnership and assesses its innovative approach to ensuring that technical support is available from a specialist partner, adequately funded for the purpose.

Box 5: WHO Regional Green Light Committees

Partnership example: WHO Regional Green Light Committees

Overview: The Global Fund and WHO have an MOU in place from 31 March 2017 until the end of December 2019 that enables WHO to coordinate the support of Regional Green Light Committees (rGLCs) to provide technical support to countries that receive Global Fund TB grants that include DR-TB/MDR-TB programme funds. This includes 28 MDR-TB high-burden countries and roughly 63+ other countries with TB grants that include a focus on DR-TB.

rGLCs are now hosted by the six WHO regional offices from which technical support is coordinated. Each rGLC comprises experts with very different skills and backgrounds (such as clinicians, TB programme management, procurement and supply management, etc.) who are able to provide technical support on DR-TB and MDR-TB programming. A differentiated approach is used with high-burden countries accessing an enhanced package of service support and other countries receiving a core service package. PRs budget for the technical support for a rGLC within its Global Fund TB grant. A contribution of USD50,000 is made for high MDR-TB burden countries and USD25,000 for other countries. The PR agrees for the Global Fund to withhold this contribution, which is only paid to WHO if a rGLC provides technical support. rGLCs have three scheduled tranche payments each year with the last being proportional to the number of countries where technical support has been provided; in this way there is an element of performance-related pay. Forecasting and regional planning allow rGLCs to operate with some knowledge of expected payment for the three tranche payments.

Partnership strengths: This pooled technical support financing mechanism allows rGLCs to plan for a predictable amount of 'work', which creates economies of scale. It allows some standardisation of technical support approach and consultant development to enable high-quality technical support provision. Investment can also be made in effective needs identification, communication and coordination, as well as training for in-country partners. The MOU is very detailed with specific guidance on how to operationalise the mechanism through global-to-country and what role each partner plays. A differentiated approach to technical support, with more support to countries with high MDR-TB burden, has been built into the design to ensure value for money and maximum impact.

Partnership barriers: In the past, the Green Light Committee was a mechanism that evaluated TB programmes to advise the Global Fund on whether or not to fund country DR-TB programmes. However, the role of rGLC has shifted from 'granting (or not) this green light' to a role focused on providing technical support to country plans for treatment scale up. It is taking some countries a little time to recognise this shift and to actively engage with rGLCs around technical support provision.

The rGLC technical support mechanism has a well-defined approach and packages of support; however, flexibility in the system allows tailoring to specific country contexts and this flexibility is perhaps not widely enough understood by/ within countries. rGLC has been working with countries to ensure that their specific needs can be addressed rather than only offering a limited or pre-defined package of support. rGLC is overcoming this barrier as evidenced by the fact that only India and South Africa had not – until recently – requested any technical support. This year, through discussion and negotiation, both India and South Africa have identified how rGLC can support them.

Partnership opportunities: The rGLCs work very closely with other funding streams such as USAID country missions, and other bilateral set-asides, the Stop TB Global Drug Facility, and Global Fund staff, which has been beneficial for mutual learning, avoidance of duplication and efficiencies in technical support provision.

The centralised and pooled-funded nature of this mechanism means that the types of services provided and technical support providers can change over time to respond to changing needs and learning without disruption to the mechanism. Not all countries and programmes contribute to the pooled funds for rGLC: some countries have grants that are too small to contribute or have very specific needs. These countries benefit from the pooled funds that are not always needed in full for high-burden countries; for example, a high-burden country

contributes USD50,000 but may only benefit from one rGLC mission costing much less than this amount. Leftover funds can be used for countries requiring three or four missions (going over budget for their contribution) or countries that did not contribute but are still addressing MDR-TB.

Overall, this partnership is well designed with a clear and detailed MOU: It builds on existing tried and tested technical support infrastructure but ensures that 'the country' is the ultimate client and centre for accountability. Economies of scale are utilised to improve the effectiveness of the technical support, an element of pay-by-performance is included, and a differentiated approach to technical support is inbuilt.

Unlike most grants, the Global Fund's approach to the expanding crisis in the Middle East has been a little different from its usual country by country grant allocation approach. Uniting five affected countries under a single technical and management partner to ensure streamlined service delivery to settled, internally displaced and migrant populations, the Middle East Response is an unusual adaptation of the grant model to meet the needs of countries in a challenging operating environment. Box 6 summarises the main features of this approach and highlights the risks and opportunities of working innovatively in a crisis.

Box 6: The Middle East Response support

Partnership example: The Middle East Response support by an International Organization for Migration-led partnership

Overview: The Middle East Response 2 (MER2) grant consolidates the grants of five countries in the Middle East region (Iraq, Jordan, Lebanon, Syria and Yemen) with a focus on ensuring the continuity of health services during conflict or service disruption. It provides USD36 million to support the delivery of essential HIV, TB, and malaria services in these five countries including to displaced and migrant populations, through one integrated grant management platform and governance framework. The grant has been tailored to address healthcare in the context of protracted conflicts (in Syria and Yemen) and a refugee crisis across the region.

The Global Fund collaborates with the International Organization for Migration (IOM) as the implementing and technical partner which addresses the challenges of providing migrant-friendly health services to support the needs of large numbers of internally displaced people. IOM partners with a range of organisations working across the five countries to ensure services, capacity building and support are delivered, and other global technical partners support the programme with technical advice and inputs.

Partnership strengths: The partnership engages countries, service providers, WHO and other global technical partners like UNICEF to provide practical and operational support in a complex and swiftly evolving context where HIV, TB and malaria services are low on the list of government priorities. Due to the context there is a lot of collaborative working: '*In these environments, operational details are the focus. You can be strategically oriented but strategies have to be implemented on the ground and lives have to be saved*' (Global Fund staff member). The MER2–IOM partnership also demonstrates that in fragile settings the Global Fund can be a flexible and responsive partner and that these partnerships can function well as 'umbrella' structures, allowing funding to cascade down through a variety of organisations.

Partnership barriers: In this setting the MER2 partners are less able to engage in long-term capacity building or systems building at national level. Given the limited resources, the partnership can only deliver on keeping systems running until national level capacity can be restored. Thus, the partnership is less about technical capacity building at the moment and more about capacity maintenance and service delivery.

Partnership opportunities and risks: The IOM is playing a dual and integrated role as technical support partner and Principal Recipient. The Global Fund has taken on a much more active role than it might usually, and the Country Team has had to deploy negotiation skills, political economy awareness and analysis, and process management capacity. The role of the specific individuals involved, and their capacities and skills have been an important factor in success. This does create a risk, however, if the individuals involved move on.

Service delivery managed through many partners simultaneously is strengthened by a grant management unit staffed by a small team appointed for the purpose. While this system enables the grant to flow and a complex multi-country programme to operate, there is a risk that capacity to design and manage critical HIV, TB and malaria systems is not being maintained or strengthened in the five countries. This capacity will have to be restored when the opportunity arises and funds and support will be needed to do so.

The Global Fund has had previous experience working intensively on partnerships at the country level. Through Implementation through Partnerships and Impact through Partnerships (ITP-1 and ITP-2 respectively), the Global Fund focused on mobilising coordinated efforts to identify and address barriers to grant implementation and absorption. Box 7 highlights the main features and experience of ITP-1 and ITP-2.

Box 7: Implementation through Partnership and Impact through Partnership

Partnership example: Implementation through Partnership and Impact through Partnership

Implementation through Partnership (ITP-1) was created specifically to address bottlenecks that were delaying countries from successfully implementing Global Fund grants. It ran from October 2015 to December 2016 and was implemented in 20 countries that were the recipients of large grants (over USD150 million) and had poor records of fund disbursement. Implemented in collaboration with US, French and German Governments, WHO, UNAIDS, Stop TB Partnership, UNICEF, the Gates Foundation and Gavi, ITP-1 brought together country authorities with bilateral and multilateral partners, and Global Fund Country Teams, to jointly assess barriers to grant absorption in the country and then prioritise action, mobilise political commitment and coordinate technical support and capacity building to resolve barriers. In December 2016, it was felt that ITP-1 had created successful momentum towards increasing impact, and that it should be 'mainstreamed' as an approach, with the scope of partner efforts no longer limited to the 20 original countries.

This new approach was called **Impact through Partnership** or ITP-2. Started in 2017 and still operating, it aims to drive greater focus on measurable outcomes and actions in all countries and to deliver a fully integrated and systematised approach to reviewing the Global Fund's progress towards meeting its targets and achieving impact, as well as a structured approach to using data for decision-making, formalising feedback loops to 'drive learning back into the organisation'. ITP-2 established a Partner Support Platform, which aims to help countries address needs that could not be met using existing resources at country level and introduced a Portfolio Performance Committee to review progress via Enterprise reviews and Country Portfolio reviews.

Partnership strengths

ITP-1 successfully brought together all technical partners at country level to focus on a specific set of tasks over 14 months. Sustained, coordinated action by the Global Fund and partners was shown to reap rewards as countries' expenditure on grants was increased (for instance, Niger saw a big increase in grant absorption between early and late 2016, Burkina Faso's absorption rate grew from 67% in 2012–15 to 94% by end of 2017). Both rounds of ITP were focused on identifying and addressing barriers to implementation. Some informants thought the ITP process improved communications about country technical and capacity building needs. The increased communication and coordination improved efficiency among partners.

Partnership barriers

It is not clear whether ITP-2, operating on a larger scale across all countries and over a longer time frame, has been able to sustain the greater momentum of implementation delivered by ITP-1. As the focus shifted more to a set of internal organisational mechanisms and away from country level partnership and delivery, ITP-2 may struggle to sustain a positive effect. As implementation is still underway, it is not yet clear what the success of the initiative will be. Barriers to this level of intense, coordinated action for the Global Fund are the huge scale of operation across countries and diseases/health systems, making any form of centralised control a challenge. ITP-2 attempts to centralise some key review functions, which creates more demands upon capacity in Geneva.

Partnership opportunities and threats

The two ITP approaches have demonstrated that more intensive coordination and supervision of implementation of Global Fund grants can have benefits for grant absorption. There is a substantial coordination role for the Global Fund to play with its many in-country partners. This is both an opportunity and a threat as such coordination positively requires negotiation with country and technical partners but is demanding of resources. While the process enables better coordination, alignment and harmonised working (critical partnership practices), the challenge arising from ITP-2, especially, is to determine how these intensive levels of engagement by all partners can be incentivised and sustained.

SWOT analysis

Strengths and enablers

- **Technical support through grants enable country ownership:** Global Fund grants place resources and control over technical capacity strengthening into the hands of national authorities, which enables them to procure the capacity they feel is most needed, identifying their own partners, and managing procurement and delivery of capacity inputs.

- **Increased effectiveness:** Integration of technical capacity into Global Fund grants – rather than using a top-down approach to technical support – increases the likelihood of timeliness, relevance, and coordination for disease control and coherence with other broader systems strengthening processes.

- **Choice of partner:** Whereas global technical partners with their own funding (secured at the global or regional level) are in a position to offer services to countries, the Grants model creates the possibility for countries to determine and select their own partners and to have some control over the timing, scope and delivery of technical support inputs.

- **Flexibility**: Given the nature of grant applications and the Global Fund's flexibility, grants can be used to deliver significant technical capacity needs that may be national in scope, multi-year in scale such as training for community health workers in Côte d'Ivoire or Ethiopia.

- **Coordination**: Joint planning, alignment and coordination at country level with active participation of and leadership by the Global Fund Country Team can accelerate grant implementation and improve efficiency (less duplication and more harmonised implementation (as shown in the experience of the ITP).

Weaknesses and barriers

- **CCM oversight role is unclear:** The role of the CCM in coordinating within the wider health system, ensuring adequate Ministry of Health negotiation with the Ministry of Finance on issues of sustainability and genuine ability to hold PRs accountable in terms of grant oversight is highly variable but generally underdeveloped.

- **Better Ministry of Health oversight is needed:** The CCM ceases to have full sight of many aspects of disease control or RSSH implementation once grants are approved, making it unsuitable or ill-equipped to coordinate multiple investments and ensure coherence. This role shifts to other (disparate) parts of the health system.

- **Lack of clarity about technical support options:** Most countries do not have coherent processes in place to agree technical capacity building priorities, particularly for health systems strengthening, and CCMs seem ill-equipped to host or participate in such discussions even in transition countries. For example, in Bangladesh, the CCM coordinator and CCM members who were interviewed, were not clear what technical support was embedded with grants or what was decided in the technical working groups. They had not had an opportunity to take a bird's eye view across the grants to see what technical support gaps or duplication was planned. They were also not clear about which partnerships were in place with the Global Fund and from whom they could draw technical support – information was word-of-mouth and not clearly mapped out.

- **Commitment:** Partnerships funded through grants require political will, good leadership and sound coordination to be implemented in ways that best complement the efforts of other partners.

- **Low availability of technical support:** The unreliable availability of adequate quality or skilled technical support was identified as a barrier in the country case studies by key informants. For example, this was the case in Bangladesh; but it was also noted that some national and regional consultants could not be used because they were not 'approved' consultants with WHO and USAID consultant rosters.

- **Technical support needs are not consistently communicated to partners:** Some partners reported that they were not consistently apprised on what technical support needs were prioritised in countries. Although the Implementation through Partnership approach improved communication of needs in some contexts, this was not consistent or universal.

Opportunities (especially for enhancement and replication)

- **Wider coherence among partners:** Equipping countries with the means to source their own technical support and strengthen partnerships with global, regional and national partners of their choice is a valuable benefit and is in itself an opportunity for capacity building.

- **Country ownership:** Where countries build technical support partnerships that they have selected, there is likely to be more commitment, continuity of support, greater investment in results and stronger accountability as evidenced in Georgia where the TB programme reforms led by national institutions gained significant traction while externally driven reforms fell away fairly quickly.

- **Informal opportunities to identify technical support needs and coordinate support:** In Bangladesh, there are some tensions between different stakeholders resulting in formal meetings not always being the most productive space for technical support planning and collaboration. However, partners clearly identified informal opportunities and joint monitoring missions to the field as key opportunities to jointly identify needs, identify how they can be addressed and by whom, and prioritise action. These opportunities could be formalised and part of a more structured national technical support planning process.

Threats and risks

- **Duplication:** Often reported by partners, duplication occurred where the same capacity strengthening objectives were addressed through two or more separate processes either in close sequence to each other or even simultaneously. The concern expressed was the potential for contradictory systems to be put in place, wasted effort and inefficiencies. In Bangladesh, the tasks themselves were not duplicative but the effort from the consultants and partners engaged was duplicative due to lack of coordination. For example, sometimes WHO and USAID implement technical support missions with linked outcomes (such as strategic planning followed by work planning) without sufficient coordination to ensure the same consultant is used for both; this results in unnecessary effort to bring new consultants up to speed.

- **Lack of sustainability:** Technical support for disease-specific manifestations of what are in fact wider systems issues could have limited durability where they do address the root system weakness.

Summary of best practice and key constraints

Best practice

- Optimises the potential for country ownership and accountability by enabling countries to select their own technical partners and integrate technical support initiatives into larger or longer-term reform processes (e.g. in the case of RSSH investments).

- Effective solutions to using grant funding to pool funds to support strengthened capacity building and technical support to countries are available (e.g. the WHO Green Light Committee technical support agreement with the Global Fund for improved MDR-TB programming, see Box 5).

Key constraints

- Broader coordination and management of partnerships for disease control or RSSH is not, primarily, with the CCM or even individual PRs so there is a risk that Global Fund-supported technical

cooperation partnerships may not be as well targeted, relevant or accountable as they could be or that the CCM is not able to provide effective oversight.

▪ Some countries may have challenges identifying and managing quality technical capacity building partners or holding such partners to account for their contributions (e.g. as raised in Côte d'Ivoire). This has also been sighted as the reason for underspent technical support grant funds. Other reasons for underspend include prolonged procurement processes and the changing needs over the lifetime of the grant cycle.

3.5   Model 5 – Non-State Partnerships

Definition and approach of the Non-State Partnership model (private sector, INGOs/CSOs):

Partnerships covered in this group include:

▪ Public–private partnerships to implement for malaria elimination (e.g. MOSASWA multi-country partnership with Goodbye Malaria);

▪ INGO partnerships (International HIV/AIDS Alliance);

▪ Regional civil society platforms (APCASO);

▪ National civil society platforms or networks (e.g. NGO network in Georgia);

▪ CRG Regional Civil Society and Community Communication and Coordination, capacity-building of Key Population networks on Global Fund processes and Technical Assistance;

▪ Grant implementation partners with broader relationships with the Global Fund (the Red Cross, Save the Children).

In this model, partnerships are with private and civil society (non-state) actors. They are loosely gathered in this Non-State Partnership model as their main commonality is that they link into countries using considerably different networks from those of the Global Fund or global partners working in the state sector. Private partnerships can be fundraising in that they bring additional resources, as with the cross-border MOSASWA initiative to which Goodbye Malaria (private sector collective co-founded by African entrepreneurs to contribute to the fight against Malaria in Africa) contributes funds and training resources and capacity building skills to the malaria elimination commitments between South Africa, Mozambique and Eswatini. Sometimes, however, engaging private health actors is focused on improving quality of care or private participation in key health sector goals as with the Regional Artemisinin-resistance Initiative (RAI) operating in the Greater Mekong delta with private health providers including clinics and pharmacies.[21]

The Global Fund has benefited from long-term partnerships with a number INGOs and regional CSOs such as the International HIV/AIDS Alliance (IHAA), Management Science for Health (MSH), and regional International Council of AIDS Service Organizations (ICASO). These organisations are often contracted as technical support providers but they have a number of roles: they are 'critical friends' and advisors to the Global Fund through representation on working groups and committees; they have strong links or affiliations to partners in-country, many of whom may be contracted as technical support providers or are Principal Recipients. They are often experts on country needs and Global Fund programme implementation. They also have a vested interest in Global Fund governance and programming. Their technical support is therefore mandate-driven and is valuable to the Global Fund, although it is often undocumented (and funded as part of their core mandate rather than by the Global Fund). They can also

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[21] Some private sector partners (such as Nandos) bring resources to a specific project as well as skills and participation in capacity building. These sorts of partners are included here while the broad private sector finance approaches (including innovative modalities such as social impact bonds) that are global in nature rather than project specific, are excluded from this Review as they are being assessed elsewhere.

serve as conduits for collaborative efforts and streamlining of technical support efforts, as they are funded or have cooperative agreements with multiple donor agencies and technical partners. A good example of this is IHAA's role in facilitating multi-partner collaboration and joint efforts for the CCM Evolution project: aligning its existing technical support-related grant agreement (including country selection) with GIZ Backup Health to the CCM Evolution project's approach and design of technical support delivery packages. IHAA similarly led such alignment in the roll-out and implementation of the CCM Eligibility and Performance Assessments (from late 2013 to 2017).

Many CSOs, while engaged in long-term partnerships with the Global Fund, sometimes as PRs or SRs, also receive support from the *Set Aside* initiatives that enhances their capacity to be better partners. For example, in Côte d'Ivoire, the French 5% Initiative has supported the organisational and institutional capacity development of CSOs working on malaria and TB while through longer-term support has partnered with CSOs working on reducing HIV among adolescents and girls and support to an integrated programme for injecting drug users. At the same time, also in Côte d'Ivoire, both USG and French programmes enhance CSO understanding of the barriers to access treatment and capacity training on human rights, gender issues and LGBT engagement.

Civil society networks are potentially valuable partnership models and the Global Fund has had a visible impact on creating space for CSOs in countries across the economic development continuum. The experience in Georgia, coming out of decades of Soviet rule, provides an example from the country case studies. The Global Fund invested over 15 years in supporting the creation of CSOs and networks linked to HIV, targeting key populations such as injecting drug users, TB patients and so on. While still fragmented, a number of CSO networks have been supported through Global Fund grants and through the *Set Asides* in various ways. However, capacity building can be slow and the quality of capacity building support has varied. As a pre-transition country, support for CSOs engaged in HIV, TB and key populations (primarily from the Global Fund) will end in the coming years. With weak capacity, little alternative funding and insufficient skills, organisations are at risk of collapse after transition. Where they are the main conduit to reaching key populations with prevention activities, there is a further risk to the sustainability of Global Fund impact. CSOs, and their networks, requested support with building a broader range of skills including proposal writing, fundraising, health systems knowledge development and communications (especially through social media). The government in Georgia has recognised CSOs as key partners and it remains to be seen if contracting arrangements will be made and funds will be forthcoming.

SWOT analysis

Strengths and enablers

- **Broaden engagement:** Non-state partners and partnerships are vital to avoid stagnation, introduce new ideas and maintain meaningful participation from across the community. For example, efforts to improve CSO and key population representation in the CCM and grant development processes in Bangladesh has seen a positive shift in targeted programming. Importantly, their involvement helps to maintain a focus on human rights in countries where key affected populations are criminalised and/or their rights are not respected.

- **Unique access to key populations**: Non-state partners, especially CSOs, often lead the implementation of activities aimed at reaching key and vulnerable populations with prevention activities and may be trusted by some populations more than government service providers. Linked to this, CSOs may have more flexibility than government actors to work with or on behalf of key populations that are criminalised under the law of a country (such as injecting drug users, sex workers or men who have sex with men). This was noted particularly in countries with focused epidemics, many of which are in or nearing transition.

- **Resource mobilisation:** Private sector partnerships can bring new funding flows and sources of financing, for example as Good Bye Malaria does in MOSASWA and as the Bill and Melinda Gates Foundation has done in several programmes.

- **Expanded networks:** Private sector and CSOs link into almost entirely new or different networks than state and international public sector actors thus adding significant entry points to reach key and vulnerable populations, to deliver services to access the wider community as evidenced in several countries including the NGO network in Georgia, the groups across several countries supported by APCASO.

Weaknesses and barriers

- **Culture shifts**: Private partners may have a different work culture and approach to managing tasks, which may bring advantages (see above) but also can create barriers where this culture overlooks critical public health angles such as reaching everyone, equity, or fails to adjust to a different approach to training. For example, Malaria No More had to adjust its training pace and style to accommodate the shift from private sector contractors to public sector nurses and community workers.

- **Insufficient knowledge about comparative advantages**: There is limited data available from non-traditional partnerships and there have been few evaluations. Conclusions about costs, reliability and durability are not possible to make although overheads are highly variable.

- **CSOs carry disproportionate responsibility for prevention among key populations:** CSOs, especially at local level often require sustained capacity building support and prolonged institution strengthening. There is concern in Bangladesh, for example, that as the Global Fund HIV investment reduces so will funding for CSOs targeting key population. The recent regional multi-country grant for HIV (now closed) helped to build the capacity of HIV CSOs/key population groups and make advances in policy but the Government of Bangladesh is moving away from funding CSOs/key population groups and is not emphasising their role.

- **CSO capacity can be institutionally and managerially weak** especially where organisations are newly established and based on grass roots movements. Investment in capacity building for organisational management, governance, and effective implementation requires long-term support.

Opportunities

- **Country ownership:** Partnerships can support a more level playing field, introduce more country voices and support South–South working (APCASO);

- **Expanded scope of service delivery**: Engaging CSOs and the private sector creates a range of new opportunities including the potential to access hard to reach communities, learn lessons about what works in different settings, increase the pool of resources and technical capacity available to the project or community and strengthen collaboration at the country level in ways that can be transferrable. Through its partners, MSH and IHAA have been able to support the Global Fund in this way. IHAA in particular has been able to bring this experience up to the global level to provide guidance and advice to Global Fund HQ particularly around CCM development, human rights, and key population/CSO engagement;

- Strengthening community engagement: there is scope to significantly enlarge networks and strengthen the range of communities engaging in Global Fund programmes and country health systems including for governance, advocacy and to support implementation, demand for services and accountability.

Threats and risks

- **Sustainability:** If not sustained or done very well, CSO capacity can be rapidly eroded; long-term investment in capacity building is needed with a range of associated skills including proposal writing, fundraising and communications management. Additionally, being reliant on potentially non-stable sources of funding from the private sector could be an ongoing risk to sustainability, particularly if interventions run in parallel to national programmes.

- **Clarifying roles and responsibilities:** In some cases, stakeholders felt that the private sector dominated the partnership. When working with the private sector, it is important to set clear roles and responsibilities and ensure there is a balance of responsibility between partners to ensure that the existing skills and approaches of all partners are leveraged.

Best practice and key constraints

Best practice

- Sustained long-term capacity building support (from Global Fund grants or other sources) to newly created CSOs addressing a broad range of institutional skills creates the best chance of durability.

- Private sector engagement should seek to maximise comparative advantage, for example by adopting private sector approaches to logistics or time use.

- CSOs can potentially reach key populations more effectively than public service providers if partnership modalities can be agreed (funding, quality assurance, reporting, confidentiality).

Key constraints

- Difficult to find adequate numbers of suitably qualified South-based civil society and community technical support consultancy capacity in some areas such as gender and human rights.

- INGOs and CSOs have excellent institutional memory and deep knowledge in many cases but limited resources to provide non-financed technical support.

- Cooperation with public sector PRs may be seen as contentious by CSOs that support or work with criminalised populations or groups.

- Country participation may be weak or without a critical mass needed to ensure widespread relevance of partnership outcomes and results. For example, the funding of APCASO to signpost CSOs to technical support opportunities has had limited success as there is confusion between the role and work on APCASO itself and the delivery of outputs and outcomes related to their Global Fund financing via CRG Strategic Initiative.

- CSOs and private sector groups can have very different aims and objectives from the public sector (and from many Global Fund PRs).

3.6   Model 6 – Enhancing Partnerships

The Global Fund as an organisation engages in a range of technical and enabling partnerships that have been formed to address identifiable gaps that affect the extent to which Global Fund objectives can be met. These include to:

- Agree common approaches to ways of working on a particular issue or challenge (e.g. data collection and use);

- Enhance coordination and share knowledge including of what works in practice (e.g. on measuring governance);

- Engage countries and support country leadership to promote solutions;

- Ensure that new approaches or agreed strategies where relevant are implemented by all partners building on what has already started;

- Advance the achievement of the health-related SDGs, including UHC;

- Share the financing burden associated with developing new knowledge and agreed strategies; for example, around the development of new tools for vital statistics.

Partnerships covered in this group include:

- The Health Data Collaborative;[22]

- Health Systems Governance Collaborative;[23]

- UHC2030; and[24]

- CRG regional communications platform funded via the CRG Strategic Initiative.

Many of these partnerships focus on specific dimensions of health systems strengthening (or development approaches). For example, the Health Systems Governance Collaborative aims to *'address governance challenges with knowledge rooted in local practice'* specifically to develop '*concrete health systems governance improvements… and to build creative solutions to the political and economic bottlenecks which have an impact on governance, and are currently unresolved*'. The Collaborative aims to develop metrics to support the measurement of governance in the health sector, a crucial first step towards developing coherent investments in strengthening leadership and governance in countries. The Global Fund currently invests very little directly into leadership and governance despite recognising the fundamental role of political commitment in its recent STC policy, metrics could improve grant requests, target leadership gaps effectively and, critically, strengthen measurement of outcomes to ensure a clear line of sight with investments.

UHC2030 was created from the International Health Partnership+ to progress towards universal health coverage and 'commit to work together with renewed urgency to accelerate progress towards UHC, through building and expanding equitable, resilient and sustainable health systems.'[25] UHC2030 is hosted by WHO but is a broad-based partnership that aims to pool knowledge and learning. Over 90 countries, most global health partners (including the Global Fund) and a range of NGOs and private sector partners, foundations and others work together to advance universal health coverage.

The Global Fund has perhaps invested most actively in the Health Data Collaborative, a partnership that aims to strengthen the availability and use of data in support of the health-related SDGs. The Global Fund has made a number of concrete funding commitments to the Health Data Collaborative (direct support, Global Fund staff time and resources channelled through WHO) as well as actively advancing efforts in countries through a number of current programming mechanisms including matching grants (Partnership Model 4), Strategic Initiatives (Partnership Model 2) and including through the long-term Prospective Country Evaluations. Through practical, active collaboration with other global health partners at the global level, the Data Collaborative creates an important entry point for strengthening global and country partnerships, focused as it is on clearly identified goals, the engagement of country partners, the development of practical, field-tested tools, and multiple funding channels that transform it from being a vertical project to something more like a movement.

The example of the Global Fund's multi-level approach to RSSH and improved data collection, quality and use is elaborated in Box 8. First, the Global Fund's engagement on the Health Data Collaborative is

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[22] See, for example, https://www.healthdatacollaborative.org. Global Fund commitments to the Collaborative are at: https://www.healthdatacollaborative.org/who-we-are/

[23] See, for example, https://hsgovcollab.org/en

[24] See, for example, https://www.uhc2030.org

[25] https://www.uhc2030.org/our-mission/global-compact/

presented followed by an explanation of the different entry points across several partnerships that are used to pursue complementary and mutually reinforcing outcomes.

Box 8: Advancing Global Fund Strategic Objectives through partnerships

Partnership example: Advancing Global Fund Strategic Objectives through partnerships: RSSH and data

Overview: The Global Fund invests in improving data collection, quality and use through several entry points including several partnership models. Health data quality improvement is linked directly to the Global Fund's Strategic Objective on building resilient and sustainable systems for health (sub-objective 2e: strengthen data systems for health and countries' capacities for analysis and use).
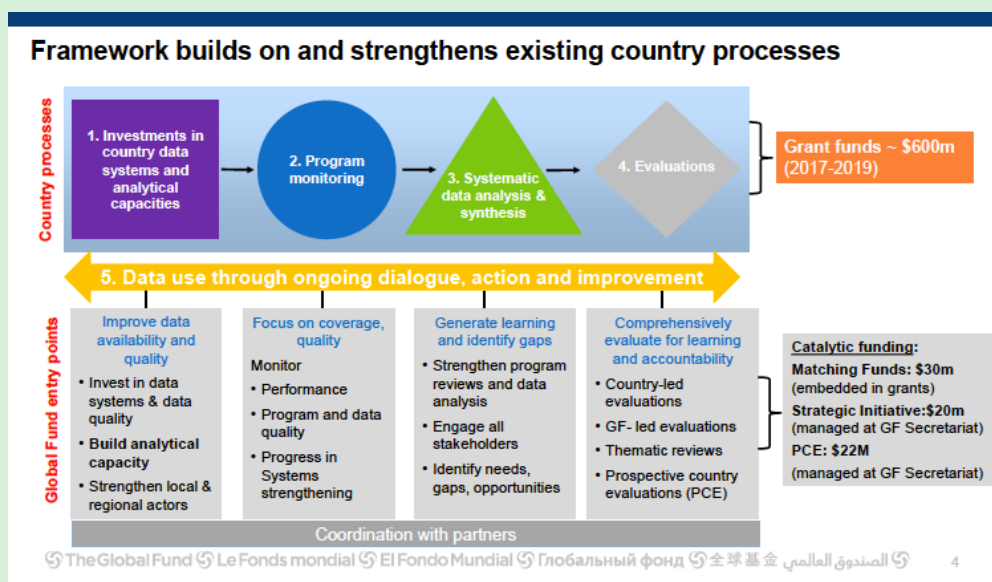
To advance the sub-objective, Global Fund resources are channelled in multiple ways illustrated in the graphic above, including through (i) country grants, including matching grants specifically earmarked for data quality and use (Partnership Model 4); (ii) several of the Strategic Initiatives (Partnership Model 2) supporting countries and technical partners to work in this area in a range of ways alongside other objectives; and (iii) direct engagement from the Global Fund Secretariat in the Health Data Systems Collaborative, a global partnership that aims to pursue a common approach to data collection, quality and use.

Partnership strengths: The Health Data Collaborative has attracted and sustained the focused efforts of key global players and a group of 'pathfinder' countries by forming a partnership that is very clearly outcome-focused, benefits all its partners, advances shared commitments and improves efficiency and collaborative working at all levels. At an institutional level, the Global Fund has linked its efforts on data collection, quality and use in a coherent way across the organisation, using a range of entry points to advance the same objective through complementary channels.

Partnership barriers: The main barrier or weakness identified from a partnership perspective with the broad approach to partnering on data improvement relates to sustaining the effort and increasing institutional harmonisation among all the partners and within countries from the national to sub-national level. For results to be valid, institutionalised, fully integrated into systems, ultimately all partners, including countries, need to absorb and embrace the change.

Opportunities: This partnership, together with the full range of Global Fund activity to support uptake and implementation, offers a genuine way forward for increased collaboration among global health initiatives and other partners in line with the current global focus on streamlining ways of working and strengthening practical cooperation among the major global health partners. The key risk is that it becomes a vertical process that fails to embed at the systems level in a sufficient number of countries. Although an impressive amount has been achieved so far,[*] it is hard to assess it as irreversible yet. Maintaining the level of effort and increasing the scale would be important to mitigating such a risk.

Overall, this partnership is an example of best practice in that it operates on several levels, engages countries and links global efforts to country grants, making full use of the Global Fund's comparative advantage as well as its policy and systems knowledge/resources in Geneva.

* https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/HDC_Progress_Report_Update_AW_071218_Web.pdf

SWOT analysis

Strengths and enablers

- **Problem focused**: These partnerships are often problem focused and results oriented. For example, the Health Systems Governance Collaborative aims to identify and agree better ways to measure governance, the Health Data Collaborative seeks to improve data collection, quality and use.

- **A practical modality**: This partnership model enables global partners and countries to work together each in relation to their comparative advantage to develop an agreed approach to address a common or shared problem (e.g. data collection, quality and use) or share lessons on a widespread challenge such as UHC.

- **Innovative**: Advances Global Fund ability to monitor and track its impact especially in new and under-researched areas such as governance.

- **Reinforces systems strengthening**: Strengthens the value for money of country efforts to advance health systems investments by linking to broader experience, contributing to knowledge, and focusing on what works.

Weaknesses and barriers

- **Limited accountability:** Partnerships – such as the 'Collaborative' partnerships on health data and governance – are voluntary and not binding, even those where partners have made funding commitments. Where key partners or countries do not join the work of the partnership, there is a risk that results will not gain traction or change common ways of working.

Opportunities

- **Link between global and country level:** Successful collaborative partnerships may be an effective way to create stronger, clearer links between global level discussions and agreements and the realities in countries. For example, the Data Collaborative is delivering promising results.

- **Flexibility:** Partnerships can be formed and dissolved quite quickly, making them adaptable to a changing context and relevant to needs without adding to the architecture or being overly burdensome in terms of funding.

Threats and risks

- **Limited leadership:** Without a lead partner to coordinate and drive the work forward, partners may not be active enough to get significant work done or build momentum.

Best practice and key constraints

Best practice

- Partnerships are formed to resolve a clearly articulated, shared problem for which there is no resolution.

- Partners make commitments that might include time commitments (expertise, participation), resources (to support the partnership to work, test findings, ensure participation from enough

countries) and implementation (a commitment to using the results/implementing new systems or approaches created by the partnership.

▪ Informal partnerships need a host and some institutional resources to function smoothly.

▪ Partnerships that work through different levels of the Global Fund and link HQ capacity with country implementation seem to get more traction where the purpose is well defined.

Key constraints

▪ A critical mass of partners is needed for enabling partnerships to be effective. For the Global Fund (as for others) the critical challenge is around integrating the work of the partnership – metrics or indicators or a knowledge base – into its delivery of country grants. This would mean ensuring country grant application material and guidance is updated and countries are well briefed.

▪ Partnerships need to effect institutional changes across a sufficient range of countries for a prolonged period if they are to become irreversible and become more than 'talking shops'.

4   Discussion

This section presents a synthesis of the findings emanating from our analysis of the findings. First, it summarises the main points of Partnership Model SWOT analysis. Based on this summary, we introduce a framework for organising the conclusions and then present the conclusions.
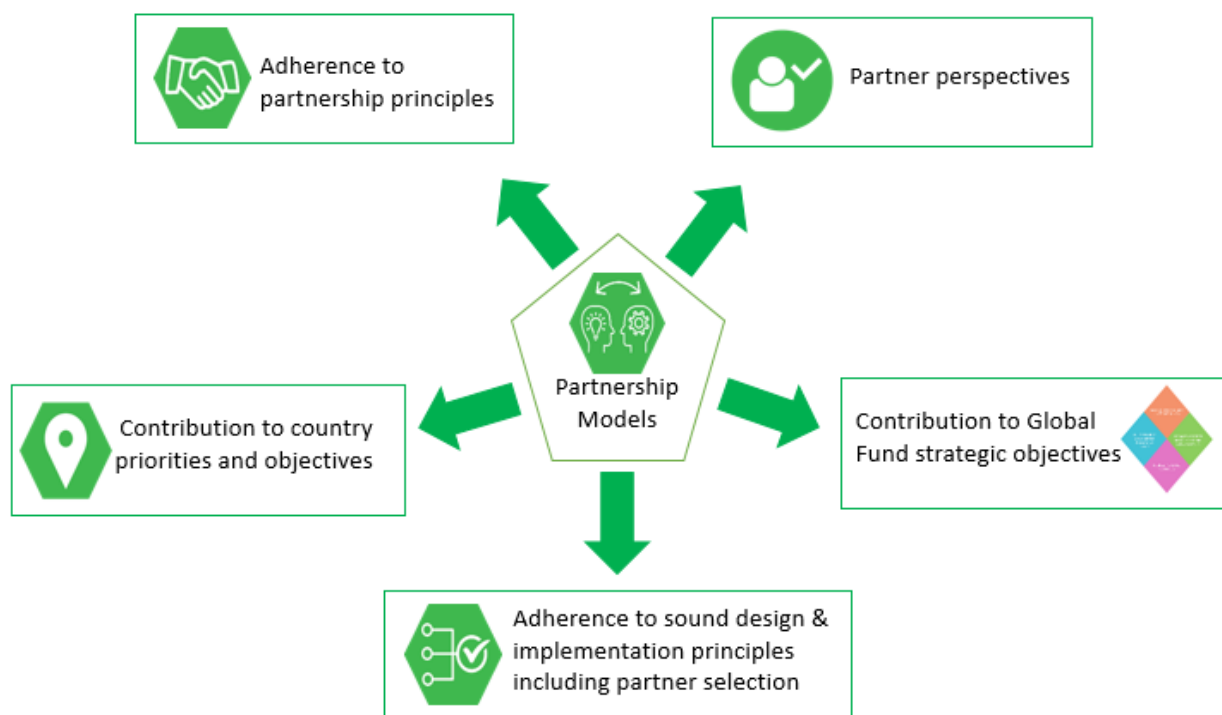
A summary of the critical strengths, barriers, risks and opportunities across the partnership models is presented in Table 6. These follow from the findings in Section 3 for each of the six partnership models.

Table 6: Summary of strengths, weaknesses, opportunities and threats

Strengths/enablers coalesce around**:**	**Opportunities** emerge from**:**
• Partnership design and implementation, particularly in relation to flexibility, transparency and focus; • Relevance to Global Fund strategic objectives and country priorities; • Stakeholder engagement, collaborative working and a focus on participation at the national (as opposed to global) level; • Country leadership and ownership.	• Good practices that could be extended, expanded and further embedded (country ownership, flexibility, responsiveness, innovations in capacity building); • Reaching new or hard-to-reach groups; • Strengthening lesson learning and better sharing of lessons to make more of what already exists; • Increased accountability.
Weaknesses/barriers concern**:**	**Threats/risks** are evident from:
• Competing mandates (especially between country priorities and globally defined programmes); • Capacity gaps, limited evidence of quality of technical support delivery and sustainability issues; • Lack of coordination and confusion about ownership, lack of clarity about process or eligibility for technical support; • Collaborative efforts impeded by lack of formal arrangements or partnership agreements impede collaborative efforts.	• Poorly designed or implemented partnerships including aspects of coordination and accountability; • Quality gaps especially in capacity building and technical support partners; • Continuous brain drain; • Poor leadership, governance or management; • Inefficiencies as a result of duplication and poor coordination; • Lack of sustainability.

From our analysis of this evidence, the findings of this Review suggest that a successful partnership model thus needs to clearly deliver results for both **countries,** the **Global Fund** and the other partners involved, and should be designed and implemented in accordance with **solid design and partnership principles**.[26] These are mapped out in Figure 4.

Figure 4: Framework for presenting conclusions

Partnership models

The partnership models serve distinct purposes. The *Set Asides* aim to support countries in their interactions with the Global Fund, specifically to develop better applications and manage oversight responsibilities effectively, but they also meet a number of domestic needs related to visibility of aid and political commitment. Their approach is not primarily to support the Global Fund itself but rather to complement the work of the Global Fund, increase accountability within their own political contexts and invest in countries they consider a priority (e.g. the French 5% Initiative prioritises francophone African countries). The existence of the *Set Asides* also keeps their respective governments engaged with the Global Fund beyond taking a turn in a Board seat every few years.

The Grants model and the Strategic Initiatives are the principal channels for Global Fund-executed resources. The Grants model reflects a country-driven process whereas the Strategic Initiatives are centrally driven and not always fully aligned with country needs. The Strategic Initiatives respond to increased pressure to accelerate outcomes and to address a specific problem across several countries at once. Other partnership models enable the Global Fund to work with and through global strategic partners and non-state partners, and these arrangements broaden access to different stakeholders and in some cases bring new resources to specific programmes or countries. The Enhancing Partnerships model

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[26] Partnership principles are: Outcomes Focus; Systems Strengthening; Alignment; Transparency; Evidence-based, Gender and human rights focused, Respect for Mandate, and Country Ownership, and combine the Global Fund's own practices (e.g. as used in its October 2018 MOU with WHO) and those identified in the report: Nina Schwalbe*, Engagement with Technical Partners: Initial Recommendations for Improving Alignment with Principles*, Spark Street Consulting, 18 June 2018.

is centred around collaboration with a wide range of partners and countries on solving or advancing specific (shared) challenges such as data quality or governance metrics and is most effective where there is a widely shared understanding of the central problem or need to be addressed. The different strengths of the partnership models identified in this Review suggest that the Global Fund is right to work through a wide range of partnerships for technical support to countries.

While no single partnership model is the 'best' model, it is evident that technical partnerships have different strengths and can, with careful management, complement each other effectively. We have found good evidence of multiple partnerships interacting to improve the impact of each other. The approach used by the Global Fund to link matching grants with Strategic Initiatives and global Enhancing Partnerships to advance data collection, quality and use is an example. The *Set Asides* can fund technical support that significantly improves a grant application or assists national authorities to develop better strategies, boosting the design of Global Fund grants. In Georgia, it was evident that support from the French 5% Initiative supported TB capacity building and strategic planning in a number of ways.

In some cases, partnership models work alongside each other but their interaction is not always easy to track. The contribution of individual types of partnership models, possibly with the exception of the Strategic Initiatives, is hard to estimate in concrete terms for a number of reasons. For example, some partnerships are not primarily geared towards, or structured around, the delivery of specific Global Fund results and yet they do, clearly, strengthen Global Fund outcomes to some extent. A case in point would be the global strategic partnerships that work across many aspects of disease control and systems strengthening either as part of their mandate and core business or because they receive funding to do so. Without specifically targeting Global Fund results, their work nonetheless enhances Global Fund outcomes directly or indirectly. Examples of this include WHO's investment in establishing treatment protocols, norms and standards or the contribution of UNAIDS to technical support, often through the Technical Support Mechanism funded by the USG.

It is possible to catalogue visible impacts and outcomes as evidenced in the findings especially in the context of more clearly defined partnership processes such as some of those linked to the Strategic Initiatives, or the bilateral *Set Asides*. However, because these partnerships amount to quite a lot more than the sum of any formal contractual relationship with the Global Fund, it is not easy to estimate their full contribution to Global Fund objectives in a way that could be considered rigorous or authoritative. In a sense, this is why they are partnerships and not contracts. Each partner interacts with other partners in pursuit of their own and collective objectives in a number of ways that together, form a complex and constantly evolving system rather than a straight line of sight between inputs and outcomes for the Global Fund (or any other entity). As the partnerships under review are not contracts, and as most of the partners pursue a number of relationships, Global Fund-focused partnership roles and responsibilities as well as deliverables and outcomes are not always evident and they can vary over time depending on other factors including other pressures or priorities, funding commitments and even the quality or competence of individuals.

The evidence suggests there may be trade-offs or tensions to be managed around critical barriers or risks,[27] particularly related to the time horizon for capacity strengthening and where ownership of the partnership sits.

- **Short-term results vs longer-term capacity strengthening:** Many of the partnership models reviewed here were focused on short-term results – short-term in the sense of a three-year programme cycle aimed towards achieving Global Fund KPIs. Whilst the focus on achieving KPIs is important and understandable, it may lead to limited incentives to invest in long-term capacity strengthening to build sustained capacity in-country, particularly at the health systems level. In addition, where international agencies manage grants as PRs (usually because of concerns about

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[27] Nina Schwalbe*, Engagement with Technical Partners: Initial Recommendations for Improving Alignment with Principles*, Spark Street Consulting, 18 June 2018.

capacity), there are not necessarily clear incentives in place for the agency PR to strengthen government capacity and take over the PR role again.

- **Country owned vs centrally driven:** While the Strategic Initiatives to support Finding Missing TB Cases and improve the malaria response were positively noted for being targeted and results-based, they have the disadvantage of being largely top-down in formulation and delivery. This poses a risk of limited country ownership and thus lesser impact.

Contribution to Global Fund strategic objectives

The technical partnership models reviewed here clearly link to the delivery of Global Fund strategic objectives although the *relative* contribution of each was not possible to estimate. The models are primarily geared towards addressing the first strategic objective (impact on the three diseases) although the Strategic Initiatives seem well distributed among disease outcomes, human rights and gender, and RSSH. The strategic objective linked to raising more resources seems the least systematically addressed, especially in relation to domestic resource mobilisation.

The most effective[28] partnerships (from the Global Fund's perspective) are those that integrate commitment and engagement *within* the Global Fund (at HQ and country level and across the strategic and grant delivery teams) as well as *between* the Global Fund and its partners, *including* country commitment and engagement. Additionally, institutional arrangements are in place to loop country activity, funding, technical support and (crucially) results back to the global or HQ level within the Global Fund. For the Global Fund, examples of strengthening internal coherence show up in a number of practical ways:

- **Through the FPM:** as evidenced by the Finding Missing TB Cases partnership where there is a link to the FPM's performance deliverables;

- **Through a cross-organisational commitment:** As evidenced by the multiple number of entry points to integrate Global Fund engagement around the Data Collaborative include concrete links between country level and links to improving data for monitoring (thus making it of interest to the FPM as well via impact on key performance indicators (KPIs);

- **Performance-based funding mechanisms** (still fairly new) mean that without good results, not all funds are disbursed, which has an impact on KPIs.[29]

All of these strategies achieve a similar result: individuals within the organisation are motivated or held accountable for results that are delivered elsewhere in the organisation requiring cross department cooperation. In effect, they require transversal engagement out of necessity. This changes incentives, enables individuals to prioritise time for engagement and to share accountability for results.

There is insufficient evidence to identify what proportion of Global Fund resources are being invested through technical partnerships. This is largely due to the way resources flow through multiple channels at different levels of the health architecture and the lack of counting or tracking currently undertaken. According to the 2018 strategic partnership agreement with WHO, countries will soon start to track what support is delivered by WHO at the country level funded from grants. This will help identify a fuller picture of effort, funding and results delivered with and by WHO.

Similarly, there is limited knowledge within the Global Fund about the total value, substance, impact and delivery of support to Global Fund programmes and to partner countries that are funded by others. This

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[28] *Effective*, in this context, and as defined in Table 1, refers to the partnership's success in meeting its specific objectives through collaborative work.

[29] PBF is a relatively recent innovation in the Global Fund and few of the Strategic Initiatives use it to drive results. However, the Global Fund has more experience through its grant implementation, for example, in Tanzania where the health sector more generally operates a number of performance-based mechanisms.

includes the bilateral *Set Asides* with the exception of BACKUP Health. It also includes support channelled through the Technical Support Mechanism for HIV that deploys technical resources to assist countries with various aspects of Global Fund processes including grant applications and implementation.

Contribution to country priorities

Differentiated approaches to technical capacity building are needed in countries. For example, Transition, COE settings and those where the Global Fund is one of only a few partners. These differences relate to scale (COE environments and least developed countries are likely to need more) and specificity (pre-transition and transition countries have very specific gaps that can be addressed with targeted inputs).

A significant proportion of support is needed to compensate for continual brain drain. This was raised in all country contexts and is particularly the case with capacitated individuals who have moved out of public health systems to national or international organisations (including the Global Fund and other partners). A widespread problem, certainly not unique to the Global Fund, it is nonetheless an important, shared concern; as a leading global health partner that relies substantially on technical partnerships in myriad ways, the capacity gaps in partners and in-country health systems are both caused by and result from reduced effectiveness. The impact is felt particularly in least developed countries and challenging contexts. Higher capacity environments make better use of capacity strengthening resources and opportunities. This may seem obvious but the implications are important for the least developed countries and those in COEs where capacity is quickly lost and systems are weak.

When an area of technical support need is tightly defined, the Global Fund has been able to play a critical coordinating role to maximise the efforts of technical support partnerships. For example, the role of the Global Fund CCM Hub in coordinating support from technical support partnerships to define tools and training and roll out support for CCM Eligibility and Performance Assessments.

Technical support quality and durability was variable according to country informants. Although it was difficult to systematically gather either structured or informal information from country governments regarding their full experience of different partnerships. The main area of concern and commonly expressed related to the quality of technical support and the (all too frequent) lack of significant durable impact that technical support had on processes and systems. Although not unique to the Global Fund, concerns about quality and impact were raised in most of the countries assessed. One of the notable points emerging from recent Set Aside evaluations also related to quality of technical support.

There may be a significant level of technical support provided by mandated technical partners working alongside the Global Fund that is nonetheless undocumented. Partnerships with a financial agreement tend to be better integrated into the Global Fund 'community' with regular communication around achievements, and efforts to ensure collaboration and coordination. Technical support provided through partnerships where there is no financial agreement, such as by UNAIDS, and to some extent Stop TB (beyond the TB Strategic Initiative), are not treated in the same way and yet recognition, collaboration and coordination of this is also important and would certainly be in the spirit of partnership.

Partnership models that facilitate South–South learning are appreciated by in-country partners, for example where the partnership delivery mechanism allows sufficient flexibility to use local consultants from the region, where concerted efforts are made to piggy-back on regional and international meetings and use technology to facilitate learnings, and professional connections and networks are built for ongoing support and mentoring rather than fly-in, one-off consultancies.[30]

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[30] Key informants report that a large proportion of CRSPC-supported consultants are actually sourced from within the region requesting the support. Country based consultants are sometimes paired with international consultants to build capacity. An evaluation process aims to ensure that each consultant is evaluated post contract. This review has been unable to collect systematic data on this and it is not known how

Identification of sufficient, quality and appropriate technical advice was raised as a challenge in some countries. This was particularly relevant where country-based partners were preferred. In several instances, the lack of available consultants to support technical capacity building was raised as an impediment. Where technical assistance was provided by global partners, there was sometimes a delay but the lack of options was not apparently an obstacle. Insufficient exposure to private sector partners in this Review limits any systematic assessment of the quality of technical support.

Partner perspectives

Across the review, the voices of different partners reflected a wide range of views about the Global Fund's approach to partnerships and technical support. Unsurprisingly, these views varied depending on the perspective and role of the informant. Almost all partners were acutely aware of the significant role played by the Global Fund and the complexity of the challenge underlying delivery through partnerships in the absence of permanent country representation.

Many country-based partners expressed views about the fundamental importance of effective development cooperation (good coordination, alignment, communication, respecting partners, a focus on results, etc.) within the partnership process. Overall, there was a perception that Global Fund approaches to partnerships were becoming more methodical and constructive with time especially in contexts where development partner coordination was more established, such as in Tanzania. For example, one informant summarised the benefits of better partnership behaviours saying, '*More coordination has resulted in less likelihood of duplicative requests for technical support, more information sharing and mutual capacity building, clearer work-planning, and clearer processes for prioritisation*'. Indeed, improved coordination seemed to have an important wider impact on partnership attitudes, allowing for the growth of more trust and improved mutual understanding among partners. This was not universal and one informant (echoed by others) said that uneven coordination and communication still sometimes led to '*misunderstandings and inefficiencies*'.

The critical role of individuals and individual relationships in successful partnership was emphasised throughout the review. For many country-based partners, the role of the Fund Portfolio Manager (FPM) was the axis on which their partnership with the Global Fund turned, whichever partnership model they were engaged with. An effective FPM was seen as one who visited regularly, communicated well and often, agreed clear deliverables with partners, and took an active interest in health sector processes beyond just those immediately related to the delivery of Global Fund grants. For example, some FPMs we encountered demonstrated health diplomacy, negotiation, partnership management and other skills that appeared to be having a significant impact on broader health partnerships in countries as well as successful Global Fund programme delivery. Others seemed less able or willing to move beyond the confines of ensuring the more vertical delivery of Global Fund grants. While FPMs were considered variable in terms of their capacity and approach, so too, though, were other partners. Observations about the variability of country-based UN heads of agencies were made by many informants. Again, where the country representative was considered effective (competent, proactive, communicative, and a good manager focused on the larger health systems needs), partnerships progressed better and more smoothly. Informants reported that there was less coordination and collaboration where UN partners were not well led and managed or where FPMs took limited interest in the larger health sector development processes underway.

In many contexts, CSOs reported sustained partnership support from the Global Fund in a number of ways that strengthened their capacity and yet, they were acutely aware of their vulnerability after transition when Global Fund activities ended. For some CSOs, including those in countries where transition is some

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systematically the approach is applied. The CRSPC is described here: https://endmalaria.org/à-propos-de-nous-gouvernance-comités-de-partenaires/countryregional-support-partner-committee-crspc

way off, there was a concern to build broader skills (proposal writing, fund-raising, communication and media skills), and to take on additional roles in the partnership with the Global Fund, including implementation roles, particularly related to meeting the needs of key populations.

Some global and bilateral partners observed that the Global Fund was engaging more proactively in providing technical support in countries and saw this as a departure from being a funding agency only. They observed that the Global Fund's engagement in technical inputs in countries (primarily through the Strategic Initiatives) could '*fuel competition and lack of direction*' as well as duplication, but if handled well could '*enable and encourage collaboration*'. Partners pointed out that the approach to partnerships has evolved since 2001, when the relationship between the Global Fund and other partners was based on cordial interaction, to something more focused on country ownership rather than just providing money.

Lastly, a number of partners reflected on whether the Global Fund is sufficiently punching at or above its weight in all matters in a partnership context. Some suggested that the Global Fund could exert more influence in countries (beyond the three diseases programmes) in support of broader health systems strengthening and reform, particularly in light of country ambitions to advance UHC. It was not lost on some partners that this would mean becoming even less of '*just a financing organisation*' although, as mentioned, many global and bilateral partners considered that the Global Fund was not limited to financing any longer. However, there was an acknowledgement of the continuing challenge in getting the right balance between direct engagement and working through others. For most informants, while the Global Fund was considered to be on a positive trend, there was more to do. As one informant said, '*There is a missed opportunity for the Global Fund to capitalise on its relationships to facilitate transition for sustainable health programming, to reduce dependence on external funding, and move towards UHC*'.

Adherence to design and implementation principles

Where partnerships are strong, healthy and productive the reasons are similar, whatever their model: Across the examples of technical support partnership reviewed, the most functional and productive partnerships:

- Identified partners' comparative advantage and selection, their common point of interest and their mutual focus on a similar outcome;

- Clearly defined and articulated through an agreement, MOU, terms of reference or similar document that clearly lay out strategic objectives, modes of working, contributions of each partner (financial and otherwise), monitoring plans, and accountability;

- Had the scope to differentiate contexts and circumstances and so adjust country by country; and

- Promoted sound partnership principles including country ownership, transparency, coordination with others and a clear focus on results.

Across all partnership models, there were examples of insufficient quality control, monitoring, lesson learning and accountability, especially in relation to specific inputs (technical contributions). Some key global partnerships are currently unstructured and function without any overarching agreement, making goal setting, monitoring and mutual accountability difficult. Recent efforts to address these gaps were noticeable, for example, in the development of improved, more specific technical support agreements with WHO and also progress towards a new MOU with UNAIDS.

Close monitoring and support for coordination amongst partnerships can improve targeting and effectiveness. This is particularly the case when the area of technical support is specific and multiple partners can add specific value (e.g. the role of the Global Fund CCM Hub, or coordination of support from WHO (rGLC) and Stop TB for procurement and supply chain management). The Situation Rooms,

particularly the TB Situation Room, have increasingly become a vital tool in technical support collaboration and coordination from country-to-global-to-country.[31]

Adherence to partnership principles

The partnership principles[32] were not fully visible in any single partnership model although some individual partnerships were better performing than others. For example, grants were more likely to foster country ownership but they were often not fully aligned especially in relation to RSSH. The Gavi approach to partnerships aimed to systematically incorporate these principles in its overhaul of the Partner Engagement Framework and the mechanisms built into the model to address accountability: transparent, joint assessments and agreements about what technical capacity should be prioritised and which partners should engage offers useful lessons to the Global Fund. While not entirely transferable, the prospect of boosting transparency, predictability and participation among a broad range of stakeholders, including – crucially – non-disease partners, would help address a commonly observed weakness in many of the partnerships studied.

Whilst partnerships worked well for a similar range of reasons (primarily related to design) they were less effective for a wide variety of causes, many related to the extent to which they adhered to core partnership principles. For example, they were:

- Vague and poorly defined (the partnership with major global partners such as UNFPA and UNAIDS are currently undefined by any kind of agreement although a new agreement UNAIDS is under negotiation and due by mid 2019);

- Duplicative of others (some of the Strategic Initiatives and the *Set Asides* were reported in several countries to be working on overlapping space with insufficient coordination);

- Unaccountable in relation to broader processes or programmes already underway in a partner country; and

- Failed to deliver quality or sustainable technical inputs (e.g. some of the TB Health Management Information System inputs reported in Georgia).

Adherence to the partnership principles would bring Global Fund partnerships more fully into compliance with the commitments made in Busan to Effective Development Cooperation,[33] of which the Global Fund is a signatory, and more recently, in the context of the WHO *Global Action Plan for Healthy Lives and Well-Being for All*.[34]

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[31] Insufficient evidence about the HIV or Malaria equivalents to the TB Situation Room was gathered during this Review and the positive review of the TB Situation Room does not imply any negative assessment of similar arrangements for the other disease (e.g. the CRSPC for malaria).

[32] Outcomes Focus; Systems Strengthening; Alignment; Transparency; Evidence-based, Gender and human rights focused, Respect for Mandate, and Country Ownership.

[33] http://effectivecooperation.org/about/principles/

[34] https://www.who.int/sdg/global-action-plan

5   Conclusions

Our conclusions consider the evidence for efficiency and effectiveness, best practices, the critical factors that underpin partnerships, and lastly, a discussion about the contribution of partnerships on Global Fund programmes and how impact could be improved more systematically.

5.1   Efficiency and effectiveness

The evidence gathered in this Review to assess the role and impact of partnerships was rich in content but dispersed and often particular to specific countries or even partnerships within countries, making it challenging to draw overarching conclusions. Additionally, whilst the resources in this Review for specific country studies allowed us to gather evidence on the partnership ecosystem and specific examples of what was working/not working in individual partnerships, the evidence needed to comprehensively assess the efficiency and effectiveness of each partnership in individual countries was not possible to gather without in-depth country by country studies. In order to capture and present the evidence – to the extent possible – qualitative efficiency[35] and effectiveness[36] assessments of each partnership model were assembled, reviewing the extent of the evidence found (strong, medium, weak or variable) and the strength of that evidence using a red, amber, green rating. This analysis is presented in Table 5.

The ability to assess efficiency and effectiveness was highly variable within and across partnerships and partnership models. For example, among the *Set Asides*, the evidence needed to assess efficiency was available in some of the *Set Asides* more easily than in others. Each has different processes, levels of transparency and detail, particularly concerning investments in specific countries. Additionally, in assessing effectiveness, it was possible to use annual reviews or reports (e.g. a USAID report to Congress, a French report to its parliament) to get a snapshot of global effectiveness from the perspective of the partnership itself (or commissioned evaluations where available), but not to assess the country impact of that partnership.

On the other hand, there was fairly good evidence about some of the Strategic Initiatives and the strength of that evidence is likely to grow over time. There was limited evidence about the efficiency and the effectiveness of global partnerships although this was partly due to the way in which global partnerships operate; their impact on countries is visible in general terms as they are very active and tend to be highly engaged, but it is difficult to isolate the element of this engagement that is specific to a Global Fund-focused partnership. In any event, it is reasonable to assume that these partnerships have impact that outstrips direct financing due to their technical role in the global health architecture and in countries.

A review of country experience illustrated that partnerships interact with one another differently depending on the situation and needs. Why certain partnerships worked more actively in some countries rather than in others seemed to be determined by implicit factors – including historical relationships and individual interests, political decisions, and the absence or presence of other partners. Each country has its own 'partnership eco-system' and while sometimes the same partners are working in many or most countries, their role, level of engagement and approach can be different.

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[35] Efficiency was defined as the extent to which the partnership helps one or both partners increase their outputs, develop or improve coordinated and avoid duplication.

[36] Effectiveness was defined as the extent to which a partnership meets its specific objectives and/or fulfils it shared goals through collaborative work.

Table 5: Summary of the evidence of efficiency and effectiveness in partnership models

Partnerships	Efficiency		Effectiveness	
	Findings SMW (V)	Strength of evidence RAG	Findings SMW (V)	Strength of evidence RAG
Set Asides	M (V)	 	M (V)	
Strategic Initiatives	M	 	M	
Grant-funded partnerships	(V)	 	(V)	
Global partnerships	(V)	 	(V)	
Non-state partnerships	M (V)	 	(V)	
Enhancing partnerships	M (V)	 	S/M	

Key:
Findings on efficiency and effectiveness: Strong, Medium, Weak or variable (V)
Strength of the evidence: red, amber, green

5.2 Best practices

Our review suggests that partnerships both depend on and are responsive to context, the roles of individuals and how the partnerships are managed:

- **Context**: situations in countries, challenging environments, the political, human rights, economic and institutional context;

- **Role of individuals**: their capacity, focus, commitment, political will, interest in sustaining momentum, competing priorities and their leadership skills; and

- **Partnerships management**: where the locus of decisions is taken, the extent of inclusion, visibility, impact of outcomes; the best practices listed in Table 7 relate to partnership management.

Each of these factors – context, the role of individuals and partnership management – was often more important than other factors like structure or funding and underpinned good partnerships whatever their model. The contrary was also true. Dynamic, well-funded partnerships suffered a loss of momentum and interest when these factors were not taken into account or were missing.

Additionally, we have identified a range of best practices from the evidence and analysis that were present in the most successful partnerships. These best practices with examples of each from across the partnership models are listed in Table 7, below**.**

Table 7: Best practices in technical partnerships to support impact on Global Fund objectives

Best practice identified	Partnership examples
Flexible and responsive to country needs and priorities; promotes country ownership	Grant funding most clearly places countries at the centre of decision-making regarding objectives, partner selection, timing and sequencing, commitment to sustaining results and implementation approaches.
Strengthens the capacity of country and region-based technical groups and individuals	The National TB Research Laboratory in Georgia is an excellent example of how long-term, consistent Global Fund investment has transformed their capacity with funds from both from grants allocated to the country and from the *Set Asides*. It is now a WHO reference laboratory.
Institutional alignment within the Global Fund, and between Global Fund Secretariat and country programmes	The alignment required to implement the *Finding Missing TB Cases* initiative is a good example. Although initiated and managed directly from the Global Fund Secretariat, FPMs in target countries have performance incentives linked to the delivery of outcomes. This creates an accountability and monitoring link between country and Secretariat managed programmes. Communication with implementing partners at country and headquarter levels was more coherent and effective.
Create space for the meaningful participation of key and vulnerable populations	The community engagement platform supported by the CRG Strategic Initiative and grant funding to support CSO outreach to key and vulnerable populations were two examples of how partnerships expand the response in ways that extend service delivery – especially prevention services and demand for care and treatment.
Clear identification of the objective or purpose of the partnership	Enhancing partnerships tend to have clear objectives (if not always specified outcomes). For example, the Health Data Collaborative aims to address a shared challenge and develop a common solution for all its partners.
Clear links to defined outcomes	Outcomes should be discernible and achievable, with a results chain that is fit for purpose for the intervention. For example, civil society platforms may have outcomes linked to enhanced participation by communities in accountability processes.
Clear identification of roles and responsibilities	Where partners have global mandates and multiple roles in the health system, it is helpful to be clear about roles and responsibilities within the partnership. The new MOU with WHO aims to support the implementation of this best practice (other MOUs with UNAIDS and UNICEF which aim to do this are underway). While not every partnership needs or should have a formal MOU, within the global health architecture, this can help to ensure better alignment and coordination.
Expand networks and catalyse broader engagement and more support	Where possible, partnerships should incorporate the demands of and meaningful participation by key and vulnerable populations as well as broader communities. The CRG Strategic Initiative is an example of a partnership that aims to expand engagement and capacity by reaching smaller, country- or sub-national level networks through larger networks at regional or country levels.
Innovative and creates new solutions to recognised problems or challenges	Where there are shared challenges or gaps, the Global Fund can apply its considerable experience and skills to partnerships aimed at creating global health goods. The Data Collaborative Enhancing partnership is a voluntary collaborative forum to strengthen data collection, quality and use in a way that meets all the participants' needs and in effect, creates a public good.
On a country level, coordination and alignment among technical partners improves efficiency and accountability	In Tanzania, there is a methodical planning process for technical support that reduces duplication and improves coordination.
Targeting and advancing innovations in partnerships	The evolution of the regional Green Light Committee has led to an efficient approach to technical support partnerships that are sustainably funded with focused expertise.

Partners work to their comparative advantage in countries	In Côte d'Ivoire, the implementation of the malaria programme is enhanced through its link to UNICEF's established community engagement activities and clear experience in this area.

5.3   Contribution to improving programme outcomes

This section summarises the evidence from this Review on how technical support partnership are contributing to improving programme outcomes. Whilst it was not possible to isolate sufficiently robust data to present a systematic impact analysis of the different partnership models or their relative value for money within the time frame and resources available, and the scope of this Review, we have drawn out indications about impact on country programmes where possible.

We found evidence of a direct link between partnerships and impact on Global Fund programmes. Many of these have been discussed in this Review and the Summary of Best Practice (Table 7) draws upon the most prominent of these. The examples show how long-term, sustained partnerships with clearly defined goals, mutually agreed objectives and sufficient flexibility can have impact. Some of the most interesting examples were those where different partnership models worked together to deliver more impact than any one of them would have on its own such as the Strategic Initiative on TB which in some settings interacted with partnerships funded from grants. Additionally, bilateral *Set Asides* supported capacity building that visibly enhanced and supported improved programme implementation, for example in Georgia and in Côte d'Ivoire.

The *extent* to which technical support partnerships contribute to improved programme outcomes at the country level varied by partnership model and by country context but each model has the potential to address important needs that could otherwise be difficult to meet. The management of technical support partnerships and the appropriate use of individual partnership models for different purposes can improve Global Fund effectiveness. Basic principles of effective development cooperation apply to technical partnerships (country ownership, transparency, focus on results) and influence the impact of individual partnerships especially in relation to alignment with ongoing country reforms and processes. Short-term interventions delivered by externally sourced consultants tend to have less durable impact and may be inefficient. Long-term partnerships based on trust and clearly articulated shared objectives and mutual accountability among partners moved more slowly but were most favoured by countries. Individuals with the right skills, capacity and incentives (both within the Global Fund system but also within partner organisations and governments) can make a critical difference to outcome quality, coordination, and timing so that, for example, partnership investments are aligned with country health system priorities.

Cross-institutional coherence and alignment within the Global Fund can sustain focus and strengthen accountability for the results achieved through partnerships. A number of strategies were noted through which this was already happening, including alignment across the organisation from HQ to country programme level. Many partners are engaged across several partnership models simultaneously and these partners should be particularly carefully nurtured and managed given their complexity and importance to Global Fund outcomes.

5.4   Strengthening the practice of partnerships to improve impact

Although a core mechanism through which the Global Fund operates, technical support partnerships are vulnerable to factors that are hard to control or mitigate including context, individuals and partnership management. Partnerships should be developed, managed and nurtured using an approach that seeks to replicate the best practices and follow sound design and implementation principles. These are encapsulated in the *Partnership Process Guidelines* (Figure 5).

In terms of good practice, the *Partnership Process Guidelines* include a series of way-points to support the incorporation of best practice into technical partnerships to the extent possible. Moving from left to right, the Guidelines include:

- **Initial assessment and planning:** Partnerships should clearly identify the context, the demand for support, the basis of the partnership, and how the support fits with the Global Fund's strategic objectives as well as those of partners. This part of the process would be critical to determining which partnership model would be the best fit.

- **Design and implementation**: Partnership design includes the choice of the right partner given mandates and comparative advantage, identification of technical need, monitoring arrangements, accountability, communications and coordination (with others in the country, regionally, globally and internally within the Global Fund).

- **Alignment with partnership principles:** The partnership should meet the needs of the country first (if it is a country-focused partnership), but should also be consistent with the partnership principles to the extent possible as well as working in support of the Global Fund's programme implementation. Where partnerships miss getting the partnership principles right (especially country ownership, alignment, transparency and systems strengthening), design should be reviewed.

- **Partnership outcomes:** These should be clearly defined in reference to country priorities and Global Fund strategic objectives with a visible line of sight between partnership design, implementation, activities, and outcomes.

- **Governance and accountability:** Accountability strengthens partnerships and arrangements should be set out clearly together with governance of the partnership. This is easier where there is clear agreement or MOU negotiated and signed by partners although informal arrangements are also effective in some contexts.

- **Lesson learning and monitoring:** An essential element of any good programme, partnerships are no different. Regular review and lesson learning offers the opportunity to scale up and extend what is working and to course correct what isn't.

Figure 5: Partnership Process Guidelines
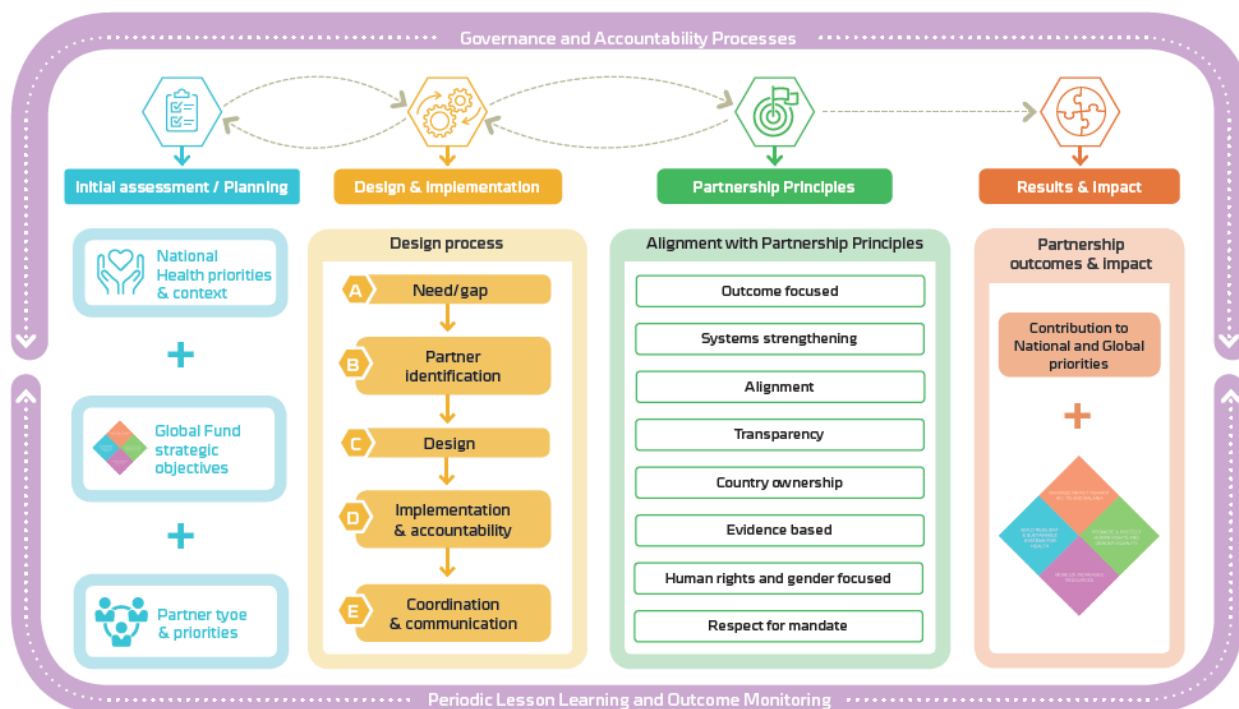
6   Recommendations

Drawing on the discussion and conclusions, the recommendations set out below seek to guide decision-making and investment into partnerships going forward, maximising strengths and promoting opportunities to increase coherence, while confronting barriers and minimising risks. The recommendations are rooted in the overarching conclusion that although partnership models have different roles and no single model is best or even desirable, successful partnerships, whatever their model, share a common range of attributes. These attributes can and should be nurtured in all partnerships.

Recommendations one, two and three apply to the Global Fund and its country and technical partners while recommendations four to seven are targeted to the Global Fund more directly.

Recommendation 1
Promote more transparency and better coordination in technical support partnerships at global level and in countries. Working with countries and technical support partners, the Global Fund should consider how to increase transparency and alignment among partners, including those that finance, deliver, and consume technical support and at both global and country levels. The Global Fund should be a stronger advocate for more integrated technical support planning. Bearing in mind that coordination and alignment, as well as multi-partner planning processes, have been pursued in different ways in the past and have encountered various challenges, any innovations or revitalised efforts should be focused on encouraging best practice among major partners to increase transparency and reduce duplication and inefficiencies. **Justification and background:**

Currently, there is a lack of transparency in many countries about how decisions are taken to prioritise technical support needs. In the absence of a clearly defined process, each partner can effectively negotiate the technical support they feel is best. Given that the locus of health systems strengthening in a country, including important elements affecting the three diseases, is not the CCM, there is considerable scope for duplication, and poorly targeted and uncoordinated technical support leading to inefficiencies in investments, limited effectiveness and unsustainable initiatives.

For example, the CCM is not always the main forum for coordination of all partners working on the three diseases. In many contexts, there was evidence of a disconnect between the CCM and the national disease programmes. Although the CCM makes decisions about how to use Global Fund resources to support disease control, and there is representation from the national disease programmes on the CCM, it does not have full sight of all resources available for disease control. Nor does it have full sight of health systems strengthening priorities. The more partners there are in a country, the greater the scope for multiple loci of strategic planning and technical decision-making. For example, in Georgia where there are fewer partners, TB is fully managed from one office; in Tanzania, where there are more partners, there are multiple channels where decisions are made about the three diseases.

Recommendation 2

Strengthen accountability for outcomes and results of technical support partners and all parties involved in partnerships.

Consider how to strengthen accountability by the Global Fund and its partners for quality, timeliness and sustainability of technical support offered and delivered by all partners. It is important that this is done in a way that does not create a new, bureaucratic process – for example, integrating the forum(s) for review of technical support outcomes into existing processes could support the aim of greater accountability without needing to create a new, bureaucratic process. The Global Fund should model accountability – with open acknowledgment of successes and challenges – from its position as a participant in technical support partnerships.

The new funding cycle would be an ideal opportunity to introduce a renewed focus on joint accountability.

Justification and background:

There is evidence that countries are concerned that they have little recourse when TA that has been 'sent' to them does not deliver or when a partnership is not providing meaningful technical inputs. This recommendation is about the politics of partnership management, the skills and experience of individuals, and ensuring that technical inputs to take account of context as much as the mechanism of measuring the outcome of a specific technical partnership or intervention. This is not about scorecards, or introducing new data and measurement systems, but rather to create opportunities to voice and discuss benefits and challenges of technical support partnerships TSPs in order to strengthen them over time.

Developing an approach to having a country centred discussion about the impact of technical support may have a similar effect to trying to measure technical support quality more formally. Countries and partners expressed a need for an environment to reflect on and consider the value of different interventions, why some partnerships are more effective than others, what is needed in different contexts and so on.

Recommendation 3

Increase investment in building capacity to institutionalise essential health systems processes through technical partnerships.

The Global Fund should consider how technical partnerships could be encouraged to invest more in institutionalising relevant systems and process into the health systems to promote increased sustainability in disease control programmes as well as in health systems strengthening, inclusion, community rights and gender and other Global Fund priorities.

Justification and background:

This Review identified how reliant partnership processes are on individuals at all points of the partnership both to make them productive and well-functioning, but also to identify, deliver and value the technical support and capacity building partnerships provide. While individuals will always be crucial to quality, efficient processes and outcomes, it is important to strengthen the context and institutions within which individuals function.

It is recognised that this is a very challenging area that countries, the Global Fund, and its partners have attempted in the past and continue to invest in. There are several ways that a greater focus on institutionalisation of disease control programmes by the Global Fund could do support sustainability, health systems strengthening and Global Fund priorities: adopt an institutions building lens in grant management; invest in training and skills; motivate for global efforts to define and measure health governance; increase its participation in the Health Systems Governance Collaborative; or establish a Strategic Initiative in the next funding cycle to explore what works best in different contexts.

Recommendation 4

Strengthen partnership management across all partnership models.

The Global Fund should consider how it can more systematically integrate best practice into technical partnership management, starting with a focus on its major global technical partnerships.

- The Global Fund should consider whether and how it can make more systematic use of the partnership best practices identified in this Review and summarised in the *Partnership Process Guidelines* (Figure 5) as a guide to the design, management and monitoring of major technical partnerships across the Global Fund.

- When developing new partnerships, the Global Fund should consider how to adopt a more methodical approach to ensuring that these partnerships incorporate best practices, especially at country level and in the context of effective development cooperation commitments (based on the *Partnership Process Guidelines*).

Justification and background:

This is not a recommendation to design and adopt a single, all-encompassing partnership model or even a uniform partnership strategy with all partners. The partnerships that propel the Global Fund operate in a complex, interrelated system that cannot be easily managed through a single model or approach. Efforts in the past to create a unified approach or model have either failed or have been

unsustainable. Trying to design and implement a single partnership model or approach would not be in the best interests of countries, the Global Fund, or its partners.

However, this Review has identified that across several of the partnership models, partnerships important to the Global Fund do not consistently exhibit the best practices underpinning the partnership principles and process. For example, some do not have agreements or MOUs in place (e.g. with some global strategic partners), quality assurance is not often well identified (e.g. in most partnership models, quality of technical support is rarely described, measured or monitored) or there may not be clear goals, objectives or outcomes identified. It is understood that there are partnerships where these features are not possible or desirable; it is not the intent of this recommendation that every partnership will require or benefit from all the partnership features identified in the *Partnership Process Guidelines* (Figure 5). However, there is scope for the Global Fund to strengthen current and future partnerships using the *Partnership Process Guidelines* as a checklist for good practice in the design and implementation of partnerships.

Recommendation 5

Evolve and refine the Strategic Initiatives partnerships in the next funding cycle to be more country driven and sustainable.

Building on experience in the current programme cycle, the Global Fund should assess the way that technical support partnerships most relevant to delivering the Strategic Initiatives are designed, implemented and monitored with a view to ensuring that country leadership, alignment and ownership are not compromised in favour of short-term quantifiable results.

The way that technical support partnerships are used to deliver the Strategic Initiatives should be assessed carefully for their impact on differentiated country contexts. Recognising that there are quite a number of Strategic Initiatives and that they are very different from each other, refinements will be different for each of the Strategic Initiatives. Adjustments should be oriented around ensuring the Strategic Initiatives partnership model can be better integrated into or aligned with partnerships that support country grant implementation as well as the contributions of other country-based partners working in similar areas.

Justification and background:

The Strategic Initiatives reviewed here appear to have had, or have the clear potential to have, considerable impact in countries in terms of focusing support and cooperative effort on specific technical objectives. They contribute to several best practices (tangible outcomes, targeted approaches, coordinated partnering with multiple technical groups). However, they are largely centrally driven and this can result in misalignment in relation to the pace and approach of country-driven plans and strategies. They do not always meet the principle of promoting country ownership. Having a tighter focus on better integration of the relevant Strategic Initiatives on country-based planning could improve their durability and sustainability.

Recommendation 6

Consider how to strengthen internal alignment and institutional coherence within the Global Fund between headquarter and country levels.

Drawing on best practice, the Global Fund should consider how it can incentivise and strengthen alignment between the different divisions in the Secretariat (the Strategy, Investment and Impact Division and the Grant Management Division) with each other and with country teams.

Justification and background:
Some of the better functioning and more effective partnerships were those where different parts of the Global Fund were aligned, engaged and invested in results achieved. This was especially the case where the strategy and the grant-making parts of the Secretariat were both committed to the partnership and thus had joint interest in its success at both global and country level. The Global Fund should consider how it can build on these experiences to strengthen internal institutional commitment and coherence. In particular, at the country level, there should be more coherence between technical partners funded by centrally driven partnerships (e.g. some of the Strategic Initiatives) and grant funded programmes. The most practical link lies with the country team, for example the FPM or the M&E officer.

<div style="background-color:green; color:white">Recommendation 7</div>

Use the Prospective Country Evaluation (PCE) programme to analyse the six partnership models proposed in this Review and more fully assess their benefits, strengths, and limitations.

The PCE programme is an ideal opportunity to build a better understanding of good practice across a wider range of countries and contexts and to test whether and how some partnership models work better than others.

Justification and background:
Partnerships, including technical support partnerships, permeate every aspect of Global Fund working and as evidenced in this Review, operate across a wide range of models. One finding of this Review was that the assessment of a partnership model at the global or macro level leads to insufficient detail about how the model operates in a particular country. This is because each partnership takes on a slightly different role and function in countries as it interacts with and adjusts for other processes in operation, local contexts and specific circumstances. On the other hand, assessing the full interaction of all partnerships in a particular country – the partnership eco-system as it were – would take significant time and understanding of country health systems, opportunities and dynamics.

However, the data we were able to collect within the time and resources allotted for this Review (e.g. four country case studies of only five days in each country combined with desk-based analysis) limited the depth and breadth of analysis that we were able to undertake. Based on the comments and questions received, there is clearly a demand for more knowledge and analysis of partnership dynamics. It may be of value for the Global Fund to invest time in deliberately studying the role of different partnerships and partnership models over a longer time period, for example an entire year, across the PCE countries. This could have the added advantage of testing the validity of the partnership models and refining them further where needed. Such an analysis should seek to assess inputs, outcomes and value for money as well.

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