WHO and the Global Fund

ACHIEVING IMPACT TOGETHER
Ending the epidemics of HIV, TB and malaria by 2030 will require global collaboration among all stakeholders and scaled-up efforts to deliver health services to all affected populations.

The Office of Strategic Partnerships and Cross-Cutting Coordination is part of the WHO HIV, Tuberculosis, Malaria and Neglected Tropical Diseases cluster (HTM). The Office fosters collaboration and alignment with relevant partners and stakeholders (including the Global Fund to fight AIDS, Tuberculosis and Malaria) and facilitates cross-cluster collaboration within the three levels of WHO. The Office coordinates WHO inputs to Global Fund strategic processes and facilitates technical support to countries during the grant lifecycle.

WHO/HTM/HMA/2017.01
© World Health Organization 2017. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.

FRONT COVER PHOTO CREDITS
The World Health Organization (WHO) is the United Nations’ specialized health agency. WHO’s goal is to build a better, healthier future for all people all over the world. Through offices in more than 150 countries, WHO Secretariat staff work side by side with governments and other partners to ensure the highest attainable level of health for all people. WHO strives to combat infectious diseases – such as HIV, tuberculosis (TB) and malaria – and helps countries to develop resilient health systems and address reproductive and maternal health, and the health of newborns, children and adolescents. WHO’s core functions are presented in Fig. 1.

WHO is the only technical partner of the Global Fund to Fight AIDS, Tuberculosis and Malaria that has expertise in HIV, TB, malaria, health systems strengthening, reproductive and maternal health, and newborn, children’s and adolescent health; and WHO has offices in every country that has a Global Fund grant (see back cover). This global reach is essential for making an impact against the three diseases targeted by the Global Fund, as well as strengthening the systems needed to deliver critical services and reach vulnerable populations. Countries consider WHO as their first port of call for information and technical support.

**FIG. 1. WHO’S CORE FUNCTIONS**

![Diagram of WHO’s core functions]

**Working together to make a difference**

During the past 15 years, WHO and the global health community have contributed to saving more than 50 million lives through the massive international response mobilized to address HIV, TB and malaria. Since 2002, Global Fund resources have been deployed to save 20 million lives. This is likely to go down in history as one of the major accomplishments of the early 21st century.

Despite this unprecedented progress, nearly 3 million people still die from HIV, TB and malaria each year. Ending the epidemics of these diseases by 2030, the target of Sustainable Development Goal 3.3, will require enhanced global collaboration among all stakeholders and scaled-up efforts to deliver health services to all affected populations.

**Policy and strategic collaboration**

Since 2002, the Global Fund and WHO have worked together closely to address the HIV, TB and malaria epidemics. WHO is extending significant support and making contributions in the following areas:

- developing technical policies and standards that can be used to formulate the Global Fund’s strategy;
- monitoring data about disease burdens and trends;
- costing technical strategies and interventions and other inputs for Global Fund replenishment processes;
WHO support to countries

WHO, through its headquarters in Geneva and its regional and country offices, also supports countries at all stages of the Global Fund grant cycle described in Fig. 2. In addition to its core functions, WHO specifically assists in the following areas.

**Proposal development**

To aid countries in developing their proposals, WHO:

- helps countries strengthen their strategic plans and investment cases – the basis for all Global Fund funding decisions – to ensure that they are technically sound, feasible to implement and impact oriented;
- assists countries in prioritizing interventions to maximize the impact of limited resources, and helps them to draft technically sound funding requests;
- facilitates quality assurance processes – for example, peer and expert reviews by engaging in mock Technical Review Panels – and remote reviews to ensure that proposals are technically sound and will have an impact on a country’s epidemics.

---

- formulating indicators and targets for monitoring and evaluation, and for monitoring progress made in achieving targets;
- providing advice on technical issues to the Global Fund’s Technical Review Panel (quarterly), Grant Approvals Committee (monthly), and partners’ Situation Rooms for HIV, TB and malaria, and on cross-cutting issues (weekly);
- offering strategic guidance on defining catalytic investments; and
- providing support through the Implementation Through Partnership initiative.

FIG. 2. GLOBAL FUND GRANT CYCLE
**Grant-making**

WHO assists countries in obtaining grants by:

- supporting countries in developing detailed budgets and workplans, as well as monitoring and evaluation plans, and plans for procurement and supply-chain management;
- supporting grant negotiations by making technical staff available to participate in the negotiation process, thus ensuring that countries maintain technically sound interventions in the final grants.

**Grant implementation**

To ensure successful implementation of grants, WHO:

- helps countries to develop annual workplans for their disease programmes and monitor the progress of implementation, including facilitating annual reviews and strategic mid-term reviews;
- supports countries in identifying and resolving implementation bottlenecks;
- provides information on new technical norms and standards, and helps countries to update policies and guidelines, as well as build capacity to effectively implement their programmes;
- creates regional forums for peer-to-peer learning and south-to-south experience sharing;
- helps countries to collect and analyse their health data and use this information to improve their programme’s performance;
- compiles national, regional and global health data and makes these data available to all stakeholders, including the Global Fund.

---

**Technical assistance for the Global Fund’s new funding model, 2014–2016**

The launch of the Global Fund’s new funding model in 2014 allowed countries to apply for funding through multiple application windows to better accommodate their planning and budgeting cycles. The novelty and complexities of the new funding model created a surge in requests for technical support from countries seeking help to develop their national applications.

During 2014–2016, WHO and the Global Fund entered into a cooperation agreement to provide technical support to countries applying for funding through the new model. The objectives of WHO’s support were to enable countries to produce high-quality and technically sound concept notes to access funding during the allocation period.

Because the development of concept notes was based on strong national programming frameworks, WHO focused its support to ensure that each disease component included:

- a prioritized, technically sound national strategic plan;
- an updated epidemiological profile;
- a recent programme review; and
- complete programmatic and financial gap analyses.

Initially WHO’s technical support ended when countries submitted their concept notes to the Global Fund. However, the agreement was later amended to include support for grant-making activities.

**Achievements**

Overall the WHO–Global Fund cooperation agreement was highly successful. From January 2014 to June 2016, WHO:

- responded to 569 country support requests that benefited 108 countries (84% of Global Fund–eligible countries) in all 6 WHO regions (Fig. 3–5);
supported countries in conducting comprehensive programme reviews and the subsequent development of technically sound, operationally feasible and impact-oriented national strategic plans for specific diseases or investment cases;

- supported the development of 165 concept notes – 45 for HIV, 42 for malaria, 39 for TB, 29 for co-infection with TB and HIV, 10 for health systems strengthening, including 34 health systems strengthening and 8 reproductive and maternal health subcomponents (Fig. 3);

- provided support in 3 or more areas for 72 of the 165 concept notes, including epidemiological analyses, national strategic plan development and/or programme reviews;

- ensured that technically sound, high-quality concept notes were submitted, leading to nearly 80% of supported disease components being approved, and entered directly into grant-making negotiations after the first submission;
- increased the involvement of stakeholders in reproductive and maternal health, and the health of newborns, children and adolescents, as well as the involvement of health systems stakeholders and partners in discussions with the Global Fund at the global, regional and country levels;
- strengthened the capacity of 1,200 people to develop concept notes and conduct technical reviews by offering training and quality assurance workshops (for example, through mock Technical Review Panels);
- supported regional and country-level capacity building, hiring national and regional consultants when possible (75% of consultants recruited by WHO’s Regional Office for Africa came from that region);
- created robust mechanisms for coordination, communication, quality assurance and accountability during the process of developing concept notes;
- provided good value for money by leveraging an investment of US$ 24.6 million to help countries access US$ 4.7 billion for their programmes, representing 0.5% of the overall costs of the resources accessed (Fig. 3).

**FIG. 3. COST AND VALUE OF TECHNICAL SUPPORT PROVIDED BY WHO, 2014–2016**

---

**Value for money**

$24.6 million investment

165 concept notes

$4.7 billion in country grants

- **TB**: 39
  - $470 million
- **HIV**: 45
  - $3.1 billion
- **TB/HIV**: 29
- **Malaria**: 42
  - $1.02 billion
- **HSS**: 10
  - $109 million
- **TB**: 39
  - $470 million

- **Costs are given in US$**.
- **Numbers next to diseases refer to the number of concept notes**.
Evaluations

WHO has provided high-quality and timely technical support. An online survey conducted by WHO in April 2016 indicated that 96% of national stakeholders interviewed in 73 countries rated WHO’s support as good to excellent. The Global Fund’s Technical Evaluation Reference Group commissioned an independent evaluation of the cooperation agreement in July and August 2016. Highlights from the evaluation are described below.

- WHO’s support was within scope, relevant and appropriate to countries and the requirements of the Global Fund’s strategy and new funding model.
- The design of the agreement was highly relevant based on the objective to “develop quality concept notes based on robust national strategic plans”. This was confirmed by both global and country-level stakeholders, and evidenced through the number of technical assistance requests received.
- WHO provided a wide variety of support to many countries.
- The demand-driven model of technical assistance worked well.
- From the countries’ perspectives, the technical assistance was timely and well managed.
- Results were positive, and technical support resulted in fewer iterations and in high-quality national strategic plans and concept notes.
- The agreement enabled WHO to build on its technical strengths and proximity to countries applying for funding.
Countries continue to see WHO as the first port of call for technical assistance.

Countries and other stakeholders were satisfied with the support they received in navigating a complex new funding model and development process for concept notes.

The agreement fostered better communication and working relationships between WHO and staff of the Global Fund’s Secretariat.

Valuable lessons were learnt and best practices included fostering cooperation among developing countries and engaging in mock Technical Review Panels. The Technical Evaluation Reference Group recommended that the Global Fund should continue more formalized and long-term arrangements with its technical assistance partners, while improving certain aspects and learning from the experiences of other arrangements that are similar in nature and scope.

**FIG. 5. WHO PROVIDES HIGH-QUALITY SUPPORT TO COUNTRIES APPLYING FOR FUNDING FROM THE GLOBAL FUND**

569 requests supported
79% of concept notes approved on first submission

<table>
<thead>
<tr>
<th>Service</th>
<th>HIV</th>
<th>TB</th>
<th>Malaria</th>
<th>HSS/RMNCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment approaches/country dialogue</td>
<td>38</td>
<td>36</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Programme reviews</td>
<td>40</td>
<td>30</td>
<td>44</td>
<td>30</td>
</tr>
<tr>
<td>Strategic plans</td>
<td>33</td>
<td>24</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Gap analysis</td>
<td>35</td>
<td>35</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>Epidemiological analysis</td>
<td>26</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Grant-making support</td>
<td>11</td>
<td>16</td>
<td>23</td>
<td>25</td>
</tr>
</tbody>
</table>

HSS, health systems strengthening
RMNCH, reproductive, maternal, newborn, child and adolescent health
TB, tuberculosis.
FIG. 6. ACTIONS UNDERTAKEN BY WHO AS PART OF THE IMPLEMENTATION THROUGH PARTNERSHIP INITIATIVE

ALL ACTIONS: STATUS BY SPONSOR (SOME ACTIONS HAVE SEVERAL SPONSORS)

USG, United States government; EF, Expertise France; GIZ, German Corporation for International Cooperation

PARTNERS’ ACTIONS: BASELINE VERSUS COMPLETION

Baseline completion  Planned completion  Actual completion

Number of actions
Implementation Through Partnership

The Global Fund, in collaboration with WHO and other partners, launched the Implementation Through Partnership initiative in October 2015 to increase the effectiveness and efficiency of implementation in the 20 high-impact countries that account for a significant portion of the Global Fund’s allocation portfolio (more than 55%) under the new funding model. The 20 countries were selected because they meet at least one of the following criteria:

- they have historic grant fund absorption rates of less than 70%;
- they have planned to scale-up annual expenditures by greater than 50%;
- a forecast based on current grant disbursement rates indicated that more than 20% of the country’s allocation would remain undisbursed at the end of the grant period.

For each country, a set of actions to improve implementation was identified, and partners agreed to sponsor or support specific activities. The progress of implementing the activities was tracked and reported monthly to all initiative partners. Overall, 117 specific activities were identified for the 20 high-impact countries (Fig. 6).

WHO had a critical role in:

- sponsoring 59 actions and supporting another 51, thus playing a part in 110 of 117 activities identified through the initiative process, which is 94% of all activities;
- providing timely and effective support to countries, with most actions being completed on time or ahead of schedule.

The initiative benefited from the discussion and collaboration forums that were set up as part of the cooperation agreement between WHO and the Global Fund. Overall, the initiative process led to stronger collaboration between the Global Fund and WHO, and also to improvements in grant disbursement and grant absorption rates.

Future collaboration

The work done by WHO during the 2014–2016 funding cycle to support countries and establish strong mechanisms for quality assurance, coordination and communication provides a solid base to expand and improve on future collaboration with the Global Fund. WHO will continue to work across all mechanisms to support implementation of the 2017–2022 Global Fund strategy that is aligned with Sustainable Development Goal 3 and the global strategies for HIV, TB and malaria. WHO and the Global Fund share these goals and will continue to collaborate broadly to help countries achieve their targets to end these epidemics and reach all populations in need with essential health services. WHO will also continue to provide technical support to countries to enable them to successfully submit funding applications to the Global Fund, negotiate and sign their grants, and implement their programmes during 2017–2019.
WHO at a glance

- 194 Member States
- Headquarters in Geneva
- 6 regional offices
- More than 150 country offices
- More than 7000 staff
- More than 700 institutions supporting WHO's work
- Close partnerships with UN agencies, donors, foundations, academia, nongovernmental organizations and the private sector