



Systemwide Effects of the Fund Research Network: Measuring the effects of the Global Fund on broader health systems

January 2005

SWEF country studies have been launched in Benin, Ethiopia, Zambia, Uganda, Mozambique, Tanzania, Nicaragua, Georgia, and Cambodia; a study is due to begin in Malawi in early 2005.

Members of the SWEF Network currently include:

Country research teams, Partners for Health Reformplus (PHRplus), London School of Hygiene and Tropical Medicine, Institute of Tropical Medicine Antwerp, Curatio International Foundation (Georgia), Instituto Centroamericana de la Salud (Nicaragua), Miz-Hasab Research Center (Ethiopia), and individual researchers.

The *Systemwide Effects (SWEF) of the Fund Research Network* is a collaborative research network, composed of research organizations in the South and in the North, that seeks to understand how monies being disbursed by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, affect the broader health systems of recipient countries. Without strong health systems Global Fund supported interventions, and other efforts targeted at HIV/AIDS, are unlikely to be effective or sustainable.

The overall objective of the SWEF research is to document the effects of the processes involved in applying for and receiving a Global Fund grant, and implementing Global Fund-supported activities, on the health systems of recipient countries. Findings from the study are being used to derive lessons for national and global level stakeholders, including the Global Fund Board and Secretariat.

SWEF Research Approach

SWEF country studies focus on measuring systemwide effects within four thematic areas, including:

- ▲ The policy environment
- ▲ The public/private mix
- ▲ Human resources
- ▲ Pharmaceuticals and commodities

A common research protocol has been adapted to fit the context, and policy and information needs of each participating country. This protocol combines baseline and follow-up quantitative surveys of health facilities and health staff, with in-depth interviews of stakeholders at national and

sub-national level. Where resources allow, researchers are also conducting ongoing monitoring. The research aims to produce and share results in a timely fashion that allows course correction by decision makers.

SWEF Research Network partners began to initiate research in several different countries in late 2003. As of December 2004, SWEF country studies have been launched in Benin, Ethiopia, Zambia, Uganda, Mozambique, Tanzania, Nicaragua, Georgia, and Cambodia; a study is due to begin in Malawi in early 2005.

Early Observations and Preliminary Findings

In many countries implementation of Global Fund supported activities has been slower than anticipated, and accordingly effects upon health systems are just beginning to emerge. At a SWEF network meeting in November 2004 researchers discussed preliminary findings (largely from qualitative research studies) and identified issues and themes that were relevant across countries. Key issues identified include:

Policy Processes

- ▲ The majority of Global Fund supported proposals appear to be in alignment with overall national health policies and plans; issues regarding incompatibility or divergence arise during the implementation phase.
- ▲ Global Fund-related planning processes appear highly centralized, even in decentralized contexts; this has led to problems as countries begin to implement Global Fund-supported activities, due to lack of ownership at sub-national levels.

Public/Private Mix

- ▲ In many countries there has been rapid growth of the NGO sector recently, which appears to be at least partially attributable to partnership opportunities created by the Global Fund and other funding agencies. Country stakeholders expressed concerns about “briefcase” NGOs.
- ▲ Global Fund support has contributed to innovations in public/private arrangements; multiple different types of partnerships were observed in different contexts.

Human Resources

- ▲ In none of the study countries were there overarching national level strategies or plans to address human resource constraints to scaling-up HIV/AIDS services. Plans that do exist relate to specific initiatives rather than the combined needs of all initiatives, and such plans do not typically take into account the potential implications of such scale-up on human resources for other programs within the health sector.
- ▲ In the face of staffing shortages, and lack of clear guidance or plans on how to motivate and retain key staff, countries and various stakeholders within countries are experimenting with alternative types of incentive packages (financial, non-financial and in-kind). The effectiveness of such packages needs to be assessed.

Pharmaceuticals and Commodities

- ▲ All participating countries had experienced delays in the procurement of drugs and commodities despite the fact that different procurement models – working through government systems, through private parallel systems, and through multilateral agencies – had been used. Procurement through government systems appears to have led to the most substantial delays.

- ▲ Lack of consistency in the pricing of different commodities, pharmaceuticals and services supported by different funding sources was observed to be problematic in many countries. Identical resources or commodities flowing through the same distribution systems were charged for and handled differently according to whether the Global Fund, other donors or government had paid for them.

Global Fund-supported processes reveal long-standing systems weaknesses, but can also exacerbate such weaknesses particularly in contexts where there are multiple parallel HIV/AIDS initiatives.

Moving Forward

Further SWEF surveys are planned in most countries. These will enable more in-depth and analytical consideration of system-wide changes related to the influx of resources from the Global Fund (and other global HIV/AIDS funding mechanisms) including impacts upon utilization for non-focal disease services such as immunizations or family planning, time allocation of health workers, and resource availability.

The context within which the Global Fund is operating – at both country and global levels – is becoming increasingly complex in terms of the numbers and scale of donors and new disease-specific initiatives. SWEF Research Network members agreed in November 2004 that the Network should encompass within its research interests new and significant HIV/AIDS financing mechanisms, such as the President’s Emergency Plan for AIDS Relief and the World Bank MAP programs. In countries where several global HIV/AIDS initiatives are operating it is becoming progressively more difficult to disaggregate the effects of one initiative from another.

For more information, including a detailed description of the conceptual framework, research approach and research questions, please see our website at www.phrplus.org/swef.html or e-mail PHRplus research coordinator Kate Stillman at kate_stillman@abtassoc.com.



Abt Associates Inc.
International Health Area
4800 Montgomery Lane
Suite 600
Bethesda, MD 20814 USA
Tel: 301-913-0500
Fax: 301-913-0562
URL: www.PHRplus.org
Email: PHR-
InfoCenter@abtassoc.com



The PHRplus Project is funded by the U.S. Agency for International Development under contract HRN-C-00-00-00019-00. It is implemented by Abt Associates Inc. and partners: Development Associates, Inc. Emory University Rollins School of Public Health Program for Appropriate Technology in Health Social Sectors Development Strategies, Inc. Training Resources Group Tulane University School of Public Health and Tropical Medicine University Research Co., LLC