Making decisions in global public health:

knowledge, governance and institutional design in the Global Fund to Fight AIDS, Tuberculosis and Malaria

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Introduction: knowledge and new governance in global public health

There can be little doubt that global public health is an area where the effective application of existing knowledge and the generation of new knowledge are critical. Yet we actually know very little about how people meet the challenge of linking knowledge with implementation (often characterized as "the know-do gap"). This report outlines the major findings of a study that examined how an innovative global health organization, The Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund), affected the ways in which people generated, applied and shared knowledge.

The challenge of linking knowledge with implementation in global health is compounded as institutional rules and governance in global public health change. New institutional arrangements such as public-private partnerships are gaining in prominence, and conventional "knowledge providers" such as technical and bilateral agencies and development banks are increasingly caught up in multi-sectoral collaborations. We are also witnessing renewed emphasis on the importance of evidence and knowledge, via principles such as transparency in decision-making, recipient country ownership of projects and programs, and merit- and performance-based funding (as embodied in the Paris Declaration on Aid Effectiveness, 2005, for example). Consequently not only are the pathways through which knowledge may become translated into action changing, but the goals of assistance and aid are changing as well.

This study emerged from recognition that although important work has examined the supply of scientific and technical knowledge, relatively little is known about how this knowledge is used in decision-making. The combination of new institutions and increased demand for formal justification of decisions suggests that the role of scientific and technical knowledge may also be changing in ways we don't yet understand. In a more practical sense, an organization that seeks to use scientific and technical knowledge as a basis for decision-making has little guidance on how to create rules or structures that may help them to do this.

The Global Fund, as one prominent example of this new breed of health institutions, was our starting point in examining the role of scientific and technical knowledge in decision-making[1]. This study was not an evaluation of the performance of The Global Fund or its partners with respect to knowledge, or knowledge management. It was an investigation and exploration of the opportunities and challenges for improving decision-making in global public health that are being created by innovative institutions. Consequently this was not a study of the Global Fund as an organization, but rather as a set of institutional arrangements that connected a wide range of organizations, including the World Health Organization (WHO), The United Nations Joint Program on HIV/AIDS (UNAIDS), and applicants in two recipient countries, China and Haiti. Our approach to this is outlined in the next section. We then discuss five challenges confronting organizations that seek to enhance the role of scientific and technical knowledge in decision-making that emerged from our research. We conclude with reflections on what we learned and propose some opportunities for change.

The knowledge systems approach

Approaches to understanding the role of knowledge in development have tended to take either the individual ('knowledge transfer') or the organization ('knowledge management') as the basic unit of analysis. Yet the emergence of new institutional arrangements outlined in the previous

[1] See also van Kerkhoff L. and Szlezák, N. (forthcoming) Linking local knowledge with global action: examining The Global Fund to Fight AIDS, Tuberculosis and Malaria through a knowledge system lens. *Bulletin of the World Health Organization*.

section highlight the importance and increasing complexity of relationships across and between organizations in development and global public health. Consequently individual capacities or strengths in one organization can be counteracted by weaknesses in another or disconnects between critical players, leading to disappointing outcomes and wasted resources. Conversely, good relationships among the key players can generate synergies so that the capacity of the collective is greater than the sum of its parts. To account for this, we framed our investigation of the role of scientific and technical knowledge in global public health using a *knowledge systems* approach. For this study, a knowledge system is a network of actors connected by social relationships, either formal or informal, who dynamically combine knowing, doing and learning to bring about specific actions for sustainable development. Under the knowledge systems framework, we are concerned with the performance of the whole system, the collective ability to generate, mobilize and apply high quality knowledge.

Most knowledge systems are shaped by institutional and organisational structures that are primarily concerned with achieving tangible goals, such as health care, rather than how people gain access to the knowledge they need to make and implement good decisions. Yet actually achieving those goals depends on the ways knowledge is generated, shared, and used in decision-making processes. We sought to identify and investigate these knowledge dimensions of activities taking place within a major new institutional setting.

This study: the Global Fund to Fight AIDS, Tuberculosis and Malaria

We chose the Global Fund as a significant institutional innovation, with decision-making structures that highlighted new approaches to decision-making and action in global public health. The Global Fund is a financing mechanism set up in 2001 as a response to the growing epidemics of AIDS, tuberculosis and malaria in the developing world. Globally these three diseases account for approximately six million deaths annually, the vast majority of which are in developing countries. The Fund was constructed as a public-private partnership, separate from the United Nations system. As of June 2006 the Global Fund has approved a total of US$5.5 billion to over 360 grants in 132 countries, and disbursed a total of US$2.4 billion. From it's inception in 2001 through 2008, a total of US$8.96 billion has been pledged and/or contributed to the Global Fund. It is widely recognized as one of the major global forces in countering these three diseases.

Our study was concerned with the way The Global Fund's governance influenced the ways people used existing scientific and technical knowledge, or learned new knowledge. As this is potentially a very large group, we limited our consideration to the network of people involved in the key decisions of what to apply to the Global Fund for, and whether an application was to be funded. These included:

- The Global Fund Secretariat, the staff responsible for administering the Fund's rules and enforcing its principles;
- The Global Fund Board, who are formally charged with making the actual funding decisions;
- The Technical Review Panel (TRP), an independent group of experts who assess applications made to The Global Fund;
- Formal and informal technical advisers to both the Fund and to applicants, including the technical agencies, particularly WHO and UNAIDS; and
- Country applicants in China and Haiti

We conducted 28 semi-structured interviews across this spectrum and analyzed relevant policy statements, web sites, applications, and other written materials. We sought to answer the questions of:

- How do applicants get the knowledge they need to write a successful application?
- What knowledge do assessors use in deciding whether to approve an application?
- How does The Global Fund's governance structure shape how knowledge is accessed, used and shared?

Challenges in bridging the 'know-do gap'

We identified 5 major challenges in linking scientific and technical knowledge with decision-making. The first two are primarily concerned with our first question of how applicants get the knowledge they need to write a successful application. The next two are primarily concerned with our second question of assessment processes. The final challenge addresses the connections between applicants and assessors. All invoke our question of how The Global Fund's governance shaped how knowledge was used, accessed and shared.

Challenge 1. Reconciling country ownership with best practice

Countries must submit an application to the Global Fund via a Country Coordinating Mechanism (CCM), a national level committee comprised of representatives from government, business and civil society. These CCMs oversee the development of an application, and so were central to our investigation of how applicants get the knowledge they need to write a successful application.

The two countries we studied, China and Haiti, had quite different experiences of The Global Fund that did not line up with our expectations. We selected China as a case study because it was a 'strong' developing country, with well-developed intellectual resources and a strong public sector. We chose Haiti as a contrast, a small country with weak, unstable government and little readily identifiable technical capability. We had expected that the technical review process would favor countries that are more technically literate, have well-established universities and public sector research agencies, and stable bureaucracy and governance. We found the reverse.

The Chinese CCM struggled with the Global Fund, and had applications rejected by the TRP in the first 2 rounds. While the CCM was regarded by all our interviewees as a positive process, some interviewees expressed skepticism about the motives behind the rejections. In contrast, the Haitian CCM had early and continued success with the Global Fund, and strongly believed that the process had fostered a sense of national ownership over the projects.

While it would be easy to say that the concerns expressed by some on China's CCM was a result of their rejections and the satisfaction of those on Haiti's CCM was the result of their success, close examination of our data showed that it was not so simple. The greatest source of dissatisfaction was not the rejection per se, but that the TRP was seen to be trying to influence China's national policy, in contradiction to the principles of demand-driven programming and country ownership. Politically controversial harm reduction strategies such as methadone substitution and needle exchange were regarded by some as culturally inappropriate in China, yet the Global Fund's requirement that applications conform to best practice standards strongly pushed the CCM in this direction.

The reverse was the case in Haiti—there was no mis-match between what the Haitian CCM were proposing and international best practice as the TRP understood and applied it. This is not because the Haitian CCM was uncritically accepting of best practice standards—rather, Haitians and their NGO partners had been very active in the global health scene, and work in Haiti had *contributed* to best practice standards. Specifically, Haitian NGOs had created a community-based approach to HIV/AIDS that suited existing social and cultural practices,

and had brought their knowledge and experience of these approaches to the wider global health community. This was facilitated by strong ties between Haitian NGOs and North American universities, with research published in peer reviewed academic journals and representation on committees that advise international best practice. This engagement in the global knowledge system meant that the Haitian CCM's goals aligned with the Global Fund's requirements of evidence-based interventions and best practice, enhancing Haitian's sense of ownership of the projects.

These two countries, while very different, illustrate that there is no straightforward relationship between the goal of adhering to established 'best practice' and the goal of recipient country ownerships of projects and programs. Indeed, there is a potential tension between them that should be a central concern to efforts to foster national ownership, as well as efforts to improve connections between knowledge and implementation.

Challenge 2. Integrating different kinds of knowledge

Secondly, it was clear from our interviews that applicants needed to integrate different kinds of knowledge—not just knowledge about health—to achieve health goals. The Global Fund's emphasis on accountability, transparency and performance places a new administrative burden on recipient countries, with associated demand for skilled administrators that many interviewees reported is hard to fill. Training and retaining people with these skills are central to a recipient's ability to administer the funds, but were also important in creating a successful application. Much of the expertise needed by countries to prepare their applications to the Global Fund was not concerned with health per se, but with strategic planning, policy development, management processes, budgeting and accounting procedures, interpreting rules and requirements, and grantsmanship. These skills were most commonly 'imported' by CCMs employing consultants or recruiting staff from technical agencies to work on developing an application.

While this study did not focus on implementation, several interviewees also mentioned the challenges of meeting The Global Fund's managerial standards in settings where rigorous accounting practices are not the norm. In places where accountancy norms are established, systems have evolved that support those practices, such as routinely issuing receipts for purchase. These supporting systems are often absent in the areas where Global Fund recipients work, thus requiring adaptive and flexible approaches to accountability and transparency. There is currently very little understanding of how robust transparency and accountability can be established and maintained in settings that do not have the infrastructure, human capital, or processes in place.

Integrating these different kinds of knowledge into health care was a significant challenge to recipients. This suggests that while we might know *what* health interventions should be implemented, we have very little knowledge of *how* those interventions can be achieved, in terms of operations, management and business practices. Yet there are few research resources directed to interdisciplinary, operational issues and while the shortage of health-care workers is often acknowledged, the shortage of skilled administrators—accountants, project managers, etc—has not been as widely recognized.

Challenge 3. Balancing science and politics

As noted earlier, the TRP is an independent body charged with assessing the applications made by countries. In assessing the applications from CCMs to the Global Fund, the TRP draws on the expertise of the panel members, who include experts on the three diseases as well as cross-cutting issues such as management and health systems. They are

provided with the best available supporting information from the technical agencies and partnerships, including WHO, the Stop TB Partnership, Roll Back Malaria and UNAIDS. In later rounds some of these groups, in addition to providing the most up-to-date material also offered a 'help desk' during TRP meetings, to answer technical questions. The Panel members' scientific and technical expertise and the technical agencies' supporting information formed the major scientific and technical foundation for decision-making in the TRP.

Consequently the Global Fund presents its assessment of proposals from countries as a technical process. Yet many interviewees commented on the fraught nature of needing to balance scientific and technical decision-making with political realities. In the Global Fund's institutional design this balance is achieved in part by the official separation of the TRP's decision-making from that of the Board. The TRP present their assessments to the Board in four block categories: approved; approved pending clarifications and conditions; not approved but encouraged to reapply; and not approved. Consequently the Board members do not discuss individual countries' applications, but limit their discussions and decisions to the financial issue of whether there are sufficient funds to cover the first two categories. It is through this process that the Global Fund has been able to provide support to controversial countries such as Myanmar, Iran and North Korea, which is typically held up as evidence that the decision-making process is merit-based rather than geo-politically motivated.

This is at odds with the widespread perception amongst applicants that decision-making was politically-driven. This contradiction deserves careful exploration—what is the nature of the relationship between science and politics in the TRP's decision-making processes?

The emphasis on 'technical' bases for decision-making within the TRP does not exclude consideration of politics. Indeed, in every call for proposals to date the guidelines for applicants have clearly included criteria concerned with political commitment. As one TRP member described the assessment process, congruence with medical and public health best practice and sound accounting and budgeting practices were necessary but not sufficient for a proposal to succeed. Political commitment to best practice in health care provision is also taken into consideration, as this is a key factor in the likely success or failure of a project. In this sense, politics is framed as a technical issue.

The governance of decision-making effectively allowed an independent body, the TRP, to create boundaries around what part of politics was considered to be relevant and appropriate to the decisions at hand. Issues beyond the health sector, such as undemocratic rule, civil disturbance or conflict, international security issues or governments that were otherwise 'unpopular' with donors were not included in the TRP's deliberations. Indeed, by the time this study was completed, almost all countries who were eligible to receive support from the Global Fund had at least one approved application. This is a significant change from bilateral models of aid where donor interests dominate, and from multi-lateral agencies who must answer to their member nations.

However as we noted earlier in Challenge 1, these boundaries are controversial, with potential for conflict between issues that reviewers regard as technical matters, but that applicants regard as political interference. Indeed, when political commitment to the proposed programs was considered lacking, and this coincided with larger geo-political concerns, it is difficult to hold that one and not the other was the major consideration. For example, although the decision

to cancel a grant to Myanmar was made on the grounds of specific government actions that had a direct bearing on the projects, it was widely perceived that the cancellation was politically motivated. Framing political commitment as a technical issue and placing the interpretation of politics within the realm of an independent body does not remove the ambiguity of political factors.

Challenge 4. Decisions today, change tomorrow

The Global Fund's decision-making approach, based on scientific merit, adherence to best practice and technical soundness, is challenged when knowledge is contested and subject to significant change. Even leaving aside the social, cultural and political aspects of interventions, the biomedical aspects of prevention and treatment can be regarded as inherently uncertain, as new technologies emerge and patterns of drug resistance change. The dynamic nature of disease prevention, treatment and care poses particular challenges to The Global Fund and similar institutions that need to make long- or medium-term decisions based on science that is not only likely to change, but indeed should change as research continues. Should the projects or programs change as knowledge and circumstances change, with the associated financial and logistical costs of reprogramming? Should they persist with out-moded interventions until the affected projects conclude, in up to five years' time? The Global Fund allows projects to change if countries propose a way of enhancing their programs. It is less clear, however, what The Global Fund should do if new knowledge emerges that recipient countries choose not to act upon.

The Global Fund Secretariat, TRP and Board confronted this issue when an independent group of researchers published an article in the medical journal The Lancet in early 2004, suggesting that increased resistance to first-line treatment for malaria in some areas of Africa rendered several Global Fund projects that were using those treatments obsolete. These projects, including several that were already or planning to change, but also others that were not, were reprogrammed. This highlights that ideas of best practice are something of a moving target, and change not only with actual biophysical developments, but also with the way these developments are interpreted by the Global Fund, grant recipients, and others.

For institutions founded on performance-based funding, the dynamic nature of scientific and technical knowledge poses a major institutional challenge. Care needs to be taken that projects are not unduly 'locked in' (through monitoring and evaluation plans, for example) to interventions or activities that may be superseded. But as the malaria example showed, it is not simply the existence of new knowledge, but also the question of who decides new knowledge is important enough to act upon that counts.

Challenge 5. Who is building the knowledge base?

We noted in Challenge 3 the importance of the technical agencies' knowledge base of best practices, current standards and data, in supporting the decisions made by the TRP. However, in the Global Fund and across the knowledge system more broadly the important work of ongoing maintenance and development of the knowledge base was not clearly allocated, or resourced. The technical agencies who are, in a sense, the official 'keepers' of the knowledge base, consistently pointed to the increase in demand on their staff since the advent of the Global Fund, which limited their capacity to draw lessons from implementation. The other candidate for rigorous analysis, the academic sector, was not well engaged in Global Fund programs, no doubt in part because the Global Fund does not fund research directly. This lack of development of the

knowledge base is particularly important in light of rapid change in the implementation landscape. Many interviewees expressed concern that valuable lessons in scaling up health interventions were being lost.

The consequences of this are significant—if practice in the field moves ahead, but the 'official' knowledge base stays the same, then the collective capability across the knowledge system can stagnate. (While we typically think of the gap between knowledge and implementation in terms of failure to apply what we know, it is equally applicable in the sense that implementation is not adequately transformed into useable knowledge). In the context of the Global Fund's demand-driven, merit-based decision-making processes, this implies that the TRP's consideration of proposals may not be able to draw upon the lessons learned in the field. If mistakes are not to be repeated, and useful innovations are to spread quickly, then the capability to learn must accelerate at the same pace as implementation.

Prioritizing resources for reflection, research and learning is difficult to justify when the need for action on these three diseases is so apparent and urgent. The Global Fund itself has a limited mandate that does not include supporting research or providing resources for the technical agencies to do this work. Major research funders, as noted earlier, prefer to support technological advances such as medicines or vaccines rather than operational research. The challenge of building the knowledge base in the face of rapid change is currently unresolved.

Conclusions: looking back and looking forward

In our study we reframed the activities of creating and assessing Global Fund applications as a process of gaining, using and sharing knowledge. In this conclusion we reflect on what we have learned, and put forward some ideas regarding opportunities for change that may enhance the ongoing development of the Global Fund, its partners and recipients into the future.

We began this study with a focus on scientific and technical knowledge, and rapidly found that scientific and technical knowledge could not be meaningfully separated from other forms of knowledge needed to make decisions. Science is clearly an important ingredient in generating successful outcomes—adherence to scientifically established drug regimens for example is an component of good decision-making. However that is only one piece of a far wider set of considerations that must also be taken into account: political support, managerial competence, learning strategies, engagement, and so on. New institutions like The Global Fund bring these knowledge needs to the fore, by shaking up conventional divisions of labor—who does what—and redistributing decision-making authority.

This implies that we need an expanded understanding of the global health knowledge base. While issues such as management and politics are not amenable to gold standard clinical trials, they are amenable to formal training, impartial investigation, systematic comparative analysis, case studies and transparent evaluation. We believe that efforts to improve decision-making in global health must be based on this broader conception of the knowledge needed to get things done.

We also learned that the fragmented nature of organizations and institutions across the whole knowledge system reduced the capacity to learn. Where connections are being made, for example in some of the current technical collaborations, such as the Stop TB partnership, strategic approaches to research and learning are being taken that build upon projects supported by The Global Fund. More surprising connections, such as those between Haitian NGOs and North American universities, also

generated new and influential knowledge. Overcoming fragmentation is often a priority of new institutions in global health—the proliferation of partnerships attests to its importance. But the value of these partnerships for learning tends to be understated and not prioritized. Creative, flexible approaches to learning that extend beyond a single organization often appear to be implicit and embryonic in new institutions for global health, rather than explicit and well-developed.

Opportunities for the future

We believe there is a case for new, innovative institutions like The Global Fund to take the lead in facilitating a cooperative, strategic approach to learning that builds on implementation. The Global Fund could act as a leader and catalyst in encouraging and supporting the wider partnership to develop specific strategies for allocating responsibility, and funding, to knowledge-building activity. These strategies might include:

- rapid research programs that target notably successful (or unsuccessful) projects or programs to identify factors that contributed to that outcome;
- developing a formal plan for knowledge-building and knowledge-sharing activities that can be taken to funders for additional support;
- systematically evaluating training needs based on the broader concept of knowledge needed to implement health programs, and developing training resources to meet that need.

These tasks are perhaps pithy and appear self-evident. Yet the substance of these points is less important than the recognition that steps to improve learning are needed, and that there is a collective responsibility to work out what these steps are and to take them. The new institutions in global public health are in a position to lead these changes, but cannot make them in isolation from technical agencies, existing partnerships, funders and the implementing groups themselves—indeed, that would defeat the whole purpose. Even better would be approaches that extend the knowledge system to include universities and other research and training institutions.

The Global Fund demonstrates that innovative institutional design can make significant changes in decision-making for global health. In the urgency of developing this major new implementation body, opportunities to address broad issues such as learning and change have no doubt been rare. As the Global Fund emerges from adolescence into adulthood, we believe it is an appropriate time to start to reflect on the longer-term issues that underpin the range of actions being taken to combat these three diseases, and how they can be enhanced. Working together to develop a shared understanding and commitment to learning and knowledge goals are central to maximizing the effectiveness of the collective endeavor of global public health.