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Data for Decisionmaking and the Global Fund

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The Global Fund to Fight AIDS, Tuberculosis, and Malaria’s current five-year strategy “Investing for Impact” has guided a massive shift in its operational approach, leaving behind the more passive competitive rounds in favor of an allocation-based system that includes substantial back and forth with countries to increase impact. This change has been widely welcomed, but its success has been challenged by lack of data to guide smart investment decisions. As the Global Fund develops its next strategy for 2017–2021/22, there is considerable energy behind a greater emphasis on strengthening the capacity of countries to obtain data, interpret them, and use them to monitor programs and guide strategies. There is also a push to focus resources on disease “hot spots,” which requires even more localized and granular data than are typically available.

Despite these increasing expectations of the uses of data, many countries still struggle with supplying even basic information. While calls for improving data systems are hardly new, and the Global Fund and other donors have already invested millions to improve their quality, there remains an important and timely need to provide input into the development of the Global Fund’s next strategy in the area of data and data systems.

During the discussion and in this paper, data is being defined broadly to include epidemiological, survey, routine monitoring, programmatic, procurement, financial, and demographic data.

On July 28, the Center for Strategic and International Studies hosted a discussion among a small group of data experts (see appendix) to develop specific recommendations to the U.S. government representatives on the Global Fund board of directors as they participate in the development of the next multiyear strategy. The discussion focused on opportunities to strengthen country capacities to obtain and use data more effectively to drive smart programming of health resources. This will include how those data should be used to track results, and how methodologies for that measurement can be aligned between countries, the U.S. government’s bilateral efforts, as well as those of the Global Fund, and other major donors.

The recommendations contained here reflect this discussion and input of representatives from a wide range of U.S. government, civil society, and international organizations. Participants were provided an opportunity for comment but in the interest of expediting publication this is not presented as a consensus document nor were individuals asked to speak on behalf of their respective organizations in an official capacity.

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Recommendations are as follows, with details below:

1. Make strengthening country capacity for data collection, analysis, and use a central element in the Global Fund's new strategy.
2. Improve in-country collaboration to identify and address gaps in available data availability and utilization.
3. Leverage the Global Fund's convening power to promote coordination of related initiatives.
4. Focus on data usability to enable decisionmakers and advocates to use data effectively.
5. Make data transparency a higher Global Fund priority for its own operations.
6. Seize opportunities for alignment with partners.
7. Focus data efforts first on the 15 to 20 countries where HIV, TB, and malaria epidemics are heavily concentrated.
8. Develop and adopt an internal strategy for data collection and use.
9. Pilot innovative approaches to improving data quality—from push to pull.

Recommendation 1: Make strengthening country capacity for data collection, analysis, and use a central element in the Global Fund's new strategy.

The collection, analysis, and utilization of data are the primary mechanisms by which countries are able to target resources, track progress, and develop responsive strategies. They also allow the Global Fund to ensure accountability for its resources. Although achieving any of the Global Fund's top-line objectives requires robust country data, there often remains a startling lack of capacity to collect and utilize high-quality data at the country level. Yet currently, strengthening country capacity for data collection, analysis, and use appears only as a sub-point under one of the four objectives in the Global Fund's draft strategic framework.

The Global Fund dedicates only 5 percent of its resources to data collection, data systems, and analytic activities. Internal staff capacity for those teams charged with data utilization is extremely limited. An enhanced effort around data will require a significant investment in terms of increased human resources at the Global Fund secretariat and at the country level. While there needs to be careful attention to the costs and burdens associated with increased data demands, having good data is so fundamental to the Global Fund's success that it needs a far greater prioritization. The United States should push for this and step up its own efforts to help the Global Fund and implementing countries succeed in putting data to use. We therefore recommend an elevated prioritization, positioning improvement of country data capacity as a central element in the Global Fund's new strategy.

Recommendation 2: Improve in-country collaboration to identify and address gaps in available data availability and utilization.

Inadequate data on the three diseases and underlying health systems at the country level continues to limit the Global Fund's ability to demonstrate the impact of its investments. Indeed, little has changed since the Global Fund's first five-year evaluation, covering the 2003-to-2008 period, when it was noted that "data sources [were] not complete enough to measure disease impact."

As the Global Fund sets its strategy for the next phase, it should determine what data are needed to ensure accountability for its resources and to ensure that countries are investing resources effectively and efficiently. It should require countries to collect data in areas where notable gaps remain, including:

- Data on the beneficiaries of Global Fund-financed services disaggregated by age, gender, income status, and risk group.
- Data at the subnational and community level.
- TB data, with newer prevalence surveys showing dramatically higher prevalence but only in a limited number of countries, and multidrug-resistant tuberculosis (MDR-TB) estimates that vary widely. This highlights the importance of expanding improved survey approaches to additional countries.
- Data on key populations, often not collected for political reasons. Examples include HIV prevalence data among transgender women, malaria prevalence among Myanmar's Rohingya population, and injection drug users in many Eastern European nations. The Global Fund needs to determine when and how to intervene when critical data are missing, assuming a more proactive stance when necessary.

Implicit in this recommendation is the need for the Global Fund to strengthen its data-verification processes so that it can ensure that the output and services that are delivered with Global Fund money are of high quality and that inaccurate data are not informing its funding decisions.

The Global Fund should also consider how the targets it sets to measure its impact may contribute to a bias toward some interventions over a comprehensive approach (to the extent that what is measured gets done). For instance, looking at "number of people on antiretrovirals" may have contributed to a bias against implementing HIV prevention activities.

Recommendation 3: Leverage the Global Fund's convening power to promote coordination of related initiatives.

There are important and exciting initiatives underway to improve data collection and utilization, including the Global Partnership for Sustainable Development Data, and the Measurement and Accountability for Results in Health (MA4Health) Collaborative. Strengthening linkages between these two initiatives offer a huge opportunity to strengthen country capacity in a critical area

that benefits the efforts on AIDS, TB, and malaria as well as other health needs, and mitigates the risk of over-burdening countries with mixed or conflicting expectations.

We think the Global Fund is well positioned as a convening power to bring these efforts together and identify roles for itself and partners in strengthening country data capacity. But, while strengthening country data capacity is fundamental to the success of the Global Fund going forward, it is clearly not the responsibility of just the Global Fund, nor is the Global Fund best suited to carry it out in all countries. As a convener and coordinator, the Global Fund can help identify and tap the expertise of other partners to do so. The United States is obviously a key partner in this as its bilateral efforts often have access to the best data and analytical tools. The World Bank also stands out as a partner organization that should play a stepped-up role in this area.

Recommendation 4: Focus on data usability to enable decisionmakers and advocates to use data effectively.

Even where data are available, they are often not presented in a way that allows nontechnical audiences to use them. As a result, civil society organizations, advocacy organizations, and government officials are disconnected from the data they need to make smart, evidence-based decisions; to fulfill their oversight roles; and to make the case for additional domestic resources. Given the severe lack of skilled data workers in many recipient countries, the Global Fund should focus on improving the collection and presentation of data collected through the programs it finances. The Global Fund could achieve this by holding a month-long program review where it interviews stakeholders to identify their data needs and suggests new priority data fields to collect and present (and others to stop collecting).

In addition, capacity building in data literacy is needed both in governments, which hold primary responsibility for delivering health services, and among civil society groups that are engaged in implementation, planning, and advocacy. This should be an important element of health and community systems strengthening support provided by the Global Fund.

Recommendation 5: Make data transparency a Global Fund priority for its own operations.

While the Global Fund has taken important steps in making information to which it has access widely available, there is still a need to do more. For instance, the Global Fund should consider making concept notes available much earlier in the process so that others can point out gaps in data or programs inconsistent with data even before formal reviews commence. Timely posting of grant progress reports and reviews, along with data submitted to justify further payments, should be standard procedure. Moreover, the Global Fund should require that its data sets and the related metadata they support be open access; and all in-country data should be centralized such that there can be a single view of all data, owned by the government, and readily available when necessary for modeling and strategic planning. The Global Fund should emulate the recent efforts of the President's Emergency Plan for AIDS Relief (PEPFAR) to allow its data to be more easily accessed and used by an interdisciplinary audience.

A key area of opportunity is around data related to product procurement, which accounts for almost half of Global Fund support. While this is an area in which data collection is expected to be easier, significant challenges remain. A recent review on the Global Fund's market-shaping strategy noted, "the review team has found several limitations due to data quality and completeness issues, and challenges in extracting and analysing data from the various sources maintaining these datasets." Work is underway on an e-marketplace, one of the purposes of which is to improve data collection and sharing. However, the Global Fund still needs to improve its efforts to aggregate its data sources and make them usable for grant managers, procurement specialists, and countries.

Recommendation 6: Seize opportunities for alignment with partners.

The vast majority of global efforts to address HIV are financed by PEPFAR and the Global Fund, and PEPFAR has substantial in-country capacities that eclipse those of other partners. To be successful, the Global Fund must expedite alignment with PEPFAR on country-level data efforts.

- Align submission deadlines for PEPFAR Country Operational Plans (COPs) and Global Fund applications to create opportunities for country dialogue that encompass both organizations' efforts.
- Harmonize the ways in which data are captured and reported.
- Identify synergies with PEPFAR's own efforts at country-level to strengthen data collection and utilization capacity.

The World Bank has substantial health investments, and has committed itself to giving greater attention to the long-term building of health-system capacity. It also has significant engagement with ministers of finance, and therefore likely has access to important data on domestic and donor funding flows for health. A more active partnership on data between the World Bank and the Global Fund is needed.

A range of partners² has recently initiated a Primary Health Care Performance Initiative designed to identify investments that help low- and middle-income countries build high-performing primary health care systems through better performance measurement and knowledge sharing. The Global Fund would be well placed to join this partnership. The Global Fund should also consider working with the Global Partnership for Sustainable Development Data to ensure it is at the forefront of data best practices and emerging technologies.

Recommendation 7: Focus data efforts first on the 15 to 20 countries where HIV, TB, and malaria epidemics are heavily concentrated.

There are over 120 countries eligible for Global Fund support, ranging in size from small island nations with concentrated epidemic to some of the most populous nations struggling with massive and sometimes generalized epidemics. Data are critical in all of these settings. However,

² Bill & Melinda Gates Foundation, the World Bank Group, the World Health Organization, Ariadne Labs, and Results for Development.

given that HIV, TB, and malaria are heavily concentrated in a few countries, getting workable data systems and capacity in high-burden countries will address a large percentage of global disease burden. The Global Fund should therefore prioritize data plans in these countries, committing more of its limited staff capacity to ensuring that “good enough” data are available to allow for intelligent targeting of resources and tracking of impact. These same countries may also be good targets for supporting civil society strengthening around data interpretation so that they can help promote approaches that are data centric and inclusive.

Recommendation 8: Develop and adopt an internal strategy for data collection and use.

Internally, the Global Fund currently uses multiple databases that may meet team or unit needs but make it harder to utilize those data for broader purposes. The Global Fund should develop and adopt an internal strategy for data collection and use that would allow their data to be shared and quality-controlled across Global Fund units. This would allow the Global Fund to determine its own data needs and to systematically use the data to make portfolio-wide strategic decisions. To the maximum extent possible, these data should also be made available to the public, reflecting the Global Fund’s longstanding commitment to transparency and enabling external partners to offer independent analyses and reviews.

Recommendation 9: Pilot innovative approaches to improving data quality—from push to pull.

The Global Fund should test new approaches to encouraging submission of quality data from countries. This could include “pull” mechanisms that reward good data, such as paying for the production of accurate, verifiable data itself in lieu of (or in complement to) increasing requirements for better data inputs. The Global Fund could also identify new, indigenous partners that might help countries collect, analyze, and use data such as academic institutions, think tanks, private companies, and other nongovernmental organizations.

Appendix: Meeting Participants

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