Targets vs. Impacts: Understanding the impact of the Global Fund's performance based funding modality in the Nepalese health care sector

Authors: Kapil Dahal (Health Research and Social Development Forum)

Rekha Khatri (Health Research and Social Development Forum)

Sudeepa Khanal (Health Research and Social Development Forum)

Sushil Baral (Health Research and Social Development Forum)

Ian Harper (University of Edinburgh)

Poster presentation prepared for the panel: Thinking broadly to advance the END TB Strategy, at the conference

46th Union World Conference on Lung Health

Cape Town, 2-6 December, 2015

Background

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is distinct among funding agencies because of its lack of country presence and performance based financial disbursement mechanism. It operates through distributing funds to the Primary Recipients (PRs), which can be either government entities or organizations from the non-governmental sector. These then disperse resources to their implementing partners, the Sub-Recipients (SRs) who implement programmes. Outputs, calculated against proposed targets, are measured through specific recording and reporting, monitoring and evaluation systems.

Methods

The data for this study was collected between 2013 and 2015. Extensive in-depth interviews were carried out with those responsible for implementing the TB and HIV components of GFTAM work in government departments, with PRs, SRs and people living with HIV and AIDS (PLHAs) and their networks, from the central to peripheral levels in Nepal. Participant observation of different meetings, workshops and interactions were also another crucial means of data collection.

Results

Despite its claim of being a simple funding disbursement mechanism, GFATM has contributed to increasing bureaucratization in the health sector. There is a disjuncture between the government budget release through the "Red Book", which records all government planned activities and the GFATM form of disbursement. In addition, reporting against outputs has become more focused on targets at the expense of evaluating programmatic impact. This has, ultimately, made the stakeholders involved in the

GFATM process focus on measuring activities, in order to reach targets so that further funds can be released. In such a situation, the problem is further compounded by delayed disbursement in an unstable political context and the highly politicized health service delivery environment.

Conclusions

Greater awareness of the unintended difficulties of managing GFATM projects is required to appreciate the entanglement of GFATM projects with Government and NGOs. Appreciation of this can be achieved through qualitative research performed with those involved in running the programmes.