

Appendix 7

Online Survey: Summary of Findings

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1. Rationale for the online survey

Between May 19th and June 9th, 2023, an online survey was distributed to selected stakeholders. The purpose of conducting the survey was to engage additional key informants who were not available or willing to participate in interviews or consultations. The survey was circulated by the research consortium, The Wellcome Trust, and the FGHI Secretariat. It was shared with all six GHI Boards, as well as with those who declined interview requests and individuals who had previously participated in consultations, allowing them to provide more detailed information and resources. Some responses may represent consolidated responses from multiple individuals within a single organization, but as this information was not provided, results are presented under the demographics of the respondent submitting them.

The survey consisted of 13 questions, including three questions related to the demographics of the respondent (respondent category, gender, and country of origin), one multiple-choice question, and seven open-ended questions. The complete set of survey questions can be found in Appendix 3. The survey questions were in line with those asked during interviews and consultations, and covered topics including desired changes, the strengths and achievements of Global Health Initiatives (GHIs), how GHIs can support health system strengthening (HSS) and Universal Health Coverage (UHC), incentives for change, monitoring and evaluation mechanisms, and indicators of success.

2. Results

A total of 46 responses were received. Respondents included academics (n=15, 33%), members of Civil Society Organisations (n=11, 24%), GHIs (n=6, 13%), implementing governments (n=4, 8%), bilaterals (n=4, 8%), multilaterals (n=4, 8%), and others (n=2, 4%) (Figure 1). Gender distribution was nearly equal (Figure 1). Respondents originated from 20 different countries¹ (Figure 2).

¹ Argentina, Bangladesh, Botswana, Brazil, France, Georgia, Germany, Ghana, Japan, Mali, Netherlands, Nigeria, Norway, Oman, South Africa, Chad, Thailand, United Kingdom, United States of America, Zimbabwe

Figure 1 Number of survey responses by category of respondent

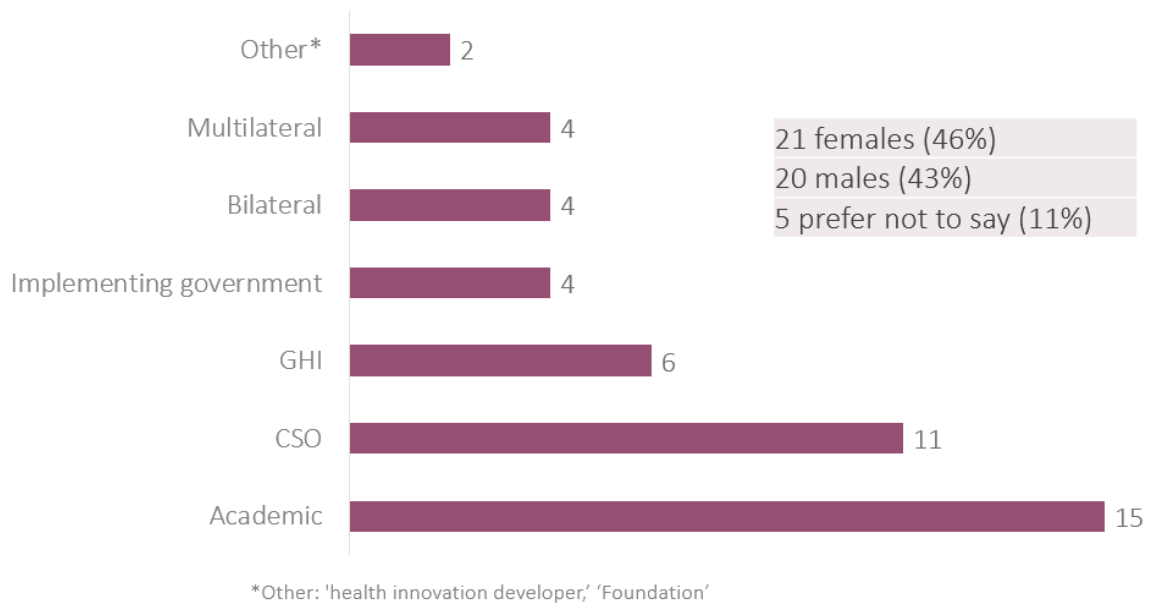
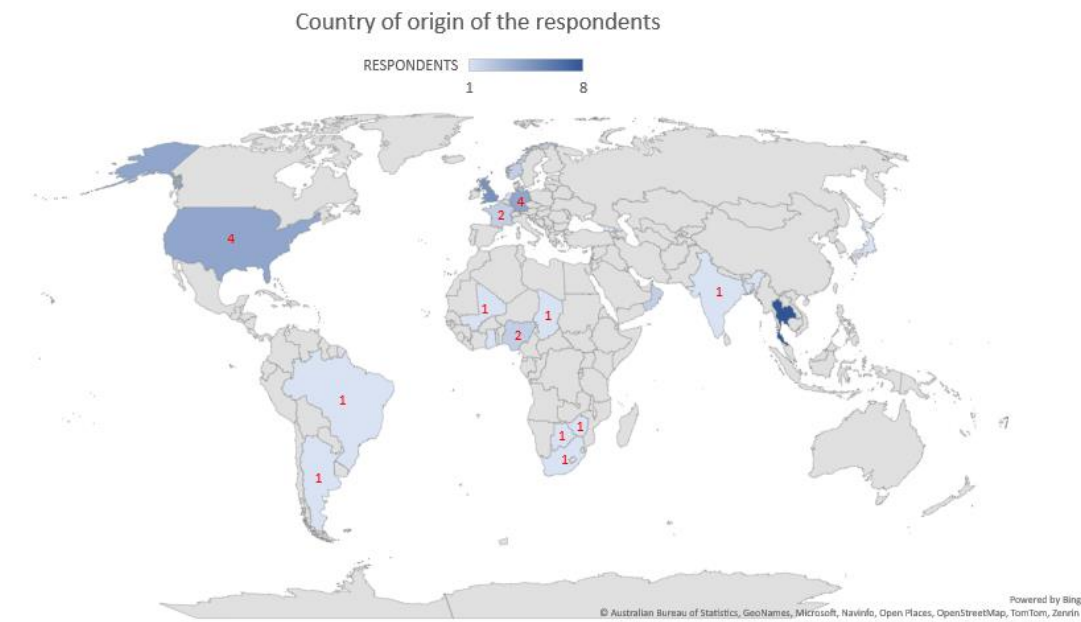


Figure 2 Country of origin of the survey respondents (global distribution)



3.1. Challenges at the global level

The key challenges mentioned by survey respondents included the vertical structure of programs and the inadequate attention given to health system strengthening (HSS) and Universal Health Coverage (UHC). Regarding financing, respondents emphasized that funds are not consistently incorporated into national budgets. Furthermore, performance indicators were deemed excessively concentrated on disease-specific outcomes. Respondents expressed concerns about the fragmented nature of programs and interventions, highlighting a lack of coordination and alignment (Table 1).

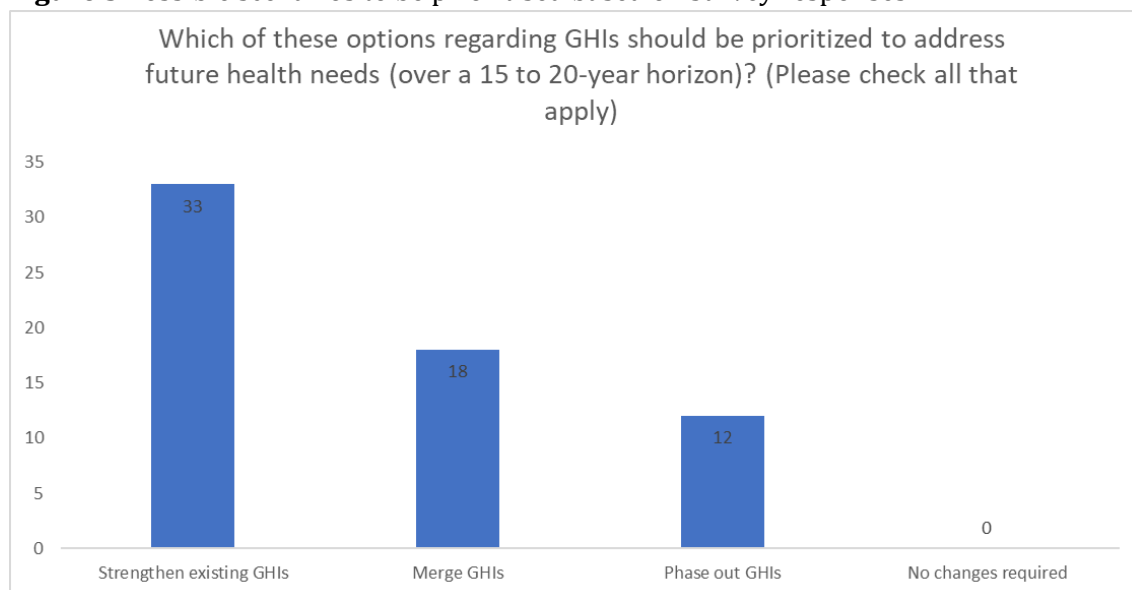
3.2. Suggestions for change

Respondents put forward several suggestions for change, with a predominant focus on addressing fragmentation within the broader global health system and enhancing country ownership and leadership.

3.2.1. Programmatic and health system priorities

Inquiring about potential changes that stakeholders would like to see prioritised regarding the GHIs (Figure 3), the survey results showed that a majority of respondents (n=33, 71%) expressed their preference for strengthening existing GHIs. Additionally, 18 respondents (39%) indicated a desire to merge certain GHIs, while 12 respondents (26%) suggested phasing out GHIs to address future health needs. It is worth noting that all of the respondents felt that some degree of change was necessary.

Figure 3 Possible scenarios to be prioritised based on survey responses



HSS emerged as a frequently mentioned priority among respondents. However, there was no consensus regarding the specific actors that should be responsible for contributing to HSS. It was acknowledged by some respondents that none of the GHIs' original mandates were to primarily focus on HSS. Respondents were unclear on whether any of the GHIs should shift their mandates to incorporate HSS or continue their work in disease-specific areas. Adequate consideration was recognized as crucial in making this determination:

“[We should] allow GHIs to focus on their relative comparative advantage areas, and create space for more agile programming on context-specific issues that may include health systems strengthening, but also other [areas] (CSO respondent)”

A number of GHIs – particularly Gavi and the Global Fund – were established with a specific mandate and focus (which was not HSS). Boards need to determine, and clearly convey, the relative weight that should be given to HSS as compared to more near-term results in terms of lives saved.” (Anonymous-category of informant not specified on survey).

“The recent call by the Lancet Commission on lessons for the future from the COVID-19 pandemic for a new and bigger “Global Health Fund” to be headquartered in Geneva (Sachs et al., 2022) makes no sense. It is a distraction from serious work at the country level. Not only would the envisioned new fund duplicate the functions of existing regional and global development banks, it would also risk perpetuating the damaging worldview that the destiny of health in LICs and LMICs must depend on decisions taken in Geneva by financiers from the Global North that are not accountable to citizens of countries in the Global South”. (Academic respondent)

Other areas that were mentioned as potential areas for GHIs to contribute to included:

- *Providing technical support to countries:* Respondents highlighted the important role GHIs had in offering technical assistance to countries, helping them enhance their healthcare systems and build capacity.
- *Strengthening the health workforce:* There was a suggestion for GHIs to invest in initiatives aimed at strengthening the health workforce, such as training programs, education, and professional development opportunities. It was noted that “*“Do no harm” needs to be taken into account sufficiently. Health workforce labour market distortions by external partners (including NGOs) issue of concern, draining capacity and motivation”*. Another respondent suggested *is a huge the coordination of “funding for health workers to optimise resource utilisation, reduce administrative burden, and avoid overlapping interventions. This can be achieved through flexible funding, regular communication, joint planning, and shared monitoring and evaluation frameworks.”*
- *Improving digital health and health information systems:* Respondents emphasized the need for GHIs to support the advancement of digital health technologies and health

- information systems. This includes areas such as electronic medical records, telemedicine, and community-based surveillance systems.
- *Research and development (R&D)*: It was suggested that GHIs should allocate resources for research and development activities, focusing on innovation and advancing scientific knowledge in the field of global health.
 - *Contributing to broader global health challenges*: A minority of respondents emphasized the importance of GHIs in areas including combating antimicrobial resistance, pandemic preparedness and response, and addressing mental health challenges. Suggestions include funding research, prevention and treatment programs, and awareness campaigns in these specific areas.

3.2.2 Financing

Several themes relating to financing and GHIs emerged in the survey results. Multiple respondents highlighted the need for improved assessment and transparency over where funding ends up, ensuring accountability and tracking the impact of investments. There was a suggestion to establish pooled funds at the country level, with differing opinions on whether these funds should be specifically allocated for HSS activities or for coordination purposes. Cost-effectiveness analysis was emphasized as a valuable tool to optimize resource allocation. The idea of having a unified plan, group, and consolidated financing was put forward to enhance efficiency and reduce fragmentation. As one respondent noted “some donors put in massive roadblocks, restrictions on really rather small grants”.

On-budget spending was emphasized as a means to align resources with national priorities. One respondent believed that it would be important to “*expand the way existing GHIs collaborate with other development financing institutions (e.g. MDBs) and countries to rationalize investments at the county level and increase national spending on health systems alongside GHI investment*”, and another believed that *regional development banks and the World Bank can do the work of financing on a bigger scale and with greater efficiency than GHIs*”.

Survey respondents also stressed the importance of providing technical assistance and expertise for health financing. Further, classifying countries based on GDP was deemed inadequate, as it can often mask income disparities. Ensuring that disadvantaged populations are not unfairly impacted was suggested:

“GDP masks very high levels of income disparity, and needs to be reviewed so that the poor and disadvantaged in such societies are not unfairly disadvantaged by such criteria”. (CSO respondent)

Longer funding cycles, with a minimum duration of five years, were suggested to provide greater continuity, security, and in-country planning capacity. Strengthening financial regulation related to blended finance was proposed to discourage risky public-private partnerships. Finally, there was an idea from one respondent to establish a joint fund for Health System Strengthening, with

contributions from multiple GHIs, was put forward as a means to pool resources and enhance collaboration.

3.2.3. Performance indicators and accountability mechanisms

The survey respondents provided a range of suggestions for indicators to measure the success of GHIs. In addition to conventional indicators such as morbidity and mortality rates and vaccination coverage, several other indicators were proposed. These included the percentage of funding allocated to on-budget initiatives, the proportion of national budget holders among counterparts, the utilization of health services, indicators related to UHC as outlined by the World Health Organization (WHO), and the SDG3 GAP indicators. However, it was acknowledged that measuring the success of GHIs as an ecosystem would require a consensus among donors and governing boards to amend their mandates and work collectively:

“Unless donors and governing boards agree to amend the mandates of GHIs to act as an ecosystem, with collective objectives, we cannot suggest how success as an ecosystem would be measured. It is unlikely there will be such consolidation in views in the near future”.
(CSO respondent)

Achieving such a consolidation of views is unlikely in the near future. The importance of HSS, along with technical support, a robust health workforce, and advancements in digital health, health information systems, and telemedicine, were repeatedly mentioned. Other specific health challenges highlighted included antimicrobial resistance (AMR), mental health, point-of-care diagnostics, community-based surveillance, clinical trials, and R&D.

3.2.4. Governance, coordination and alignment (global-level)

The survey responses highlighted key areas for improving governance and coordination within the global health ecosystem and GHIs. The role of GHIs was seen as needing careful consideration in relation to the mandates and responsibilities of other key actors, particularly the WHO and the World Bank, which were considered as having primary mandates for HSS in the global health architecture

Respondents emphasized the need to reduce bureaucracy in grant management and oversight, while also minimizing corruption and fraud through investments in country assurance mechanisms and Public Financial Management (PFM) to *“allow for greater donor confidence and allow for greater autonomy for countries to self-determine own plan and priorities, within governance frameworks that reward those countries ready to reform”*. (Foundation respondent)

This would in turn instill greater donor confidence and grant countries more autonomy to determine their own plans and priorities within established governance frameworks. Joint assessments and evaluations were advocated for enhanced collaboration.

There was a call for GHI boards to develop longer-term strategic visions with clear milestones and metrics, making evidence-based shifts within strategic periods of 10-15 years long.

The centrality of country needs and priorities in decision-making processes through GHI governance mechanisms was emphasized. Donors were urged to hold GHIs accountable, align programmatic funding priorities with the burden of disease, and drive clear performance improvement agendas. It was also noted that donors should refrain from competing for attribution of results to GHIs and instead focus on country needs:

“Stop competing for attribution of results to GHIs. This is mostly driven by donors needing to identify the exact impact of their funding. This can be especially challenging for funding HSS. This has often also led to strong stances on specific approaches or methodologies or viewpoints on what countries should prioritise, based more on the GHIs own tools and results framework than on a country need basis”. (CSO respondent)

Demonstrating a willingness to sustain funding levels for health system strengthening approaches was deemed essential, as actors with a systems-focused approach have often struggled to attract donor funds compared to disease-specific GHIs like Gavi and the Global Fund. Donor funding was recognized as a key driver of incentives for GHIs.

3.2.4. Governance, coordination and alignment (country-level)

At the country level, several crucial considerations were highlighted by the respondents. Ensuring country ownership emerged as a key priority, emphasizing the importance of empowering countries to take ownership of their own health agendas and strategies. Coordination mechanisms at the country level were deemed essential to facilitate collaboration among various stakeholders and streamline efforts. The idea of having one plan and one budget aligned with the specific needs of each country was advocated, aiming to enhance efficiency and effectiveness. Engaging CSOs was recognized as a means to address health inequities, ensuring that marginalized populations receive adequate attention and support. Furthermore, the implementation of anti-corruption mechanisms was emphasized to safeguard resources and prevent misuse.

3. Incentives for Change

The survey results pointed to several incentives for change within GHIs and the wider global health system. Political will and strong leadership were emphasized as crucial factors in driving the necessary changes within the global health landscape. There was a call for the establishment of standard indicators for reporting on UHC and HSS that go beyond GHI-specific metrics, enabling more comprehensive and meaningful assessments. Respondents proposed the implementation of independent country needs assessments for global health up to the year 2040, to better understand gaps and priorities in implementing countries. The importance of board-level discussions between

GHI was emphasised to foster collaboration and align strategic objectives. Additionally, there were suggestions to consider relocating from Geneva to regional and country-level secretariats, enabling a closer connection to local contexts and facilitating more targeted interventions. To bring about change, respondents called for a shake-up of GHI boards, including the introduction of new Key Performance Indicators (KPIs) at the board level. Monitoring aid effectiveness, in line with the principles outlined in the Paris Declaration, was highlighted as a means to ensure accountability and optimize resource utilization. Lastly, there was a consensus on the need to shift decision-making power to recipient countries, empowering them to drive and shape their health agendas. These incentives for change underscore the importance of collaborative efforts, strategic governance, and recipient-centred approaches in advancing global health agendas.