

Global Grants Program



Sustainability of Global Grants Program Projects

An assessment of barriers and
facilitators to long-term data
improvements

— September 2024





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Abstract

Background

The goal of sustainability in global public health is to create lasting improvements in health systems, institutions, and outcomes that extend beyond specific projects and reduce reliance on external forces. This assessment was conducted to determine whether the Global Grants Program (GGP), which aims to catalyze improvements in data infrastructure and utilization through targeted funding and technical exchange can support governments in making long-term, sustainable improvements toward the generation and use of public health data.

Methods

Semi-structured interviews were conducted with project focal points from 17 teams across Africa and Latin America, representing completed projects in the Data for Health Initiative focus areas of civil registration and vital statistics (CRVS), data impact, and cancer registry. We used Dedoose software to conduct double-blind, concept-driven coding to identify and analyze the factors surrounding success and/or challenges related to sustaining project outcomes. This focus on sustainability, defined as maintaining outcomes for at least six months following project end, was distinguished from successful projects which may have achieved desired goals within the project timeframe, but not sustained outcomes beyond that.

Results

Findings reveal that government buy-in and prioritization are key determinants of project success and sustainability, with challenges often arising when those elements are missing. Strategies for generating buy-in include early involvement of key stakeholders and demonstration of tangible benefits. Capacity sharing and engagement across stakeholders were also identified as promoters of sustainability. A short funding time frame was another barrier, limiting the ability of teams to institutionalize and sustain outcomes.



Conclusions

Insights from this review offer valuable guidance for enhancing the effectiveness and longevity of public health initiatives, particularly in resource-constrained settings. In addition to aligning with country priorities, enhanced efforts to generate broad stakeholder buy-in and allocate appropriate time frames for institutionalization are key areas where global health funders and partners can use these recommendations to improve sustainability of their programming.

Key Takeaways

These findings contribute to a growing body of research on recommended principles and factors to enable sustainability in global health programming:

- Within the definition of sustainability as: project outcomes being achieved and also maintained for six months beyond the project end, the most attributed reasons for achieving sustainability were “strong buy-in/prioritization” and “good coordination/leadership”. This demonstrates the key role of change makers in our work.
- Government buy-in/prioritization was the best predictor of sustainability, followed by coordination/leadership and the implementation time frame.
- Some teams achieved their goals during the project but did not sustain these outcomes after project closeout. The most attributed reasons for not achieving sustainability were “lack of buy-in/prioritization and “insufficient time,” further supporting the point above.
- Tangible outcomes that benefit system users were found to be successful in maintaining the momentum necessary for sustainability, while short funding time frames created significant challenges to sustainability.

Introduction

Background

When assessing the success of global public health programs, “sustainability” is a critical goal for funders and grant-makers, including foundations, government, and multilateral and



international agencies.^{1–3} While health interventions often yield immediate, measurable results, sustainability envisions a long-term, enduring impact that extends beyond specific projects.^{4–6} It aims to foster independence among nations and communities to reduce reliance on external aid.^{4,6}

Sustainability's complexity and multifaceted nature pose challenges to defining effective and systematic strategies to achieve it.⁴ Literature emphasizing sustainable investments in global health programs have reported issues such as reduced quality of health services due to time constraints, increased burden on fragile health workforces, lingering colonial power dynamics, in-country personnel scarcity and government buy-in.^{4,6,7} Addressing these underlying barriers benefit from a shift away from traditional funding models where power imbalances of external funders still exist, toward transformative approaches that enable country ownership and funding flexibility.⁸ It calls for redistribution of control and resources as well as accountability of external partners to enable interventions to align with the needs and priorities of local stakeholders and communities from the onset and beyond program completion.^{6,8,10,11,12}

The efficient generation and use of public health data is foundational for informed decision-making, effective policy formulation and ultimately, improved health outcomes worldwide. However, sustainable advancements in public health data systems remain a persistent challenge, particularly in resource-constrained settings. The Global Grants Program (GGP) was designed in 2019 as part of the Bloomberg Philanthropies Data for Health Initiative and aims to catalyze improvements in data infrastructure and utilization through targeted funding and technical exchange. Open calls for funding by the GGP with limited prescriptiveness as to specific project goals and designs promote the expectation that proposed work aligns with country priorities. The model also encourages local and regional collaboration, including the sharing of best practices and technical expertise among countries addressing similar issues.

The GGP offers funding of up to \$150,000 over 18 months to country governments for activities that will support the generation and use of high-quality health data through targeted, results-oriented projects. With technical expertise and financial resources from



the Program, these projects enhance health systems and improve outcomes in the areas of [civil registration and vital statistics, data impact, and cancer registry](#). Our country partners are primarily government staff and, in specific cases, local NGOs that are intimately familiar with the needs of their health systems and communities.⁸ Country partners are the driving force behind the work that is undertaken to promote locally led and managed projects that result in tangible, equitable and sustainable deliverables that fit local needs.⁸

By examining the influence of GGP's efforts to achieve sustainability through a targeted approach, we aim to contribute to the broader discourse surrounding sustainability and equity in global health collaborations and partnerships. This article explores the effectiveness of GGP's targeted funding and technical exchange in fostering long-term, sustainable enhancements in the generation and use of public health data. Specifically, it examines whether a combination of low- to medium-touch technical exchange and financial assistance up to \$150,000 over 18 months has catalyzed sustainable systems strengthening and data use for participating country governments and organizations. By investigating the complex overlap of factors that affect sustainability in our work, we aspire to uncover key factors that can be applied to our work and that of other partners to contribute toward the sustainability of global health and development initiatives.

Materials & Methods

Study Design

A semi-structured interview guide was developed, tested, and used to conduct in-depth qualitative interviews with project focal points from 17 teams. Teams that completed their project more than six months before the interview and that had entered the GGP through an application process were eligible to be included in the study. Projects and funding rounds that had circumstances or relationships that varied significantly from the traditional application process and funding model were excluded, as were completed projects that had follow-on projects that did not meet the eligibility criteria. Interviews were conducted between November 2023 and January 2024.



Interviews were conducted virtually, transcribed, translated to English (if required), double blind-coded, and analyzed using Dedoose (<https://www.dedoose.com/>) qualitative analysis software. Participants were assured that participation would not be tied to funding opportunities and gave verbal informed consent.

Qualitative analysis focused on the conditions and characteristics of projects that achieved sustainability, defined as maintaining outcomes for at least six months following project end. Successful resolution of challenges or threats, continued collaboration and engagement between stakeholders, and allocation of additional staff or resources to the area of work were also noted as indicators of sustainability. These conditions and characteristics were distinguished from those associated with projects that achieved their desired goals within the project timeframe but did not sustain the above mentioned outcomes beyond that time. By identifying and discussing these factors for each group, we sought to highlight the key differences that resulted in sustained outcomes, and therefore, draw conclusions about sustainability.

To do this, we looked at specific factors associated with sustainability and analyzed for the following themes: buy-in and prioritization, coordination and leadership, time frame and level of funding support, advocacy efforts, and technical exchange. Of the most commonly used, “buy-in and prioritization” refers to having the support of key stakeholders whose authority and decision-making enable project outcomes to be maintained, especially in the face of challenges that may otherwise threaten sustainability. “Collaboration and engagement” refers to cross-stakeholder relationships, written agreements, or governance structures such as committees and technical working groups whose coordination is required or serves to benefit the project area. “Time frame and level of funding” refers to the 18-month and \$150,000 standard terms of GGP support.

Participants

Key informants included government officials who were directly responsible for project implementation, in-country staff from multilateral organizations, and local or international technical advisors who in rare cases also served as project leads. We reached out to focal



points from 32 projects, of which 14 focal points responded and were interviewed on behalf of 17 projects,¹ a response rate of 44% and 53% respectively.

Respondents participating in this study consisted of representatives from government (76%), and multilateral organizations (12%), as well as technical advisors (12%). Survey respondents came from African (69%) and Latin American (31%) countries, which make up 53% and 28% of the GGP portfolio, respectively. Unfortunately, none of the projects from the Asia Pacific region, which makes up 5% of the GGP portfolio, met the eligibility criteria for participation. It should be noted that countries represented by respondents varied in multiple factors including, but not limited to, overall population, health and data concerns, availability of resources, and government structure.

Study participants represented completed work in the areas of CRVS (69%), data impact (25%) and cancer registry (6%). GGP's portfolio consists of CRVS (57%), data impact (33%) and cancer registry (9%) projects. Survey participants who implemented CRVS projects focused on improving national or subnational systems for: Death notification and registration (27%), birth notification and registration (27%), business process improvements (18%), verbal autopsy (9%), ICD coding (9%), and medical certification of cause of death (MCCD) (9%). Survey participants who implemented data impact projects focused on data linkage (50%), data dashboards (25%) and burden of disease estimation (25%). Respondents whose projects specifically entailed addressing health equity challenges made up 38%, mostly implemented in African countries. Table 1 summarizes these general characteristics of respondents.

Table 1: Summary of Projects and Team Leads Interviewed

Implementing Country	Region	Agency Respondent	D4H Area	CRVS Key Activity	Data Impact Key Activity	Equity Focus
Paraguay	LATAM	Government	Data Impact	n/a	Burden of Disease & Dashboard	n/a

¹ Three of these interviews assessed two projects each that were carried out by the same focal point



Egypt	Africa	Multilateral	CRVS	MCCD	n/a	n/a
Tunisia	Africa	Government	CRVS	Death N&R	n/a	n/a
Malawi	Africa	Government	CRVS	ICD/Coding	n/a	n/a
Peru	LATAM	Government	CRVS	Death N&R	n/a	Geographic
Ecuador	LATAM	Government	Data Impact	n/a	Data Linkage & Analysis	Age
The Gambia	Africa	Government	CRVS	Birth and Death N&R	n/a	Geographic
Sub-Saharan Africa	Africa	Multilateral	Cancer Registry	n/a	n/a	n/a
Nigeria	Africa	Government	CRVS	Birth N&R	n/a	Geographic
Burkina Faso	Africa	Technical Advisor	CRVS	Legal Framework & BPI	n/a	n/a
Argentina	LATAM	Government	Data Impact	n/a	Data Linkage & Analysis	n/a
Nigeria	Africa	Government	CRVS	Death N&R	n/a	n/a
Côte d'Ivoire	Africa	Technical Advisor	CRVS	Verbal Autopsy	n/a	Age
Guinea-Bissau	Africa	Government	CRVS	ICD/Coding	n/a	n/a

Results

Overall, GGP teams reported more successes than challenges

Interviews and analysis revealed that GGP-funded projects cited more accounts of successes in achieving sustainability with specific examples (428 occurrences) compared to examples of challenges (214 occurrences). Teams most frequently reported that they



achieved and sustained project outcomes. This sustainability successes was most frequently associated with strong buy-in and prioritization, good coordination and leadership, and other enabling environmental factors such as technical infrastructure, the flexibility of GGP to workplan adaptations, and the influence of global priorities such as the Sustainable Development Goals.

Projects implemented in Africa largely cited strong buy-in (38 occurrences), good coordination and leadership (21 occurrences), and enabling environmental factors (18 occurrences) as reasons for success. Respondents in Latin America reported these same reasons for success (22, 19, 9 occurrences). In Latin America, projects reported more evidence of data use and additional resources being allocated to the work undertaken with GGP support. When activities were enhanced or improved following the end of the project timeline, most respondents remarked that this was feasible due to increased collaboration or capacity building that took place during implementation.

Challenges sustaining achieved outcomes were often correlated with lack of buy-in and prioritization, insufficient time, and poor coordination and leadership. When looking at challenges regionally, the constraints in Africa were due to insufficient time for institutionalization (25 occurrences), lack of buy-in and prioritization (23 occurrences) and limited ongoing funding (11 occurrences). In Latin America, respondents reported lack of buy-in (20 occurrences), poor coordination and leadership (8 occurrences), and other technical reasons (8 occurrences). These “other technical reasons” included issues with scaling activities, revisions of scope (regional to local level), and evolving public health priorities.

When examining the reports from CRVS projects, death notification and registration and business process improvement projects identified strong buy-in and prioritization as important factors contributing their successful project continuation. Birth notification and registration and ICD projects suggested good coordination and leadership were the most effective in sustaining this work. Death notification and registration, business process improvement, and birth notification and registration projects all noted increased collaboration after the completion of GGP grant periods. Birth notification and registration



projects also reported more project outcomes being enhanced or improved after grant completion compared to other CRVS focus areas. Death notification and registration (27 occurrences) and verbal autopsy (15 occurrences) projects reported the highest instances of outcomes being achieved but not sustained. Top reasons for the challenges reported by these projects were lack of buy-in and prioritization (18, 10 occurrences) and insufficient time (13, 7 occurrences).

Projects implementing data impact activities reported significantly higher instances of success (60 occurrences) compared to challenges (9 occurrences). Data impact projects reported strong buy-in and prioritization, good coordination and leadership, and an enabling environment. Data impact respondents mentioned lack of buy-in and other technical reasons as implementation challenges that may have resulted in fewer sustained project activities. These “other technical reasons” included revisions of scope (regional to local level) or evolving public health priorities. Overall, data impact projects did report fewer instances of challenges compared to other Data for Health Initiative program areas.

The allocation of additional funding and resources to the targeted intervention area was viewed as the most important indicator of long-term sustainability. This occurred from both local governments directly as well as engagement of additional international and multilateral partners, which demonstrated a commitment to not just maintaining outcomes, but expanding the program area further.

“The system is incorporating new actors like local governments, other health providers and new modules. Further, it will be the basis for the results-based budgeting program. The Ecuadorian government has committed new resources as well as other cooperation actors as the IADB, World Bank, UNICEF, EU and others.”

—Ecuador Government Respondent, speaking to a project that linked parallel data systems for tracking children at risk of malnutrition to receive preventative cash transfers. This work will continue to be sustained with government resources.



“We are trying, with the support of WHO, to find funding to support field work and verbal autopsies. With even a small amount of funding, we can strengthen the capacity of technicians.”

—Guinea Bissau Government Respondent, on the government leading a search for expansion of a project that successfully enabled the government to record cause of death for the first time. After six months, they had some promising leads.

When examining responses from projects that had a focus on promoting equity (5 occurrences), instances of challenges were higher compared to projects with no equity component. A total of 28 instances of outcomes achieved but not sustained were reported due to lack of buy-in/prioritization, insufficient time and poor coordination. Respondents from geographic equity projects mentioned challenges the most and highlighted lack of buy-in/prioritization. Health and gender equity prioritization is fundamental for the Data for Health Initiative and GGP. Our findings provide preliminary insight into challenges equity projects face and further investigation into equity-related program sustainability is needed.

Government buy-in and prioritization is the strongest predictor of success or challenges

Of the successes that were reported, government buy-in and prioritization was most frequently cited as the reason for success (48%). This was followed by strong coordination and leadership, which was cited 32% of the time². Of the challenges that were reported, lack of government buy-in and prioritization was also the most cited reason at 52%³. This highlights the critical significance of government involvement and dedication in attaining and sustaining project achievements as well as effectively mitigating and addressing challenges or threats to continuity.

Across the sector, it is well known that government buy-in and prioritization is essential to success; many funders and international NGOs build their model around working hand in

² Multiple reasons for success could be coded for each

³ Multiple reasons for success could be coded for each



hand with government partners, believing that direct involvement in project implementation will translate to buy-in and ownership. Open calls for funding and direct granting to government partners are ways in which this was incorporated into the GGP model. However, these results show that the success or failure of maintaining project outcomes in the long term, even projects and outcomes that are devised and implemented by government teams, still hinge on buy-in and collaboration from superiors, peers and stakeholders in other ministries. The latter is especially true given the multi-sectoral nature of global health and data for health program areas.

Throughout the interviews, insights emerged on how project teams cultivated buy-in and support. At the foundational level, there was a recognition of the immense value of having key implementers who possess both vision and authority. It became evident through the analysis that having one without the other poses considerable risks to achieving and maintaining project outcomes. Vision serves as the driving force during challenges, while authority empowers individuals to issue directives, convene stakeholders, advocate for innovative processes and undertake specific actions necessary to overcome sustainability obstacles.

Outside of these needs for the core team, respondents also reflected on ways in which continued project prioritization resulted from identifying and involving the right individuals from other departments. Emphasis was placed on including them from the start.

“One of the people who worked with us is now the Secretary of Health. So, when we have any issues to do with civil registration, the decision will be very quick on our side. And that means that the project's objectives will still be sustained, because he was part of the process from the start. So, I would say that from that level, we have support if we have to address any issues related to the project.”

—Malawi, Government Respondent, on the importance key stakeholders played in a project to improve medical certification of cause of death by physicians through trainings and the creation of technical committees. After six months, the team had encountered some challenges, but many outcomes were still maintained.



In other projects, buy-in resulted from demonstrating that the project can produce tangible benefits to either their systems or the day-to-day work of government representatives and their staff, as further discussed below in Results section. In many projects, strong buy-in and prioritization was closely tied with successes related to increased collaboration and engagement. In this sense, collaboration and engagement across stakeholders can be necessary to achieve an outcome or can be an outcome itself, for example, when creating a governance mechanism such as steering committee or technical working group.

With many projects, empowering stakeholders through decision-making was an effective way to gain buy-in.

“All the stakeholders have goals, and we always try to cover as many objectives as possible. To need to have the same criteria and queries for the definitions in this information system brought about a lot of enthusiasm for working together to align and it made it so that it is not only the central or ministerial level that determines what is important and what is not. We had a fluid dialogue with decision-makers at all levels of care so that all were invested in the outcomes.”

—Buenos Aires, Argentina Government Respondent on a project that developed a system of integrated health information, through a module that supports health decision-making for different levels of management responsible for health policy.

Another key promoter of sustainability was capacity building, which is more recently being referred to as capacity sharing or exchange, in recognition of the value that all collaborators provide, not only those who would otherwise be positioned as the conveyers of knowledge or expertise. Capacity sharing is known for its many benefits, including empowering people with knowledge and equipping them with needed skills and expertise. In some projects, the transfer of knowledge also facilitated the ability to take on a larger role which led to a sense of ownership and commitment that linked directly with sustainability of the work.



“Following the capacity building our registrars could take up more responsibilities. Which is not only for the good of the science, it also made the registrar's feels more in control, more personally empowered. As a regional partner, we continue to provide trainings and promote the necessity of the continue training on the knowledge and skills. We were delighted to see that, many registries have been doing so on their own initiatives.”

—Regional Partner, speaking on a project that trained over 100 cancer registrars from across 24 countries in Africa on proper cancer staging methods and data collection.

Conversely, a lack of government buy-in and prioritization resulted in significant challenges for respondents and in some cases, a failure to achieve or sustain objectives. This was most often either due to a direct discontinuation of the work or challenges that arose and were not successfully addressed due to the lack of buy-in and support, also resulting in outcomes not being sustained.

One specific challenge that was discussed in interviews was how much the process of obtaining and maintaining buy-in can be interrupted by changes in government staffing, something that occurs frequently in many countries. This was especially true where staffing changes disrupted the above-mentioned strategy of involving the same key stakeholders from the onset of a project.

“The project was formulated at the end of the previous government and then work started with the new government. But there were many, many changes in health ministers, and that also led to changes in the directors of the Office of Information Technology. There were also different engineers at the start and end of the project. So, when there were some flaws in the IT system that needed correction, rather than fix them, the use of the new system was discontinued.”

—Peru, Government Agency, speaking about a project that developed, piloted, and disseminated an offline mobile application connected to the country's death registration software, enabling death registration and data collection in areas without internet connectivity.



A shortage of personnel can also result in failure to obtain buy-in because key staff members may not have the bandwidth to engage in new and creative ideas, or to do what is needed to help implement them. In these contexts, competing priorities and the need to address more urgent day-to-day tasks act as a barrier to otherwise like-minded and ambitious stakeholders joining together to support shared goals. The issue of competing priorities also ties in with limited resources, which are frequently necessary for sustaining outcomes in some form, whether financial or in kind. While funders expect these to be allocated internally, notably from government, the lack of buy-in or unavailability of resources frequently led to outcomes that were not sustained after the project closed.

“The pain of this issue is funding. For sustainability, funding must be available. It’s one thing to start a program and you set a target, another is the planning process you put in place to have the sustainability of the program. If funding is available, and the mechanism to work with, I see no reason why we would not meet the target and also have it be sustained.”

—Gombe State, Nigeria Government Respondent on a project that trained community health workers in birth registration to target increased birth registration and immunization rates in targeted areas.

Short funding time frame contributed to challenges sustaining outcomes

The Global Grants Program acknowledges the push for donors to commit to multi-year support to give grantees the security and stability needed to work most efficiently and build organizational systems and capacity.¹¹ Our mandate to support focused and measurable improvements means that our funding time frames are limited, but our hypothesis that targeted support can produce tangible outcomes for immediate use to improve public health was largely found to be true.⁴

⁴ When opportunities arise, we do provide ongoing assistance to countries that have completed their original workplans and could achieve further results with additional time.



However, the evaluation did reveal challenges by country teams to sustain their work after only an initial 18-month project time frame. One example of this is with pilot projects, something that the GGP encourages. For pilots, 18 months was often sufficient to complete project activities, but it was not always long enough to collect sufficient data to prove success or failure and, when successful, get government buy-in to adopt the new strategy, process or associated budget.

“It was set up in such a way that it was almost like a pilot. It would need to be adopted by the country or the states more formally and I was told that they wanted to, but that one year is too short to have tested it enough for them to be able to... It takes time for government to adopt things. It is a rigorous process. So, the product is still there, but nobody's using it anymore. They've gone back with their traditional ways.”

—Lagos State, Nigeria, Government Respondent, speaking on a program that targeted increased death notification and registration through awareness raising and the creation of a death notification portal accessible through a QR code in health facilities.

“I think the time was too short to convince or to push them through. We collected the data and looked at the results, and it was great, but that was only one-time data that had been collected so far. And then they move on to the regular life or regular stuff. So, time did not help a lot to convince them and to add this project into the plan. Because once the project time frame ends, there is no follow up.”

—Côte d'Ivoire, University Respondent, on a project that harnessed social and verbal autopsy to collect and track data on health inequities.

This was not limited to adoption of systems changes: Some countries also struggled with time needed to make improvements after completing their activities or to implement quality assurance systems. For example, if collecting new data, additional project time to review data quality and make take necessary actions to improve upon data collection forms or fill knowledge gaps following training of data collectors was not possible.



“This project built a milestone, it is a big achievement, however these activities need to be enhanced with additional time and activities to achieve further progress and to better evaluate the impact of the work we’ve done so far. The dedicated period for the project was not enough to finalize and improve the national causes of death coding process, as well as develop a new option in the data entry platform, and establish an interoperable dashboard.”

—Tunisia, Government Respondent, on a project which upgraded the country’s death certificate template to align with international standards, trained physicians on death certification rules, and took steps to improve the system for cause of death coding.

Overall, despite the 18-month funding time frame being generally sufficient for completion of project activities, it did pose some challenges to sustaining project outcomes. In the context of competing priorities in which governments work, the official completion of a project can trigger a shift of attention to other initiatives. Funders may be eager to reach and celebrate this milestone but leaving additional time, even if without additional funding, could be useful to keeping necessary attention on the outcomes to be sustained.

Tangible outcomes that benefit system users are most successful in maintaining momentum

Working with data and systems improvement can be abstract, with the immediate benefits not always visible to the range of stakeholders involved. One of the ways in which GGP implementing teams were able to get buy-in and commitment from colleagues and stakeholders was by producing something tangible or that immediately resulted in a visible process efficiency. Examples include dashboards that can present data in new ways, or reduced manual efforts to register births and deaths through paper-based processes. When teams were able to demonstrate something and how it can improve day-to-day work or progress toward shared goals, then they were able to get the buy-in quickly, within the time frame needed.

“The enthusiasm being expressed by the registrars, the zeal hoping that the project will work because it has really opened their eyes to the fact that oh, there could be



a better and a best way to do things or make things easier for us at our workplace. We are all eager, not excluding me, to see that things work the way they should. The personal conviction and the personal enthusiasm that is being expressed by the registrar's office for things to work better, if the situation and the environment allows it, that is a great motivation for us in the office.”

—Gombe State, Nigeria Government Respondent on a project that trained community health workers in birth registration to target increased birth registration and immunization rates in targeted areas.

“I think that the important point is that since many people from the surveillance direction participated in the work, everyone who participated felt ownership of the result and the concept of the burden of disease study stopped being only a concept. It allowed the surveillance team to see that there are other problems than just communicable disease and that they have to be focused also on the noncommunicable diseases. This makes them see the importance of having quality data that allows us to really demonstrate the burden of noncommunicable diseases in our country.”

—Paraguay, Government Respondent on a project that developed a burden of disease report showing the main causes of premature death. The results were integrated into national health insurance policies and plans and led to a prioritized list of insurable conditions.

As discussed above, current philanthropy trends and recommendations push for long-term, multi-year funding.¹¹ However, these experiences serve as examples of the type of tangible gains that can be achieved in a shorter time frame. In these cases, an added advantage was that they serve to further motivate the teams and stakeholders who benefit from them.

Demonstrating process efficiencies in this tangible way is an effective tactic to obtain stakeholder and government buy-in. Therefore, we may be able to draw the conclusion that GGP projects are more likely to be sustainable if they include the development of a tangible product or identifiable systems improvement that saves time and/or resources for primary



stakeholders. Those projects that do not inherently include something of this nature may benefit or require enhanced alternative efforts to demonstrate the value of an intervention, which should be discussed and planned at the onset of a project.

Discussion

In this evaluation, we used a qualitative methodology to examine whether targeted funding and focused technical exchange provided through the Data for Health Initiative Global Grants Program can result in long-term, sustainable improvements in the generation and use of public health data. Our findings demonstrate that this was the case in many instances, however there are conditions and approaches that heavily affect sustainability, and which can be improved or enhanced to result in more long-term maintenance and institutionalization of health systems improvements. We also sought to identify these factors and make recommendations for global health donors and partners to create an enabling environment for sustainable outcomes.

Government buy-in and prioritization are the most significant elements of sustainability. While it's become common knowledge across the sector that country governments should drive priorities and implementation, we questioned whether this was enough to garner sustainable outcomes. Implementing partners with the motivation and authority to carry out the work are a core necessity, but in the case of these projects, our results showed that it was also essential to have buy-in from other peers and leaders within and across stakeholder agencies. For example, respondents highlighted the need to engage all stakeholders from the onset and demonstrate early the value of the activities in terms of increased efficiencies or improved impact for them and their teams. Long-term buy-in was aided by involvement in decision-making along the way.

Another key factor was the time frame of funding. Institutionalizing a new system or process can be lengthy given the potential need for new staffing, infrastructure, or standard operating procedures, the development of which can only begin once stakeholders are aligned and committed, and funds are available and earmarked. For pilot projects, even more time is needed to trial the new approach, document the impact and advocate for institutionalization or scale-up. Time constraints are further compounded when government



or local resource contribution is required, since annual budgets are determined well in advance, often with little room for change. Similarly, limited resources present a significant hurdle to transitioning project activities to government budgets. While this is often the expectation, the reality often falls short, leading to delays and setbacks in crucial health activities and their sustainability.

Unequal power dynamics in the donor-grantee relationship were not reported by respondents in this evaluation. In fact, respondents mentioned that flexibility during the grant period provided more opportunities to achieve successful project implementation due to the ability to respond to urgent needs. Unlike public funding, which often comes with restrictions and bureaucratic processes, GGP support enabled rapid personnel hiring, acquisition of essential equipment and timely adjustments to activities when needed. This agility was crucial to enabling swift implementation and maximizing the best possible technical exchange to support each country's highest priority data for health objective.

Our evaluation of the Data for Health Initiative Global Grants Program highlights the crucial role of targeted funding and focused technical exchange in driving sustainable improvements in the generation and use of public health data. While our findings confirm the hypothesis that such initiatives can indeed lead to long-term advancements, they also underscore the importance of certain conditions and approaches for promoting sustainability. Government buy-in and prioritization emerge as a pivotal factor, emphasizing the need for engagement at all levels of stakeholder agencies and early demonstration of the value of the work. Furthermore, work that produces tangible outcomes with good coordination and leadership are most likely to result in the institutionalization of new systems and processes that advance global health. Challenges such as limited funding and power dynamics between donors and grantees persist in the sector, yet initiatives like the Global Grants Program aim to provide more support and flexibility. Ultimately, the adoption of an adaptable approach that considers these factors could be instrumental in improving the effectiveness and sustainability of projects aimed at enhancing public health data systems worldwide.

Recommendations

Each project and country context will require its own specific set of actions and environmental circumstances to achieve sustainability, but based on the above results we formulated recommendations that global health partners and funders can consider in their approach. At the center of these recommendations is the need to start the discussion about sustainability from the earliest point in the planning phase which, for the GGP, means the application for support. This does not mean that all needs and activities will be defined at that point, but with a trust-based model, funders and partners can begin an open dialogue that will evolve along with the project, updating and adding to their sustainability plans at strategic points throughout the implementation period.

The table below captures recommendations organized according to the categories that were revealed as most important factors for sustainability:

Table 2: Recommendations for Improved Long-Term Sustainability

Category	Recommendation
Local Stakeholders in the Lead	Open calls for applications, government selection of activities and a trust-based approach are essential to ensuring that support meets government needs and priorities, which is the foundation for buy-in and prioritization.
	Formally assess buy-in not just from implementing team but other stakeholders. This can be done by developing questions or frameworks to assess leadership commitment in the application process, e.g. do leaders have the inherent vision and authority to drive the project forward? What stakeholder involvement is needed for outcomes to be sustained after completion and how do you plan to do this?
	Involve key stakeholders in as much decision-making as possible, even if their input is not required. The simple act of having been part of decision-making will inherently increase interest in and motivation to maintain project outcomes.



	Plan early for all sensitization and advocacy needs that are identified and consult stakeholders before their role or direct involvement is officially needed. More frequent communication raises the visibility of the work and leaders appreciate being informed of ongoing work prior to receiving specific requests.
Outcomes with Demonstrated Value	Where possible, demonstrate in a tangible way how the intervention will improve the day-to-day efficiency and functioning of an individual or teams.
Appropriate Time Frames	Pilot projects or those that involve a proof of concept require longer time frames to first carry out and then make plans to institutionalize based on pilot results. Consider this early and plan ahead for any costs needed to maintain outcomes until they can be formally adopted by the relevant agency.
	Similar to above, when implementing something new, an 18-month time frame may be sufficient to roll out the process but not enough time for monitoring or quality assurance. Consider longer funding time frames for projects that involve new processes or may otherwise benefit from monitoring and quality assurance.
	A full year of activity implementation may be needed to demonstrate success or failure of an intervention. Allow time for this so that teams have the chance to show impact prior to project closure.
	The official closure of a project can trigger a shift in attention, especially from high level officials. Even when activities have been completed and funding fully spent, consider leaving a project "active" for institutionalization activities before attention shifts.
	Share a "next steps" plan with stakeholders highlighting the kinds of ongoing support needed to maintain achievements.
Flexibility and Respect Across Partners	Allow teams to work and communicate in the language in which they're most comfortable.
	Adapt to budget and workplan changes, as circumstances and context may evolve.
	Maintain a commitment to capacity sharing and technical development.



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