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1. NEWS: Disbursements to Zambia MoH Suspended Amid Allegations of Fraud; Change of PR Is Imminent

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The Global Fund has suspended disbursements to the Ministry of Health (MoH) of Zambia, which is the principal recipient (PR) for several grants. The Global Fund's Office of the Inspector General (OIG) has concluded that there was fraud in connection with one or more of the grants. Disbursements are being allowed for life-saving interventions (drugs and other directly related costs), but these disbursements are being made directly to procurement agents or suppliers, not to the MoH. Arrangements are now being made to transfer the MoH grants to a new PR, the United Nations Development Programme (UNDP), on an interim basis.

Background

In May 2009, as a result of a whistleblower allegation, the Zambian Anti Corruption Commission (ACC) launched an investigation into fraudulent practices within the MoH. Most of the reported fraud related to funds that were part of the expanded health basket in Zambia, in which the Global Fund does not participate. However, the investigation also included one fraudulent transaction relating to a Global Fund grant. The ACC searched the offices of the MoH, resulting in the suspension of thirty staff members. As of September 2009, 12 people were in custody in Zambia, charged with offences related to the investigation. All 12 are current or former MoH employees and are charged with offences related to the expanded health basket. Seven of the employees are also charged in relation to the fraudulent appropriation of approximately \$350,000 from the Global Fund grant.

In July 2009, following a mission to Zambia, investigators from the OIG concluded that there was reason to believe that the fraudulent practices within the MoH were more extensive than had been established to date.

The ACC requested assistance from the OIG to strengthen its capacity to undertake a potentially large-scale investigation. In light of this, the OIG contacted a number of other agencies to make arrangements for a series of joint capacity assistance missions to Zambia. (Similar assistance missions have been conducted in Uganda with, according to the OIG, very positive results.)

In September 2009, the OIG began its own in-depth audit of all grant programmes, covering all four PRs in Zambia. During the audit, the OIG uncovered what it believed to be further evidence of irregularities and fraud within the Global Fund grant programmes in the MoH. In particular, the audit team found what appeared to be multiple fraudulent allowance claims by senior MoH personnel. In November 2009, the OIG referred comprehensive evidence to the ACC.

In a report written at the beginning of March 2010, the OIG said that the response from Zambian authorities – the ACC and the police – had been "very disappointing," explaining that the national authorities "have failed thus far to provide assurances of appropriate action." The OIG said that it is "unable to provide assurance as to the safety of investing further funds through the Ministry of Health while the issues surrounding the investigations by national authorities remain unresolved."

The Global Fund has said that it will not proceed with signing any new grants with the MoH until it is satisfied that the situation is under control and that adequate measures are in place to allow for a return to normal arrangements. Furthermore, any activity and spending linked to the grants under the management of the MoH – such as funds for the continuation of treatment – have to be verified and recommended by the local fund agent (LFA) and approved by the Global Fund Secretariat.

This article is based on "The Office of the Inspector General Progress Report for January-September 2009 and 2010 Plan and Budget" and "The Office of the Inspector General Progress Report for October 2009-February 2010," both available at www.theglobalfund.org/en/oig/reports, and on the "Report of the Executive Director," available as document GF/B21/3 at www.theglobalfund.org/en/board/meetings/twentyfirst/documents.

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2. NEWS: Global Fund Cancels Funding for Last Two Years of Zambia Round 4 HIV Grant

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The Global Fund last month discontinued funding for Years 4 and 5 of Zambia's Round 4 HIV/AIDS grant because the PR – the Ministry of Finance and National Planning – failed to meet the conditions imposed when Phase 2 of the grant was approved in 2008. The conditions were that the PR utilise at least 50% of the grant funds disbursed in Year 3, and that an overall rating of B1 or higher be achieved during Year 3. The Global Fund Secretariat determined that neither condition was fulfilled.

Editor's Note: This is a separate development from the suspension of several Zambian grants, which we reported on in the previous article, and which involves the Ministry of Health as PR.

According to information posted on the Zambia pages of the Grant Portfolio section of the Global Fund website, just under half of the \$15.8 million approved for this grant had been disbursed when the decision to discontinue funding was taken.

This grant included funding for life-saving treatments. The CCM may apply to the Global Fund, under the Continuity of Services Policy, for funds to continue the treatments for up to two years. This means that there should be no interruption of treatment for the people involved.

The Board's decision is contained in Decision Point GF/B20/EDP19 in the "Electronic Decision Points" document GF/B21/17 at www.theglobalfund.org/en/board/meetings/twentyfirst/documents.

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3. NEWS: Gender Criteria Developed for Review of Round 10 Proposals

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The Technical Review Panel (TRP) has been provided with a "gender criteria checklist" for use in reviewing Round 10 proposals. The checklist, which was prepared by the Global Fund's gender equality unit, is designed to help the TRP assess the gender-related components of submitted proposals.

The checklist is reproduced below. Applicants submitting proposals in Round 10 would be well advised to refer to this checklist as they prepare their proposals.

Gender Criteria Checklist

CCM Composition

- How has the CCM responded to questions related to involvement and inclusion of gender expertise and representatives of organizations working with women and girls and on sexual minorities?

Proposal Content

- Does the proposal include gender disaggregated epidemiological data?
- Does the proposal reference gender norms, facts, practices, attitudes and beliefs that are key drivers of the diseases?
- If the proposal explores gender dimensions, does it then suggest a clear programmatic intervention?
- If an intervention is proposed, is there a clear budget allocated for the intervention?
- If an intervention is proposed, are there clear indicators to track progress?

Process, Capacity and Representation

- Do Global Fund applicants include women and girls and sexual minority groups and concerns in the proposal development process?

Addressing the short-term needs

- Do Global Fund proposals address immediate health and welfare needs of women and girls, men who have sex with men (MSM), transgender, and female, male and transgender sex workers – especially in relation to HIV and STI prevention, care and treatment?

Addressing the long-term needs

- Do Global Fund proposals address structural and rights-based issues, including harmful laws and institutional stigma and discrimination that if addressed, would improve access to improved health outcomes for MSM, transgender, and female, male and transgender sex workers?

Improving the evidence base

- Do Global Fund proposals seek to strengthen the current evidence base on women and girls, MSM, transgender, and female, male and transgender sex workers?

Community Strengthening

- Do Global Fund proposals seek to strengthen the capacity of community-based organizations working on gender equality and gender and sexual diversity?

The information for this article has not been published; it was provided to GFO by the Global Fund Secretariat. However, the questions in the checklist reflect guidance published by the Global Fund in two Information Notes: "Assessing Women, Girls and Gender Equality," and "Sexual Orientation and Gender Identities in the Context of the HIV Epidemic," both of which are available at www.theglobalfund.org/en/applicationfaq.

Further useful (but not Global Fund-specific) information is available in five publications about working with communities on gender and sexuality, published by the International HIV/AIDS Alliance. See www.aidsalliance.org/NewsDetails.aspx?id=581.

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4. NEWS: WHO Issues Technical Brief on Addressing Gender Inequalities in Global Fund Proposals

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The World Health Organization (WHO) has released a technical guidance brief on "*Addressing Gender Inequalities: Strengthening HIV/AIDS Programming for Women and Girls*" in Global Fund proposals. The information in the seven-page brief is designed to support the development of proposals to improve access to, and the quality of, HIV prevention, treatment and care programmes for women and girls through approaches that address gender inequalities.

The brief discusses gender-related elements that should be included in a situation analysis (e.g., harmful gender norms and practices, violence against women, lack of economic security, lack of education for girls). The brief also provides a list of essential elements for gender-responsive programming, as well as examples of strategies and activities for (a) standard HIV/AIDS interventions; and (b) broader interventions that promote gender equality.

Examples of strategies and activities for standard HIV/AIDS interventions are: providing skills to women and girls to negotiate safe sex; behaviour change communication strategies that target harmful gender norms and practices; and reducing barriers faced by women in accessing HIV/AIDS services. Examples of strategies and activities for broader interventions that promote gender equality are: working with law enforcement to respond to violence against women; providing economic opportunities to women; and keeping girls in school and making schools safe for them.

The brief provides links to other relevant resources.

"*Addressing Gender Inequalities: Strengthening HIV/AIDS Programming for Women and Girls*" is

available at www.who.int/hiv/pub/toolkits/2-1a_Gender_Oct08EN.pdf.

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5. NEWS: Global Fund Releases Comprehensive CSS Framework

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When preparing their proposals for Round 10, applicants will need to work closely with community organisations and actors to identify which community system strengthening interventions need to be funded. This is one of the key messages contained in "*Community Systems Strengthening Framework*," an 81-page document released by the Global Fund when it released its Round 10 documents on 20 May 2010.

The CSS Framework was developed by the Global Fund in collaboration with a range of other organisations. Feedback on a draft of the CSS Framework was obtained through meetings, workshops and an online consultation.

The CSS Framework document says that the goal of CSS is "to achieve improved health outcomes by developing the role of key affected populations and communities, and of community based organisations, in the design, delivery, monitoring and evaluation of services and activities related to prevention, treatment, care and support of people affected by HIV, tuberculosis, malaria and other major health challenges."

According to the Framework, CSS is "an approach that promotes the development of informed, capable and coordinated communities and community based organisations, groups and structures."

The CSS Framework document says that while community organisations and networks have a "unique ability to interact with affected communities," in order to have real impact on health outcomes "they must have effective and sustainable systems in place to support their activities and services." The focus of the Framework, therefore, is on strengthening community systems for scaled-up, quality, sustainable community based responses. This includes strengthening community groups, organisations and networks, and supporting collaboration with other actors and systems, especially health, social care and protection systems.

The CSS Framework document provides definitions of key terms, including "community systems" and "key affected populations." The report acknowledges that it is difficult to come up with a single or fixed definition of the term "community," but says that "broadly, communities are formed by people who are connected to each other in distinct and varied ways.... Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values."

The CSS Framework is organised around six core components of CSS:

1. **Enabling environments and advocacy** – including community engagement and advocacy for improving policy, legal and governance environments.
2. **Community networks, linkages, partnerships and coordination.**
3. **Resources and capacity building** – including human resources with appropriate personal, technical and organisational capacities, financing (including operational and core funding) and material resources (infrastructure, information and essential medical and other commodities and technologies).
4. **Community activities and service delivery.**
5. **Organisational and leadership strengthening** – including management, accountability and leadership for both organisations and community systems.
6. **Monitoring and evaluation, and planning** – including M&E systems, situational assessments, evidence-building and research, learning, planning and knowledge management.

For each core component, one or more service delivery areas (SDAs) are recommended (similar, but

not identical, to the SDAs that the Global Fund has traditionally used). For each SDA, a rationale for doing programming in that area is provided; examples of activities are listed; and one or more CSS-specific indicators are recommended and described in detail. There are 27 such indicators, developed as part of the consultation process for the development of the CSS Framework.

The CSS Framework document also includes a chapter describing a 12-step approach to developing a system for CSS interventions.

CSS and the Global Fund

In a chapter devoted to CSS in the context of the Global Fund, the Framework document points out that the Global Fund encourages applicants to routinely include CSS interventions in proposals, based on analysis of existing resources and the gaps and weaknesses that need to be addressed. The CSS Framework document encourages applicants to consider CSS as an integral part of assessments of disease programmes and health systems, and to ensure that they identify those areas where the full involvement of the community is needed to improve the scope and quality of service delivery, particularly for those hardest to reach.

Applicants may include CSS-related interventions in their disease-specific proposal or under the HSS cross-cutting section of the proposal form. The CSS Framework document says that HIV, TB or malaria proposals should not only include CSS interventions specific to the disease being applied for, but also general CSS interventions, wherever possible.

The Framework document says that because CSS particularly targets affected communities, CSS interventions should be harmonized across the three disease components whenever possible, and overlap should be avoided. This means that HIV, TB and malaria programmes need to coordinate their efforts.

The CSS Framework document recommends that applicants take the following steps before and during the proposal development process:

- Create an enabling environment for the participation of all stakeholders in the development of the proposal.
- Read the Global Fund proposal form and guidelines thoroughly and consider how, in every part of the proposal, communities can be strengthened.
- Gather together all relevant experts, stakeholders and sectors and determine a system by which each can engage in proposal development (either through a proposal development committee, technical working groups or through organised consultations).

The "Community Systems Strengthening Framework," May 2010, is available at www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf.

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6. NEWS: Toolkit Released on Incorporating HSS in Round 10 Proposals

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A new toolkit for use in preparing Round 10 proposals contains information on how countries can use funding from the Global Fund to support health systems strengthening (HSS) activities. It also contains information on technical support providers that are available to assist applicants in developing proposals that address HSS.

The "Toolkit for Using Round 10 of the Global Fund for Health Systems Strengthening" was produced by Physicians for Human Rights (PHR) and the Health Workforce Advocacy Initiative, in collaboration with Health Systems 20/20. The toolkit includes background information on health systems and on community systems strengthening, summaries of several of the most significant examples of HSS in Round 9, and an updated version of PHR's own guide on using the Global Fund to support HSS. The toolkit also contains materials to assist countries in (a) developing rigorous, human rights-based strategies to address health workforce and health systems challenges, and (b) building human

resource management capacity.

Eric Williams, of PHR, told *GFO* that in previous Global Fund rounds, applicants have used the Global Fund to support many cross-cutting health system needs, such as increasing the number of nursing tutors and expanding health training institutions, paying for health worker salaries and incentives, creating safer working conditions for health workers, rehabilitating health facilities, improving health information systems, and training district management teams in developing comprehensive district health plans. Williams said that countries can use, and have used, the Global Fund to cover funding gaps in existing health workforce plans and other aspects of their national health strategies. Williams added that "Round 10 provides an opening for even more countries to take advantage of this opportunity to support HSS, thus contributing to improved outcomes for the Global Fund's three priority diseases and to the population's health overall, including maternal and child health."

The "Toolkit for Using Round 10 of the Global Fund for Health Systems Strengthening" is available at: <http://physiciansforhumanrights.org/right-to-health/globalfund-round10.html>.

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7. NEWS: Global Fund Launches "Born HIV Free" Campaign to Rally Public and Donor Support

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The Global Fund is hoping that its Born HIV Free campaign will not only mobilise public support for a world where no child is born with HIV, but will also persuade donor countries to give more to the Fund at the Third Replenishment meeting in New York on 4-5 October 2010. The Global Fund and UNAIDS have said that elimination of HIV transmission from mother to child by 2015 is possible if governments continue to invest adequately in the fight against HIV/AIDS.

The core of the primarily web-based Born HIV Free campaign is a series of short live and animated videos intended to inspire people to sign up online in support of The Global Fund's mission. The public spokesperson for the campaign is Carla Bruni-Sarkozy, a Global Fund Ambassador, and wife of the President of France, Nicolas Sarkozy. Bruni-Sarkozy said in a statement, "It is heartbreaking that over 400,000 babies are born with HIV every year even though we have the medical means and the expertise to prevent this."

In a press release, the Global Fund said that the campaign has been designed to work across digital and traditional media, and that it "brings together several major companies who have joined up as official partners in support of the Global Fund: Google, JC Decaux, Jean-Paul Gaultier, MSN, Orange, Tiffany & Co. and YouTube which will be a major platform for the campaign." The campaign is operating in several languages.

To check out the Born HIV Free website and to sign up: www.bornhivfree.org.

To see the videos on YouTube: www.youtube.com/bornhivfree.

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8. NEWS: Global Fund Releases New Performance Data

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As of June 2010, 5.7 million lives have been saved as a result of programmes supported by the Global Fund, according to estimates recently released by the Fund. The Global Fund calculates that this means that another 4,000 deaths are averted every day.

These saved lives resulted from actions that included 2.8 million people receiving antiretroviral (ARV) therapy (up 22% from June 2009); seven million new smear-positive TB cases being detected and treated (up 30%); and 122 million bed nets being distributed (up 39%).

Programmes supported by the Global Fund have produced the following additional results: 2.3 billion condoms have been distributed; 930,000 HIV-positive pregnant women have received a complete course of ARV prophylaxis to reduce mother-to-child transmission; 120 million HIV counselling and

testing sessions have been conducted; and 4.9 million basic care and support services have been provided to AIDS orphans and vulnerable children.

"In less than a decade, the Global Fund has gone from an idea to a highly efficient tool to turn donor resources into lives saved," said Prof. Michel Kazatchkine, Executive Director of the Global Fund. "If donors provide sufficient resources, by 2015 we could virtually eliminate transmission of HIV from mother to child, dramatically reduce deaths from AIDS and prevent millions of new HIV infections, and achieve significant declines in TB prevalence and mortality."

The information for this article was taken from "2.8 Million People on AIDS Treatment Through Global Fund Investments," a press release issued by the Global Fund, at www.theglobalfund.org/en/pressreleases/?pr=pr_100608.

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END OF NEWSLETTER
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This is an issue of the *GLOBAL FUND OBSERVER (GFO)* Newsletter.

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