Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 218: 7 June 2013

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See section near the end of this newsletter listing additional articles available on GFO Live.

ARTICLES:

1. NEWS: Kazakhstan CCM Details Plans for Country Dialogue and Concept Note Development

Kazakhstan is one of the six early applicant countries in the transition phase of the new funding model (see GFO article). It will be submitting a concept note for its TB programmes. The Kazakhstan country coordinating mechanism (CCM) has been told that it is eligible to apply for $34 million in indicative funding for three years (2014–2016), and that this amount may be adjusted upwards by an additional $4.83 million during the country dialogue.

The CCM may also compete for incentive funding; $29 million has been designated for incentive funding for all early CCM applicants for 2014. Additional incentive funding may be available for 2015–2016.

The process of developing the concept note to access this funding is happening in parallel with two related processes in Kazakhstan: (1) a plan for reforming TB services in both the civil and penitentiary sectors; and (2) the development of a new national TB strategy.

At a special meeting of the Kazakhstan CCM on 16–17 May, the focus of the concept note was discussed, as were the TB services reforms. At that same meeting, a seven-person working group was established to develop the concept note and an action plan was adopted. Of the seven people on the working group, only one is a CCM member (a representative of key populations). Of the other six members, four are from government, one is from a multilateral development agency and one is from an NGO.

The country dialogue process to collect information for the concept note started on or before the May CCM meeting and is scheduled to continue through 20 July. The process includes soliciting submissions for inclusion in the concept note; organising focus groups; interviewing key informants; and organising a round table of stakeholders.

Focus groups will be held with individuals in organisations providing TB services in penitentiaries; patients receiving TB treatment at home; migrant workers; NGOs; and physicians providing outpatient care.

The round table will review submissions and the results of the focus groups and interviews.

Staff from the Global Fund Secretariat are expected to visit Kazakhstan on 17–29 June to discuss the development of the concept note. The staff will also review progress in the development of the new national TB strategy and the TB services reforms.

A preliminary draft of the concept note will be developed by 27 June. On that day, the CCM will meet to review the draft. By the beginning of July, the preliminary draft will be submitted to the Global Fund Secretariat for initial review by the Technical Review Panel (TRP).

After the preliminary draft is submitted, the working group will continue working on the concept note. By the third week of September, the CCM is expected to decide which principal recipients will be nominated. The final concept note will submitted to later than 15 November (and will again be reviewed by the TRP).

See GFO article for a description of the country dialogue and concept note development processes in three other early applicant countries.

[This article was first posted on GFO Live on 6 June 2013.]

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2. NEWS: Global Fund Board Decides Not to Approve Funding for Phase 2 of Guinea-Bissau HSS Grant

Little impact, poor value for money among the reasons cited

The Global Fund Board will not approve funding for Phase 2 of a Round 8 health systems strengthening (HSS) grant in Guinea-Bissau. The Board's No-Go decision follows notice of an intent to recommend a No-Go for this grant provided by the Global Fund Secretariat in October 2012 (see GFO article).

In deciding not to approve funding, the Board was acting on a recommendation from the Grant Approvals Committee (GAC). The GAC said that the HSS grant had little impact and did not represent value for money, and that there were serious programme and financial management issues. The GAC gave other reasons for its recommendation, including the following:

- Additional funding from the World Bank and the African Development Bank for the programmes supported by the Global Fund dried up after the military coup d'état in April 2012.
- There were weak programmatic linkages between the HSS grant and Guinea-Bissau's disease grants.
- There was weak political commitment, which impacted negatively on sustainability of the programmes funded by the grant.

The No-Go decision has to be viewed in the context of the overall Global Fund portfolio in Guinea-Bissau. According to the Global Fund website, apart from the HSS grant, there are three active grants in Guinea-Bissau, one for each disease. In July 2012, the General Manager of the Global Fund invoked the Additional Safeguard Policy (ASP) due to the increased political instability following

the coup d'état; the fact that government established after the coup was not being recognised internationally; a heightened security environment; weak management capacity of implementers; financial irregularities; and limited oversight by, and weak capacity of, the country coordinating mechanism (CCM).

To mitigate the risks, the Secretariat took specific measures under the ASP, including transferring management of the grants to a new principal recipient (PR), the United Nations Development Programme (UNDP); and implementing a "zero cash" policy for all sub-recipients (SRs). The "zero cash" policy means that the PR (or the fiscal agent) makes direct payments to vendors of goods and services, rather than transferring funds to SRs for this purpose.

Other actions taken by the Secretariat under the ASP were putting a fiduciary and procurement agent in place; requiring that SRs be approved by the Secretariat; and scaling down to priority services for prevention, treatment, care and support for the three diseases.

The Secretariat considered that the activities in the HSS grant went beyond the scope of priority services. Furthermore, given the high level of risk associated with the portfolio, the Secretariat deemed it inappropriate to further expose Global Fund investments to the level of risk associated with the HSS activities in the grant.

The Secretariat said that over the past six months it has been working on getting the grant portfolio back on track. Once the security environment improved, the Secretariat was able to undertake missions to Guinea-Bissau in December 2012 and February 2013. These missions permitted the Secretariat to meet with the CCM, PRs and in-country partners to discuss how the Global Fund portfolio could be revitalised.

According to the Secretariat, the country's malaria and TB grants went through the renewals process, during which the GAC recommended additional funding (see GFO article on the renewal of the TB grant). In addition, the HIV/AIDS grant will receive money starting in January 2014 from a successful Transitional Funding Mechanism proposal.

The Secretariat believes that even without the HSS grant, sufficient funding will be in place to balance the country's high risk profile with the obligation to finance priority interventions for the three diseases.

After issuing its No-Go intent in October 2012, the Secretariat received a response from the CCM. The Secretariat said that the CCM's response "did not adequately address a number of fundamental financial management weaknesses." The Secretariat added that the CCM did not present enough evidence that the grant was having an impact or that the political commitment had increased.

The Secretariat said that there are recurrent challenges in Guinea-Bissau's health system in the areas of infrastructure and amenities, human resources, M&E systems, supply chain management and quality of services. Fiduciary and SR management risks continue to be an issue, the Secretariat said. These risks include procurement and tendering anomalies, non-approval of bank reconciliations, use of a manual accounting system, incidences of ineligible expenditures, inadequate fixed asset management and general financial management control weaknesses.

The Secretariat added that M&E continues to suffer from poor data quality, lack of mechanisms for data analysis and validation, and the fact that the data submitted is incomplete and late. Finally, the Secretariat said, there are still procurement issues, including lack of transparency in the acquisition of goods and services, as well as general weaknesses in the entire supply chain.

Information for this article was taken from Board Decision B28-EDP-23 and from B28-ER-17, the Report of Secretariat Funding Recommendations for May 2013. These documents are not available on the Global Fund website.

[This article was first posted on GFO Live on 4 June 2013.]

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3. ANALYSIS: The Evolution of "Country Ownership" at the Global Fund

"Country ownership" has been one of the core principles of the Global Fund since it was created in 2002. The Fund's Framework Document says: "The Global Fund will base its work on programs that reflect national ownership and respect country-led formulation and implementation processes." The Fund's Who We Are brochure says: "The Global Fund model is an innovative approach, based on the principle of country ownership."

But what does "country ownership" mean? For years, this is the way Aidspan has been describing it:

> "The Global Fund is country-driven. This means that the Fund does not say, in effect, 'We will give you a grant if you use it in the way that we instruct.' Instead, its message is, 'What will you do if you receive a grant? What results will you achieve? If we believe that you can indeed achieve those results, if we believe that the results represent good value, and if we have enough money, we'll give you the grant.' Thus, it is the applicant, not the Fund, who proposes what will be done, and the Fund then decides whether to finance those activities."

Is this what "country ownership" meant in the past? Does it still mean that today? This article discusses both questions.

What does "country ownership" mean?

The High-Level Panel that reviewed many aspects of the Global Fund in 2011 said:

> "The Panel has heard the mantra of 'country ownership' invoked to explain and justify almost every aspect of the Global Fund's business model and decision the institution makes. Yet while 'country ownership' is a founding principle highlighted in the Framework Document, there does not appear to be a shared perception – inside or outside the Global Fund – about what the term means in practice."

The report of the High-Level Panel contains a long discussion of what "country ownership" means or should mean for the Global Fund. The Panel said that within the Global Fund Secretariat, "the

constantly reinforced, but hazily defined, ideology of 'country ownership' has bred a culture of passivity in grant management."

The Panel said that a commitment to country ownership does not mean "writing a blank check without communication, follow-up or accountability." It said that country ownership does not mean "applying such a hands-off approach that grantees struggle with implementation when a proactive approach could help relieve bottlenecks." In the Panel's view, country ownership needs to look different from country to country, depending on the ability and willingness of countries to accept and exercise responsibility for Global Fund programmes.

The Panel recommended the Global Fund Board adopt a re-defined statement on country ownership at its November 2011 meeting.

In 2011, the Global Fund produced a Consolidated Transformation Plan (CTP) covering the reforms it was introducing. Large parts of the CTP were informed by the findings and recommendations of the High-Level Panel. The CTP included a project whose objective was "to develop a new definition of 'country ownership' in the context of the Global Fund's risk management framework."

At a retreat of the Global Fund Board on 29 March 2012, General Manager Gabriel Jaramillo said that this project had not yet been completed. Aidspan is not aware of any work having been done on this project since then. Certainly, no new definition of "country ownership" has been adopted by the Board.

According to a report on the retreat, presented to the Board at its 26th meeting in May 2012, Board members believed that "country ownership" needed to be maintained and even strengthened.

How "country ownership" has evolved

In truth, "country ownership" was never interpreted as meaning that the Global Fund should "write a blank cheque." From the outset, limitations were placed on the application of the country ownership principle. One example of this is that the Global Fund required that countries establish multi-sectoral country coordinating mechanisms (CCMs) if they wanted to apply for money. The Fund established minimum requirements which, in theory at least, CCMs had to meet to be eligible for funding.

And almost from the outset, the Fund has used the grant agreement negotiations process to influence the content of programmes supported through Global Fund grants. Some programmes that were in the proposals approved by the Global Fund Board never made it into the signed grants. In addition, the grant agreements impose numerous obligations on principal recipients (PRs). As many PRs can attest, and as Bernard Rivers said in a recent GFO commentary, the grant agreement negotiations "have never been a negotiation between equals; it has essentially been a case of the Secretariat saying "sign it or don't become a PR."

More and more, over the years, the Global Fund has used other methods to influence the content of proposals, sometimes by "strongly encouraging," sometimes by "requiring." These methods include the following:

- The Global Fund establishes the criteria that the Technical Review Panel (TRP) uses to review proposals.
- Through its comments on individual proposals, the TRP lets applicants know what it expects to see in proposals.
- The Global Fund issues guidelines for proposals for each new funding opportunity.
- Through its decisions, the Global Fund Board often issues guidance about what the Fund wants to see in proposals.
- The Secretariat "promotes" reprogramming of grants, particularly at the time of renewal for Phase 2 (or the "next implementation period" for single-stream-of funding grants).

Let's look at some examples. The Round 10 TRP review criteria stated that the TRP looks for proposals that, among other things: use interventions that are evidence-based and consistent with international best practices; give priority to populations most affected and at-risk; address issues of human rights and gender equality; and demonstrate how the proposal will contribute to the strengthening of national health systems.

The following extracts from TRP comments on the weaknesses of individual proposals illustrate how the Global Fund influences the content of proposals:

- "Mass media interventions are very expensive for a concentrated epidemic and do not demonstrate good value for money. In order to reach hard to reach populations, targeted BCC interventions are required."
- "There is no clear strategy to address the fact that 41 percent of HIV infected women are repudiated by their partners. In addition, approaches to ensure gender equality are not adequately described."
- "Although the HIV prevalence is low among the general population and in high-risk groups where this is measured, the proposal does not focus most of its resources on sex workers and their clients, men who have sex with men, or injection drug users. Rather, the majority of prevention interventions are scattered and untargeted."

The Round 10 Guidelines for Proposals informed applicants how some Board decisions affected Round 10, as follows:

> "The Board decisions have been included as new or revised questions in the Proposal Form and/or the explanatory material in these Guidelines. In particular, the applicant is encouraged to consider:
>
> - ensuring a better targeted response to address how the three diseases affect men, women, boys, and girls in different ways;

- ensuring that activities address the needs of sexual minorities, including men who have sex with men; male, female, and transgender sex workers; and transgender persons;
- including interventions focused on community systems strengthening; and
- including activities that address HIV and Tuberculosis in a collaborative way."

For several rounds now, the Fund has strongly promoted the use of dual-track financing (DTF) – i.e., the practice of nominating at least one government PR and at least one non-government PR to implement the grants emanating from a proposal. DTF is not a requirement, but it comes pretty close.

In recent years, the Global Fund has been encouraging reprogramming of existing grants to increase their impact. In 2010, for example, the Fund launched a reprogramming campaign focusing specifically on prevention-of-mother-to-child transmission of HIV (PMTCT). The purpose of this reprogramming initiative was to persuade countries to switch from the use of single dose nevirapine to more effective dual or triple ARV therapy to prevent transmission (see GFO article).

During grant renewal, the Global Fund has gone beyond just promoting reprogramming. When the Global Fund Board recently approved Phase 2 funding for a multi-country HIV grant in Latin America and the Caribbean (see GFO article), the funding was conditional on the grant being completely revamped. The Board was acting on the recommendation of the Fund's Grant Approvals Committee (GAC), which reviews all requests for continued funding. Here is the wording of the condition imposed by the Fund:

> "COPRECOS LAC shall revise the overall strategy and activities proposed for Phase 2. The new strategy shall focus its activities on key populations with high risk of HIV infection. COPRECOS LAC should work together with existing key populations networks (such as REDTRASEX and REDLACTRANS), as implementer partners to promote respect for human rights and to reduce stigma and discrimination in the region.
>
> "The PR shall submit to the Global Fund: (a) a plan detailing the capacity building of COPRECOS LAC with clear deadlines for the transfer of responsibilities to COPRECOS LAC within the Phase 2 period; and (b) a revised work plan and budget that reflects the revised strategy for Phase 2."

In addition, in recent years the Global Fund has become more proactive in terms of trying to influence the funding and programming decisions of national governments. On at least two occasions in 2013, during the grant renewals process, the Global Fund has promoted the idea of sending high-level inter-agency delegations to countries to advocate for changes to programmes and for government to spend more on these programmes. In the case of the renewal of a TB grant to Ukraine, the Global Fund recommended a joint mission to engage in discussions at the highest political level to push for health system reforms, changes in payment models and development of ambulatory care models for TB control (see GFO article).

Most observers would likely say that the efforts made by the Global Fund to influence the content of proposals and programmes are a good thing. In many cases, the Fund was just responding to advocacy efforts by individuals and organisations that want to see a stronger response to the diseases

at country level. But one has to acknowledge that, in the process, the concept of "country ownership" is certainly evolving. Perhaps it will evolve further under the new funding model.

What do you think about the way "country ownership" has evolved? You can use the comment feature at the bottom of the online version of this article (here) to share your views.

[This article was first posted on GFO Live on 31 May 2013.]

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4. NEWS: India Should Assume More Responsibility for Its TB Programmes, Global Fund Committee Says

Board approves funding for next implementation period of three TB grants

Given India's economic status, the government should assume greater responsibility for TB programmes, and should ultimately assume full responsibility.

This view was expressed by the Grant Approvals Committee (GAC) when it approved funding for the next implementation period of three single-stream-of-funding (SSF) TB grants in India. The principal recipients (PRs) for the grants are the Central TB Division (CTD) in the Ministry of Health and Family Welfare (MOHFW); the Southeast Asia Office of the International Union Against Tuberculosis and Lung Disease (IUATLD) ; and World Vision India (WVI).

The GAC said that over the past year, questions have been raised about the sustainability of India's Revised National TB Control Programme (RNTCP). In 2012–2013, the Indian Government contributed only $136 million, which was $44 million short of the projected budget of about $180 million. Health officials expect the gap to grow to $150 million in 2013–2014. The GAC said that in the next implementation period, funding from World Bank and the UK Department for International Development (DFID) will not be available, and that the US Agency for International Development (USAID) is expected to provide only modest amounts of technical assistance support.

Further, the technical partners on the GAC said they were disappointed that it is still necessary for the Global Fund to contribute to funding first-line TB drugs in India.

The GAC recommended that a high-level inter-agency task force be established to engage the country's political leadership. The GAC suggested that the composition of the task force include the Global Fund, the World Health Organization, the World Bank, USAID, the (US) Centers for Disease Control and Prevention, DFID and the Gates Foundation.

The GAC noted that India has more new TB cases annually than any other country. In 2011, out of the estimated global annual incidence of nine million TB cases, 2.2 million were estimated to have occurred in India.

The GAC said that India has made significant progress in TB control and that although performance of the programme varies widely across the country, by most measures the RNTCP has largely

achieved its targets. The RNTCP has entered its third five-year phase of implementation, and is currently focusing on early and complete detection of all cases of TB, including drug-resistant TB and HIV-associated TB. The programme has increased the involvement of the private sector in improving care for TB patients.

The GAC said that all three PRs face challenges in controlling TB in vulnerable groups, including inadequate population coverage, uneven quality of services, and funding gaps for procurement of second-line anti-TB drugs.

In addition, drug procurement has been characterised by frequent delays, due primarily to the requirement for multiple approvals from MOHFW at different stages of the tendering process. This has resulted in periodic shortages or stock outs.

Finally, the quality of laboratory services and inventory management practices has been poor.

The GAC listed several objectives that it said should be prioritised in the next implementation period, including: (a) to expand TB notification rates; (b) to expand multiple-drug-resistant TB diagnosis and treatment; (c) to address TB/HIV co-infection, with particular attention to increasing the percentage

of TB patients who are tested for HIV; and (d) to invest in urban care models in order to reach more vulnerable and marginalised people, especially in urban slums.

The Global Fund Board approved incremental funding in the amount of $171 million for the grant managed by the CTD; in the amount of $24 million for the grant managed by IUATLD; and in the amount of $4 million for the grant managed by WVI.

Information for this article was taken from Board Decision B28-EDP-22 and from B28-ER-17, the Report of Secretariat Funding Recommendations for May 2013. These documents are not available on the Global Fund website. The Global Fund also recently approved funding for Phase 2 of two HIV grants in Namibia (see GFO article).

[This article was first posted on GFO Live on 4 June 2013.]

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5. NEWS: Few Programmes Target Gay Men, Other MSM and Transgendered in Southern Africa, Study Says

Despite the Global Fund's progressive policies on the inclusion of gay men, other men who have sex with men and transgender individuals (GMT) in programmes supported by the Fund, only a tiny fraction of the money spent by the Fund in six countries in Southern Africa has targeted this population.

This is one of the conclusions of a new study from the Foundation for AIDS Research (amfAR) and the Center for Public Health and Human Rights at the John Hopkins University School of Public Health.

The study examined funding from the Global Fund, the US government and national governments – and the implementation of programmes for GMT – in Botswana, Malawi, Namibia, Swaziland, Zambia and Zimbabwe. The study found that less than one tenth of one percent of the $1.5 billion spent by the Global Fund on HIV programmes in these six countries in Rounds 1–10 and in the Transitional Funding Mechanism round supported the GMT population. Moreover, the study found, the majority of this support was concentrated in just one of the six countries (Namibia).

According to the report on the study, although the HIV epidemic among gay men and other men who have sex with men (MSM) is expanding, programmes often neglect this population. "Stigma and discrimination against MSM flourish with impunity in countries that receive significant donor funding for HIV," the report said.

Although national planning documents and donor funding agreements mention MSM, little programming actually exists, the report said. "GMT struggle to obtain the most basic health services. They are isolated, criminalized, blackmailed and beaten."

In addition, the report said, little to no attention is paid to the needs of transgender people.

Citing UNAIDS, the report said that national governments currently spend almost no money on programs for GMT. "This leaves a patchwork of isolated interventions sponsored by international donors that is inadequate to prevent further expansion of the epidemic."

According to the report, there were 29 HIV proposals submitted to the Global Fund by these six countries, of which 19 were approved. Of the approved proposals, 58% percent made no mention of MSM; 32% mentioned MSM but did not include any specific activities targeting MSM; and 11% – only two proposals – contained activities targeting MSM.

The report said that the Technical Review Panel has noted the exclusion of GMT from submitted proposals since at least Round 9. In its report on the Transitional Funding Mechanism, the TRP said:

> "Activities for most-at-risk populations (MARPs) were often reduced in scale or removed altogether under TFM…. There were reductions in targets associated with MARPs, which for the most part are poorly monitored and absent from performance frameworks. In some cases, activities mentioned in the proposal were not included in the budget even though listed as a priority."

The report said that the Global Fund needs to operationalize its policies and strategies on GMT. The Sexual Orientation and Gender Identity (SOGI) strategy needs a workplan, staffing, money and priority, the report said.

In addition, the report said, the needs of GMT should be embedded in the new funding model.

The title of the report on the study is "Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa." This is the second of a series of studies on GMT. The report on the first study was summarised in a GFO article here.

[This article was first posted on GFO Live on 4 June 2013.]

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6. NEWS: Global Fund Joins Pledge Guarantee for Health

The Global Fund is participating in an initiative to leverage private sector funding to speed up delivery of, and expand access to, health products such as contraceptives, bed nets and medicines. The initiative is called the "Pledge Guarantee for Health."

According to a GBCHealth news release, the heads of the Global Fund, the US Agency for International Development (USAID) and the United Nations Foundation, and Sweden's Global Health Ambassador, announced a "deepening" of the existing Pledge Guarantee for Health at the annual GBCHealth conference in New York on 15–17 May.

According to a Global Fund news release, USAID and the Swedish International Agency for Development Cooperation are providing a five-year partial guarantee to help speed up the procurement of essential medicines and health supplies by governments and civil society partners. "In collaboration with commercial banking partners, this partial guarantee enables the Pledge Guarantee for Health to access $100 million in credit that, over 5 years, can mobilize tremendous lending capacity."

The way that the Pledge Guarantee for Health works is somewhat complicated. Here is a simplified example:

1. A donor has an existing commitment to a recipient for certain health commodities.
2. A bank extends a line of credit to purchase the commodities and sends a letter of credit to the supplier.
3. The supplier ships the commodities to the recipient.
4. The bank pays for the commodities after receiving an invoice from the supplier.
5. The donor sends money to the bank to cover the amount of the purchase.

Although the process is complicated, the end result is that the health products are delivered faster than if the recipient had to wait for funds from the donor before placing its order.

Christopher Game, the Global Fund's Chief Procurement Officer, told GFO that the Pledge Guarantee for Health "will allow us to make longer term commitments and smooth out demand."

Being able to make longer term commitments will significantly reduce prices, he added.

The first use of the PGH will be for the purchase of long-lasting insecticide-treated nets as the Global Fund gears up to meet what is expected to be very high demand in 2014, Mr Game said.

[This article was first posted on GFO Live on 1 June 2013. It was amended on 3 June to add the comments from Christopher Game.]

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7. NEWS: EHRN Consultation Enters Second Stage

The Eurasian Harm Reduction Network (EHRN) has launched the second stage of its online consultation on the development of its regional HIV project. The project will be submitted to the Global Fund for funding; EHRN is one of the three regional early applicants in the transition phase of the new funding model.

The project will focus on harm reduction in Eastern Europe and Central Asia (EECA).

The first stage of the consultation involved getting input on the goals, objectives and core activities of the regional project, as well as on the benefits of this type of project for the EECA region. The deadline for input for this stage was 27 May.

In the second stage, EHRN is seeking feedback on the criteria for selecting the EECA countries that will participate in the project. The deadline for input for the second stage is 3 June. The survey questionnaire is available at http://j.mp/Country_Prioritization_Criteria_ENG.

Results of the online consultation will be presented at a regional in-person consultation which will take place on 13–14 June in Vilnius, Lithuania. A report on the consultation process will be prepared following the regional meeting.

Further information can be obtained from Sergey Votyagov or Ivan Varentsov, the focal points at the EHRN Secretariat for the regional application.

Source: General circulation email of 27 May 2013 from Ivan Varentsov.

[This article was first posted on GFO Live on 29 May 2013.]

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8. NEWS: Peter van Rooijen Honoured for Outstanding Service

Peter van Rooijen, a prominent international AIDS activist and leader in global health, has been honoured by the Dutch royal family. Peter has been appointed Officer of the Order of Orange-Nassau, an award bestowed for outstanding service to the community.

Peter has been working in HIV/AIDS for 32 years. Since 2006, he has headed International Civil Society Support (ICCS), an organisation that he founded. ICCS facilitates a partnership of 11 global civil society and community HIV networks. Peter also leads the Global Fund Advocates Network (GFAN), which brings together more than 300 individuals and organisations in support of resource mobilisation for the Global Fund.

Peter's involvement in HIV/AIDS work began in 1984, when he started as a volunteer, and then worked as a psychotherapist and director of Care Services at the Schorer Foundation in the Netherlands.

In 1992, Peter started working for the Dutch National Committee on AIDS Control, an advisory committee to the government. He was subsequently appointed as Director of Aids Fonds, an organisation that supports HIV/AIDS activities in the Netherlands and scientific research and access to treatment in developing countries.

Peter served as Executive Director of Aids Fonds from 1993–2005 and initiated "STOP AIDS NOW!", a joint initiative with four other development agencies aimed at boosting the Netherlands' international response to the HIV/AIDS pandemic.

From 2005 to 2007, Peter served on the Board of the Global Fund as a member representing developed country NGOs. In that capacity, he was also a member and later Chair of the Finance and Audit Committee. He is still actively involved in the work of the delegation.

Peter received the award from the Dutch Minister for International Trade and Development Cooperation, Lilianne Ploumen, at a ceremony on 1 June in the presence of Her Royal Highness Princess Mabel.

"I am honored and humbled by this award, which is a tribute to the work of many, many people who have contributed to the enormous progress that has been made in fighting HIV/AIDS," Peter said.

Information for this article was taken from a post on the website of HIV Vereniging Nederland, and from a Global Fund news release.

[This article was first posted on GFO Live on 4 June 2013.]

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9. NEWS: Global Fund Project in Zimbabwe Uses Technology to Improve Data Collection

Similar projects are underway in many other countries

A project being implemented under a Global Fund grant will improve Zimbabwe's health information systems by providing Internet connection infrastructure for 82 urban and rural sites. The Zimbabwe project is just one of many similar projects around the world where modern communications technology is being used to enhance data collection.

The project is part of a Round 8 health systems strengthening grant to Zimbabwe for which the principal recipient (PR) is the United Nations Development Programme (UNDP). The project is designed to improve the availability of timely quality health data, which is critical for planning, implementation and monitoring of health programmes in Zimbabwe.

The project is a response to weaknesses in Zimbabwe's data collection systems. An example of these weaknesses is the fact that medical reports have not been transmitted on time from the district and provincial levels to the national level because of a poor fixed telephone line network and the unavailability of an Internet connection. A 2010 study reportedly revealed that only one-third of the districts in Zimbabwe have access to email.

In 2011, with support from UNDP and the Global Fund, the Ministry of Health commissioned a study to assess the specific Internet connectivity needs of 82 sites comprising district and provincial offices. The assessment identified broadband technology options that are available and can be installed at each of the 82 sites. The CCM endorsed the findings and built the recommendations of the assessment into its proposal for Round 8. The proposal was approved for funding.

Marcela Rojo, a spokesperson for the Global Fund, told GFO that the Fund encourages recipient countries to use part of the funds for health systems strengthening to improve information systems.

"Across Africa, health information systems require strengthening to enhance monitoring of disease trends, Ms Rojo said. "To maximize the quality of data and the reliability of results, the Global Fund and partners are addressing common weaknesses in in-country data management and health information systems."

Other countries

In Swaziland, the recipients of Global Fund malaria grants use an immediate disease notification system which allows health workers to report confirmed malaria cases by calling a toll-free number. The system has significantly improved reporting by health facilities. In addition, centralised data collection has reduced the administrative burden on health care workers and has strengthened information systems.

In Colombia, financing from the Global Fund has supported the piloting of a system which reads

malaria rapid tests and sends results to the central disease surveillance system – thus minimising human error and reporting delays. The data is transmitted through the Internet.

In Nigeria, the Global Fund and its partners supported the government's roll-out of a Logistics and Health Program Management Information Platform. This system transmits routine HIV data from 215 service delivery points to the national level by using mobile phone technology, while also sending key programme and logistics information back to the field.

[This article was first posted on GFO Live on 22 May 2013.]

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10. NEWS: OIG Rates Management of Grants in Republic of Congo As "Not Satisfactory"

Expenditures of $3.7 million not adequately supported, OIG says

The management and implementation of Global Fund grants in the Republic of the Congo is "not satisfactory." This is the main conclusion of an audit of five grants to the Republic of Congo undertaken by the Office of the Inspector General (OIG).

A rating of "not satisfactory" by the OIG means that "controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and the Global Fund's strategic objectives should be met."

The audit focused on five grants implemented by three principal recipients (PRs): the Secrétariat executive permanent du Conseil national de lutte contre le VIH et le SIDA (SEP/CNLS) (HIV, Rounds 5 and 9); the Ministry of Health and Population of the Republic of the Congo (MOHP) (Round 8 TB and Round 8 malaria); and Médecins d'Afrique (Round 8 malaria).

The total value of the five grants was $82.2 million, of which $47.9 million had been disbursed at the time of the review. Field work for the review was conducted between 5 November and 14 December 2012.

As it has done in other recent audits, the OIG applied a rating for each of four functional areas reviewed in the audit. The table below shows the ratings for the Republic of Congo audit, along with the OIG's summary observations.

The audit identified $3.7 million in expenditures for which there was insufficient documentation. Of this amount, $1 million concerned direct expenditures by the three PRs, and $2.7 million involved expenditures by sub-recipients under the Round 5 HIV grant managed by SEP/CNLS. The OIG said that it is up to the Global Fund Secretariat to determine whether some or all of these amounts should be repaid.

The OIG said that weaknesses in procurement led to a lack of competition and transparency in non-health procurements worth $1.4 million. The OIG added that these issues have been referred to the OIG's Investigations Unit for follow up. This means that the OIG suspects that some funds may have been misappropriated.

Table: OIG ratings and comments by functional area

Functional area	OIG rating	OIG comments
Oversight and governance	Major improvement needed	There is a need to improve governance and oversight, particularly around enhancing the make-up of the CCM's oversight committee and improving the management of conflict of interest.
Grant management	Major improvement needed	Significant weaknesses in financial controls, particularly at sub-recipient level, have led to high levels of undocumented expenses.
Programme implementation	Major improvement needed	Both national HIV and TB programs have performed adequately in terms of care and treatment; however, improvements are required in training and implementation for HIV/TB collaborative activities. There is a need to move to a more strategic public health approach (targeting key interventions and high risk populations) to maximize the impact on all diseases.
Procurement and supply chain management	Not satisfactory	Weaknesses in health procurement and supply chain management were noted in all PRs audited. Improvement is required on quality assurance, drug supply and compliance with national rules and the WHO's Model Quality Assurance System. The coordination of procurement between the Global Fund and government requires significant improvement. For non-health procurement, controls evaluated were not adequate, appropriate, or effective, and could expose the grants to the risk of fraud and corruption.

The OIG put forward 11 recommendations, two of which were rated "very high" priority. The very high priority recommendations were as follows:

- The National Malaria Control Program should work with technical partners to establish a National Strategic Plan for 2013–2017 to incorporate strategic measures to maximize impact.
- The PRs should work with the national programs and WHO to establish a "Medicines Committee." This committee should oversee the establishment of a national quantification and forecasting process and ensure coordination between the government, Global Fund-supported programs, implementing partners and the Central Medical Stores. The committee should facilitate the sharing of consumption, distribution and morbidity data, and support efforts to conduct joint forecasting and procurement planning.

A summary of the audit findings and recommendations was presented to stakeholders in December 2012. When the Global Fund approved Phase 2 funding for the Round 8 TB grant, it attached a

condition that a national strategic plan for TB must be developed by the end of 2013.

In the OIG's report, the Global Fund Secretariat noted that on 22 February, the Grant Renewals Panel issued a No-Go intent for the two Round 8 malaria grants to the Republic of the Congo (see GFO article). According to the Secretariat, the CCM was due to have submitted a response to the Panel's concerns, and the Grant Approvals Committee (GAC) – which has replaced the Grant Renewals Panel – was to have reviewed the response on 1 May. The Secretariat said that a final decision on this matter was expected by 20 May. GFO has not seen any indication that a final decision has been made.

The OIG's report on its audit of grants to the Republic of Congo is available on the Global Fund website here. The OIG also recently released a report on its diagnostic review of grants to Thailand (see GFO article).

[This article was first posted on GFO Live on 3 June 2013.]

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AVAILABLE ON GFO LIVE:

The following articles have been posted on GFO Live on the Aidspan website. Click on the article heading to view the article. These articles may or may not be reproduced in GFO Newsletter.

NEWS: Phase 2 Funding Approved for Two HIV Grants in Namibia

> Acting on the recommendations of the Grant Approvals Committee, the Global Fund Board has approved funding for Phase 2 of two HIV grants to Namibia. The GAC said that both principal recipients made significant progress in Phase 1, but that they also faced some challenges.

NEWS: Global Fund Joins Pledge Guarantee for Health

> The Global Fund is participating in an initiative, the Pledge Guarantee for Health, which leverages private sector funding to speed up the delivery of health products.

NEWS: Report Advocates an Active Role for the US in the Global Fund Replenishment Drive

> The US should play an active role in the Global Fund's replenishment, with respect to both its own pledge and its diplomatic outreach to other countries, according to a new report from the Center for Strategic and International Studies.

NEWS: Diagnostic Review of Grants to Thailand Finds a Mix of Good Practices and Risks

> A diagnostic review of six grants to Thailand, conduced by the Office of the Inspector General, found a mix of good practices and risks. Programmes providing HIV and TB treatment to the uninsured population are not sustainable because they are not integrated with the national health system, the OIG said.

NEWS: Global Fund Releases New and Updated Information Notes to Assist NFM Applicants

> Of the 15 information notes released recently by the Global Fund, four are completely new and another three have been significantly revised.

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This is an issue of the GLOBAL FUND OBSERVER (GFO) Newsletter.

We welcome suggestions for topics we could cover in GFO. If you have a suggestion, please send it to the Editor of GFO (see contact information below).

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GFO is an independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org). GFO is emailed to nearly 10,000 subscribers in 170 countries at least twelve times per year.

GFO is a free service of Aidspan (www.aidspan.org), a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, and that provides services that can benefit all countries wishing to obtain and make effective use of Global Fund financing. Aidspan finances its work through grants from foundations and bilateral donors.

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