Global Fund Observer

NEWSLETTER

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Independent observer of the Global Fund

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supported programs produced a series of recommendations for the Fund to consider.

4. NEWS: Global Fund offering technical assistance on community, rights and gender

The Global Fund is providing technical assistance to countries needing guidance on how to build community, human rights and gender equity into their concept notes under the new funding model (NFM).

5. COMMENTARY: Pushing the envelope: will the Global Fund's new funding model foster country ambitions?

August will be a moment of truth for those countries finalising their concept notes to obtain Global Fund funding for 2015-17 to fight HIV, TB and malaria. As the new funding model (NFM) is put to the test a key question on many people's minds will be whether it allows countries to create new momentum in the fight against the diseases. However, Médecins Sans Frontières (MSF) is concerned about the risk of missed opportunities from a lack of clarity regarding the NFM, not least in countries where funding allocations greatly contrast with the programmatic ambitions to address people's needs.

6. NEWS: Martin O'Malley announces intention to resign as Global Fund's inspector general

After just over a year in his role as inspector general, Martin O'Malley has announced his intention to resign. Signature accomplishments of his brief tenure include a new system for engaging with stakeholders and the clearing of a backlog of legacy investigations.

ARTICLES:

1. NEWS: Sudan submits consolidated concept note

Lauren Gelfand 15 August 2014

All three disease components plus health system strengthening included in single pitch

Sudan on 15 August marked a historic first for the Global Fund, submitting a consolidated concept note that included all three disease components plus health system strengthening, in order to access the $131 million it was allocated under the new funding model (NFM).

The consolidated approach to accessing Global Fund support is in line with a new national health strategy working towards complete integration of all health services at the primary facility level in the

country of 37 million. Developed in 2012 to run through 2016, the national health strategy aims to ensure universal health coverage through the expansion and decentralization of the primary health care system.

"This was not something initiated by the Global Fund but by the country itself; they realized that in light of their limited resources and the possibility of cost efficiencies, integration and decentralization was the only way forward," said Fund portfolio manager Maxim Berdnikov. "So vertical programs are now working towards integration at all levels, especially with the primary health system, with the goal of ensuring access to quality PHC services for all citizens".

Dr Imad Kayona, director of international health for Sudan's Federal Ministry of Health, explained in an email that a situational analysis showed that the country's health system, including service delivery, was characterized by its fragmentation, which meant that there were multiple and parallel systems for virtually every component of health service delivery including procurement, supply and training. That fragmentation meant that there were missed opportunities throughout the system to provide services to an underserved population.

According to the analysis, 14% of the population of Sudan had no access to health services; further, only 24% of the existing health facilities provide the minimum and basic primary health care package.

Taking its consolidating cues from two other Global Fund implementing countries -- Ethiopia and NFM early applicant Myanmar -- Sudan embarked on a comprehensive review process that included a complete overhaul of its data collection and analysis, recognizing there were substantive gaps in its mapping of disease and population. The review resulted in two costed extensions -- for HIV and for malaria, both of which were approved in April 2014 -- for existing grants so that the work on devising a coherent concept note based on sound data could continue without interrupting service delivery.

"The ultimate goal of all of the data management work was to improve the national strategic response [to all three diseases]," said Berdnikov. "For malaria there is now a comprehensive epidemiological understanding, and a robust approach to addressing the past weaknesses in program delivery. The major data gaps that contributed to the suboptimal prioritization of the HIV program have been resolved. And data collection is continuing in order to understand the high default rate for TB, to identify the weaknesses and update the national strategic plan to deliver better programming for TB services."

Among the data challenges that were overcome, with programs and studies funded by development partners including the Global Fund, was an efficiency-driven streamlining of reporting systems. This helped to improve aggregation and identify the states and localities that were plagued by under-reporting: a function, in part, of the tumult and political upheaval that followed the formal secession of

South Sudan in 2011.

The tumult in Sudan has not, however, ceased since secession. Regular flashes of conflict erupt in three of the most marginalized states in the country -- Darfur, South Kordofan and Blue Nile -- interrupting and at times even suspending service delivery. But where the Fund has a unique advantage in Sudan that it does not in other countries that grapple with conflict and post-conflict scenarios is in its close relationship with the other humanitarian actors providing services either with, or in substitution for, the national health service.

"There's no donor overlord in Sudan like in other countries, and there is an independent billion-dollar Darfur Development Fund that can be used to support health programs, so we always have the possibility of alignment with UN partners and others," said Berdnikov.

With the submission of its concept note, Sudan is now waiting for assessment and review by the technical review panel, a process expected to begin in coming weeks.

Dr Kayona noted that already, the process of entering and implementing the NFM was providing a good opportunity for Sudan, "to further scale-up efforts aiming at bringing programmes together to work in an integrated environment. We believe that to ensure a successful implementation of the integration it is better to start at the planning phase. [We have found that] the challenges and bottlenecks facing the programmes and impacting their abilities to improve their outcomes are similar so the approach to address these challenges should be the same."

Among the programs being established and monitored in the interim, even as service delivery continues, is an effort to improve the workings of the country coordination mechanism, which in the past has been plagued by challenges, bottlenecks and a failure to monitor achievements.

"The CCM has been encouraged to address the issues of community systems strengthening, human rights, equity and access," said Berdnikov. "A legal review for the three diseases, looking at legal barriers to access for key populations was started in May and should be finalized in August, with an action plan ready for grantmaking. So things have improved, and we have things to improve further."

[This article was first posted on GFO Live on 15 August 2014.]

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2. NEWS: Civil society offers recommendations to Tajikistan CCM for HIV, TB concept notes

Tinatin Zardiashvili 15 August 2014

Civil society groups are receiving technical assistance paid for by the Global Fund to help focus the concept note on prevention activities targeting key populations

Representatives from 15 Tajik civil society groups on 6 August presented a series of recommendations on how to ensure key populations are the focus of HIV prevention activities to the country coordination mechanism (CCM), as it prepares its concept note submissions to the Global Fund.

Tajikistan has been allocated some $52.2 million under the new funding model (NFM) to support the execution of the national strategic plan for HIV and TB; the funds are divided almost equally between the two diseases.

The civil society recommendations to the CCM emerged from a meeting organized by the Eastern Europe and Central Asia Union of People Living with HIV (ECUO) at the end of June. The meeting was funded as part of the technical assistance being provided to countries by the Global Fund as they move through the NFM process, which began in Tajikistan in late 2013.

A draft NSP to guide the Tajik HIV response from 2015-2017 has been circulating since June, when it was first presented in a national forum to government and non-governmental stakeholders including civil society.

National data have registered some 5,843 people in Tajikistan living with HIV, although UNAIDS estimates suggest that number could exceed 14,000. There are 1,372 people enrolled in anti-retroviral treatment programs, partially supported by the Global Fund.

The majority of people who inject drugs were infected through the use of previously used and contaminated needles when injecting drugs. Cross-border migration is also thought to be fuelling the spread of the disease, although national data suggest that the number of reported new cases has stabilized since 2012, to under 1,000 new infections reported annually.

Spin Media, a local NGO representing people living with HIV, told Aidspan that despite the illegality of injected drug use and national stigma against economic migrants from around the region, it is these populations who must be at the heart of future Global Fund-supported programming.

Ensuring that Tajikistan uses its concept note to fully express its funding requirements based on real

needs, rather than tailoring the concept note to the allocation, is another critical recommendation from civil society.

"Key populations are excluded from state-finance programs so we need to ensure that they are covered by activities funded by the Global Fund," said Pulod Dzhamalov, executive director of Spin Media and a member of the Tajik CCM. "Addressing the needs of injected drug users, MSM, sex workers and so on will target the major routes of transmission. Funding of harm reduction programs by the Global Fund is also very important."

Tajikistan is the poorest country in Central Asia, with high youth unemployment and a highly mobile population. It relies heavily on external funding to support its response to AIDS, TB and malaria and has the lowest ratio of health workers to population in the entire Eastern European and Central Asian (EECA) region.

The country has made some notable progress in bringing the number of new HIV infections under control; however, it continues to have the highest burden of TB in EECA with an incidence rate of 193 per 100,000 population.

Unlike some other countries in the region, including its main financial backer, Russia, the Tajik government has endorsed opioid substitution therapy (OST) as an effective approach to the scourge of injected drugs, and is directing state funds as well as donor funds towards a scale-up of OST.

A needle-exchange program was launched in 2010 in the Tajik prison system, with financial support from the Global Fund. A pilot OST program is also planned for one of the two prisons in the capital, Dushanbe.

Aleksandra Volgina, the senior advocacy officer of ECUO and a participant in the civil society workshop, said that the CCM has already responded to the civil society recommendations but cautioned that many of them may not be implemented due to funding constraints. A prioritization of the recommended activities is now underway, with ECUO lobbying for community system strengthening to remain at the top of the list, in order to ensure that gender and human rights concerns are addressed. Other top priority programs for ECUO in Tajikistan include mobile testing and diagnostics and peer counselling support.

Meanwhile, discussions on the best way to innovate in the national TB response as Tajikistan moves away from hospital-based treatment to a community-based approach have also continued. A coalition of civil society groups assembled with financial support from the World Health Organization, to be paid by the Global Fund, and led by the local NGO Youth Movement of Tajikistan has sought an entry point into strategy discussions led by the Ministry of Health on how to ensure the doubling of state

funds for TB leads to innovative and high-impact programming and for effective TB control in Tajikistan.

The greater involvement of civil society in strategic discussions about health programming represents a sea change for Tajikistan, which emerged battered and with low institutional capacity and decimated infrastructure from a civil war in 1991 that followed its independence from the Soviet Union.

Such institutional shortcomings drove the decision by the Global Fund to choose non-governmental principal recipients in early rounds of funding: the UN Development Program (UNDP) and Project Hope have been PRs since 2003. Now, however, with extensive capacity- and skills-building underwritten by the Fund among others, government is developing the confidence and the ability to take over PR responsibilities. It is anticipated that government could become a PR under the NFM.

The CCM, too, has undergone a significant overhaul following a 2012 audit by the Office of the Inspector General, which recommended improvements to the CCM's oversight capacity of the grant implementation process and more assiduous monitoring of conflicts of interest within the CCM.

A mission in July 2014 by Grant Management Solutions (GMS) aimed to review the CCM's compliance on eligibility for NFM and also to support the CCM in developing a performance improvement plan. Submission of the HIV and TB concept notes are expected in October.

[This article was first posted on GFO Live on 15 August 2014.]

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3. NEWS: Global Fund urged to review its policies on human rights

David Garmaise 15 August 2014

The Global Fund should examine its position on policies and practices shown to have negative impacts on human rights, including "100% condom use" programs, the detention of TB patients, the use of drug registries, limitation of services for active drug users, forced sterilization, and use of condoms as evidence in court cases.

These were among the recommendations contained in a report on a workshop in Geneva on 23-24 May 2014 on managing the risks of human rights violations in Global Fund–supported programs. Co-

hosted by the Global Fund and the Geneva Academy of International Humanitarian and Human Rights Law, the workshop brought together some 60 participants, including leading experts in health and human rights, technical partners, representatives of networks of key populations and people living with HIV, donors, grant recipients, civil society organizations, scholars and Global Fund board members and staff.

Workshop participants urged the Global Fund to end funding for health programs in drug detention centers. (On 1 July, after a long campaign by human rights advocates, the Global Fund stopped funding and services in drug detention centers in Viet Nam. See GFO article.)

Participants also recommended that the Global Fund not support any programs that include compulsory "rehabilitation" of sex workers or lesbian, gay, bisexual and transsexual persons; and that the Fund ensure that it does not support or promote mandatory HIV testing.

There is a need to distinguish between individual complaints of human rights violations, for which the Global Fund cannot itself provide redress, and policy-level complaints that relate to more systematic practices in Global Fund–supported programming, according to the report. The Fund has a clear responsibility to seek some form of "systemic redress" or improvements in the quality of services in the latter case, they said.

Participants observed that the Global Fund's will achieve impact only if it is able to address structural barriers. A key challenge is to ensure that programs to address those barriers are included in concept notes.

Sufficient time should be allowed to ensure that country dialogues are truly participatory, participants said; therefore, countries should not rush into developing concept notes and civil society should be supported to participate effectively in the country dialogues. Participants cited the example of a recent country dialogue in Cambodia for the TB concept note submitted in June, where civil society participation was facilitated by the Global Fund's country team. Participants noted that country dialogues were often rushed during the transition phase of the new funding model (NFM) and that, as a result, community input into the identification of priority interventions was inconsistent.

Countries lack adequate data on key populations and human rights, including evidence of rights-based interventions (e.g. police training). As a result, participants said, it is difficult for the Technical Review Panel to assess whether proposals adequately address these issues, and it is easy for countries that lack political will to leave important interventions out of the concept notes.

Participants predicted that most applicants will not use the optional human rights module in their concept notes, and that governments will continue to neglect community-based programming. Some

workshop participants urged the Global Fund to impose conditions in grant agreements related to human rights programming. However, others argued against setting human rights conditions because it could backfire and result in retaliation against domestic advocates and discontinuation of services.

The Global Fund was urged to reconsider its approach to withdrawing funding from upper-middle-income countries, where many community-based and key population–led organizations struggle to survive, and where governments often do not prioritize human rights and the provision of services to key populations.

A greater effort should be made by technical partners at the country level to bring civil society, the health sector and governments together on human rights issues, participants said. They noted that the Global Fund and UNAIDS sometimes work in silos, and that much of the good work on human rights is dependent on individual personalities.

A worrying amount of tokenism continues to exist with respect to the involvement of key populations on country coordinating mechanisms (CCM); equally, representatives of these populations frequently struggle because they are not adequately equipped and supported.

Participants noted that fund portfolio managers have relatively little capacity to monitor and respond to rights violations, and need to connect effectively with partners at the county level. However, they added, partners with human rights expertise are themselves under-resourced. A recent report from UNAIDS revealed that 59% of civil society organizations implementing human rights programming have reported decreases in funding.

At a session on harm reduction, one panelist said that although the Global Fund has been the biggest donor to harm reduction, overall funding for harm reduction remains inadequate. For example, global coverage of opioid substitution therapy (OST)is only 8%; antiretroviral therapy coverage for drug users is only 4%; and people who inject drugs receive an average of only 1-2 needles each per month.

With respect to services for people in prisons, participants observed that Global Fund programming is sometimes constrained by national policies that prohibit harm reduction interventions and condoms in prisons. Participants recommended that the Global Fund develop policies with respect to what it expects in terms of prison-based programming, and that the Fund describe the types of programs it will and will not support.

Some participants suggested that the Global Fund become more engaged in advocacy around issues such as prison health, international drug policy, and laws that criminalize key populations. The workshop recommended that the Global Fund decide whether it will systematically and consistently

speak out publicly on human rights violations, or take a more "quiet diplomacy" approach.

Global Fund staff attending the workshop cautioned that many of the recommendations have budgetary implications at a time when resources are tight. The staff said that it will be necessary to determine what is feasible and to "not further burden already over-burdened staff with additional tasks and bureaucratic processes".

The recommendations on drug detention centers and other forms of compulsory treatment, and on health and human rights advocacy, were referred to the Strategy, Investment and Impact Committee (SIIC) for further discussion. On compulsory treatment, the SIIC asked the Secretariat to prepare a policy options paper for the committee to review in October. On advocacy, the SIIC asked the Secretariat to consult with technical partners to identify opportunities for joint advocacy.

Other recommendations have been shared with Secretariat staff and the Human Rights Reference Group.

[This article was first posted on GFO Live on 15 August 2014.]

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4. NEWS: Global Fund offering technical assistance on community, rights and gender

Angela Kageni 15 August 2014

Communities and civil society can now receive support from the Global Fund for activities addressing community, rights and gender challenges

The Global Fund Board on 5 August approved a special technical support initiative on community, rights and gender (CRG) to improve the quality, coordination and integration of information, data and activities useful to enhance community involvement in national planning and decision making.

Managed by a CRG department within the Secretariat, the TA provided will emphasize how to overcome barriers related to human rights, gender and other inequalities. The work supported by the department will also explore how best Global Fund investments are responding to set priorities.

At its 31st meeting in Jakarta in March, the Board approved special initiatives to be undertaken by the

Secretariat in the amount of $100 million, including $15 million in TA on community, rights and gender. It is anticipated that this assistance will help to strengthen engagement by key populations in country dialogue and concept note development.

Countries that are yet to submit their concept notes under the new funding model (NFM) are eligible to apply for this assistance. The third window for submissions closes on 15 August. As of 15 June, 33 concept notes had been submitted.

National-level networks and organizations of civil society, key populations, women or people living with/or affected by the diseases (PLHIV, TB and/or Malaria) seeking TA will be prioritized.

Applications from country coordinating mechanisms (CCMs) will be considered if developed and submitted in collaboration with one of the groups above. Requests for support during grant-making or grant implementation will not be granted.

Requests found eligible by the CRG department will be prioritized, providing support first to organizations that demonstrate they have been unsuccessful in receiving support from other technical partners.

There are three main areas of support from the CRG technical assistance program:

1. **Situational analysis and needs assessments:** The work should produce evidence-informed analyses that respond to the needs of the most-at-risk populations e.g. female sex workers, transgender people and people who inject drugs. The assignments should ensure better access to requisite evidence to articulate what works (or doesn't) for community, rights and gender and how best to address the needs of key populations.

   Activities may include the following: mapping out numbers of key and affected people, translations of key Global Fund documents into local languages; analyses of gender inequalities that may affect Global Fund investments or assessments on gender-focused vulnerability to the three diseases, analyses on supportive legal environments, research on how to capture sex- and age-disaggregated data that proves impact or how to improve community involvement in HIV, TB, malaria and community systems strengthening programs.

2. **Engagement in country dialogue:** The work should ensure that civil society, key populations and communities have the opportunity to engage more substantially in national discussions useful for prioritization and planning; advocating for the inclusion of community, rights and gender related and based responses.

Activities may include the following: caucusing, providing information about the Global Fund new funding model, training on concept note writing or effective programming by civil society implementers, documentation of community sector inputs for submission to CCMs and concept note writing teams, advocacy and legal literacy for concept note preparation and review of developed concept notes before submission.

3. **Supporting program design:** CRG technical assistance can be provided to support communities, organizations and networks design, plan, and budget for programs or interventions for inclusion in concept notes, with a particular focus on community, human rights, gender and key population programming.

Technical experts within the CRG department include civil society and key population network representatives and organizations who were selected through an open tender process.

The unit will liaise frequently with relevant partners and country teams. All selected experts have undergone a lengthy pre-qualification and capacity assessment processes to ensure solid technical expertise in community, rights and gender, with strong focus on the Global Fund's three focal diseases.

Those who seek CRG support may find the request forms on the Global Fund website. Completed request forms should be submitted to CRGTA@theglobalfund.org , along with a detailed workplan and budget for each project.

Approvals will take about 15 to 30 days for simple requests (e.g. desk reviews and rapid analyses); 25 to 40 days for more complex assignments each addressing a single problem (e.g. hosting country dialogue meetings with key populations); and 25 to 50 days for more complex activities addressing more than one major issue (e.g. doing a situational analysis and a number of consultative meetings).

Each completed assignment will be evaluated to capture lessons learned.

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5. COMMENTARY: Pushing the envelope: will the Global Fund's new funding model

foster country ambitions?

Kerstin Akerfeldt and Mit Philips 13 August 2014

The new funding model (NFM) is the crucial opportunity to determine the speed with which countries are able to expand and innovate in their responses to the three diseases and to make up for delays in the scale-up of programs that has been stalled since the cancellation of Round 11.

However, teams from Médecins Sans Frontières (MSF) in a number of countries have observed a lack of clear information and a worrying degree of confusion regarding key features of the NFM. Combining low allocations with this confusion, particularly a lack of clarity around 'full expression of demand,' risks undermining countries in requesting support for the necessary ambitious national strategic plans to scale-up treatment and prevention services for their populations.

Under the NFM, countries receive an envelope or 'allocation' upfront, calculated as a share of the total funds available after the replenishment. A second 'incentive' funding pool makes additional money available through competition among ambitious and strong concept notes. Furthermore, requests for high-quality programming that exceed funding available from those two pools is registered as so called 'unfunded quality demand', for which funds can be obtained as more money comes in from the Fund or other funders. MSF's observations suggest that these additional opportunities to receive funding for high-quality programs that require more resources than the allocation remain poorly understood.

In countries such as Democratic Republic of Congo (DRC) and Guinea, the possibility and even the appropriateness of making requests above the allocation has been questioned. While in fact there is no upper limit as the NFM is designed to encourage full expression of demand, some countries have been recommended to cut down the size of their requests as they were simply considered "too high".

In countries like Malawi and Mozambique, guidance on how to articulate their full expression of demand was unclear. Countries facing serious funding shortfalls, like Mozambique could benefit from the possibility to shorten the implementation period in order to maximize impact of a limited allocation, but have either been discouraged or grapple with its practical modalities.

In countries where allocations are significantly lower than the current needs, full expression of demand is particularly necessary to give the opportunity for strategic investments to become highly effective or innovative approaches. This is not possible if countries and those providing technical assistance are considering the allocation as the only funding pool.

In Malawi, the allocation barely covers anti-retroviral treatment costs, despite the fact that

strengthening the HIV program will require a range of interventions. In Mozambique, the allocation increased compared to previous funding levels, but falls dramatically short of the funding needed to continue the widely supported treatment acceleration plan. The annual amounts in the allocations for Guinea and DRC barely reach the levels of previous years: a period plagued by major constraints and delays in funding flows and implementation. Both countries are in urgent need of a catch-up plan to improve coverage and quality standards.

Let us be clear: low allocations under the NFM are essentially due to the shortfall in funding. They are a result of dividing up the available funds. Crucially, the Global Fund recognizes that allocations do not reflect a country's actual needs, its plans or capacity to realize them, and that the allocations do not take into account continued resource mobilization efforts by the Global Fund and others.

Much time and effort went into creating the formula that generates each country's allocation. However, no matter how sophisticated the formula or set of criteria, this cannot make up for an overall shortfall in funding.

International donor funding for HIV is stagnating at best. To respond by retreating to an allocation-based model that accommodates a declining donor willingness to pay might seem convenient - at least for donors. But lowering ambitions and "hiding" people's needs in funding requests that are constrained by funding, not guided by real needs, sets a dangerous trend for the Global Fund. This would be an acceptance that the urgent needs of patients are taken out of the equation in favour of donors' comfort.

Demand is needed to drive supply, and this is as true within the Global Fund systems as it is elsewhere. Country demand has been and remains a key principle contributing to the Global Fund's success and is preserved within the NFM. It is what distinguishes it from other financing institutions and is necessary in attracting additional funds. A full expression of demand also allows civil society actors to hold their own governments to account in delivering their part of the response.

While there is more than enough money in the world to beat the three diseases, political support to do so may be waning. If people's needs are hidden, the chance of mobilizing the necessary additional funds is zero.

In order to prevent the GF's strategic role and objectives being undermined, any ambiguity regarding the NFMs needs to be cleared up rapidly. Instead of curbing countries' demand, it should be a way for all to live up to their promises and present a framework for raising the resources needed in the fight against the three main killer diseases.

We strongly encourage the Global Fund Secretariat, technical partners and other key stakeholders to

proactively increase quality technical support to help countries in the development of concept notes, that support prioritising effective responses to people's needs and that constitute a full expression of those needs.

Limiting our collective response to interventions that fit within an allocation that all recognise as inadequate is not good enough; The current shortfall in resources at the Global Fund must not impose a limit on the pace and depth of countries' efforts to get ahead of new infections and ill disease due to Aids, TB and malaria.

Authors Mit Philips and Kerstin Akerfeldt are part of the Health Access Team/ Analysis and Advocacy Unit, Médecins Sans Frontières, Operational Center Brussels. Opinions contained in this commentary are MSF's. For more information, please see MSFs issue brief "Pushing the envelope-does the Global Fund NFM foster country ambitions?" available at http://www.msf.org/article/msf-issue-brief-pushing-envelope, which outlines MSF views and current concerns regarding key aspects of the new funding model, based on observations from its teams in countries currently preparing their strategic plans and concept notes to access funding.

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6. NEWS: Martin O'Malley announces intention to resign as Global Fund's inspector general

Lauren Gelfand 06 August 2014

His departure in early 2015 should give the Board enough time to recruit a replacement

Martin O'Malley has announced his intention to resign from his role as inspector general, effective early 2015. He cited personal reasons as driving the decision to quit the post he has held since mid-2013.

In a statement released by the Fund on 4 August, O'Malley expressed "deep sadness and regret" about the decision to curtail his six-year commitment to the Fund, whose work he called "fascinating, absorbing and noble".

Signature accomplishments of O'Malley's tenure include the establishment of a new system to engage stakeholders at the country and Secretariat level, and improvement in the reporting of findings and conclusions. A backlog of legacy investigations also has been cleared.

Additionally, there are many significant and critically important elements of the Office of the Inspector General workplan that have yet to be completed by O'Malley's team, including work that will directly influence the strategic direction of the Global Fund.

In March of this year, the team committed to conducting 14 country audits (see article here). There are also 38 allegations of wrongdoing that were to be investigated by the OIG's Investigation Unit. It is not known how many of these have been completed.

O'Malley has made it clear to the Fund that he intends to complete a number of strategically vital pieces of work prior to his departure from his post, including reviews of the Fund's governance and its Ethics Framework. The design of the OIG's strategic plan for 2015 and beyond, as well as of the Fund's Combined Assurance Model, should also be drafted prior to his departure.

In a statement, Board chair Nafsiah Mboi expressed sadness on behalf of the Fund at the news of O'Malley's departure.

"In just one year, Martin has proved himself exceptional, and has achieved a transformation of the Office of the Inspector General, performing audits and investigations with skill, professionalism and the highest degree of integrity," she wrote.

Every effort to ensure a smooth transition, including an open and timely process to replace O'Malley, will be made in order to ensure that the OIG's work will continue in a "fully independent, transparent and well-resourced way," she added.

O'Malley was appointed in June 2013 to serve as inspector general. His appointment followed the termination of the previous IG's employ in November 2012. His non-renewable term was to have lasted for six years from September 2013, when he began his work.

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[This article was first posted on GFO Live on 06 August 2014.]

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Aidspan Editor-in-Chief: Lauren Gelfand (lauren.gelfand@aidspan.org)

Aidspan Executive Director: Kate Macintyre (kate.macintyre@aidspan.org)

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