Global Fund Observer

NEWSLETTER

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Independent observer of the Global Fund

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In providing, online, a subset of good quality indicators for all components and requiring countries to divulge sub-recipient-level and other implementer-level data, the Global Fund would legitimize efforts to assess and evaluate the value for money of the programs it supports. It would also empower watchdogs and other stakeholders as guardians against inefficiency, fraud and corruption. In doing so, the Fund would be able to ensure that every dollar it invests is yielding the best possible result.

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1. NEWS: Eastern Europe and Central Asia moving forward in NFM process

Tinatin Zardiashvili 15 April 2015

A round-up of where most of the 16 countries are

Sixteen Eastern European and Central Asian countries (EECA) will submit a total of 27 concept notes to the Global Fund under the new funding model, to access their share of the $659 million allocated to the region. For some of these countries, this is likely to be their last allocation of Fund grants as they transition out of eligibility towards state-funded programs for the fight

against HIV and TB.

Additionally, the EECA Network of People Living with HIV (ECUO) and PAS Moldova were two of 16 organizations invited to submit a regional proposal, currently under review by the Technical Review Panel.

Each of the countries -- Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Moldova, Romania, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan -- is in a different stage of the NFM process.

Moldova, Romania and Ukraine have begun implementing programs with initial disbursements. Kazakhstan is also preparing to move forward. Other countries are putting the finishing touches on concept notes intending to be submitted during Window 6, in April. Armenia and Azerbaijan have already submitted TB concepts in August 2014 and January 2015 respectively, and will both submit HIV concept notes by 20 April. Uzbekistan will submit a full malaria concept note and a second iteration of its HIV proposal, while Albania is preparing its joint TB/HIV note.

No matter where they are in the process, however, there are a number of emerging trends and similarities in the respective national experiences, both in relation to the NFM itself and to the priorities being set for use of Global Fund resources to support the national disease response.

Most representatives from civil society and in country coordinating mechanisms (CCM) told Aidspan that developing concept notes under the NFM was a smoother, more inclusive process than the grant-writing that took place under the rounds-based approach. By linking concept notes to costed national strategic plans, stakeholders were reassured that the priorities being identified at the national level were going to be supported both domestically and with external investment. This was particularly important in terms of activities specifically targeting key affected populations, which have traditionally not benefitted from much domestic financial support.

Also happening in EECA countries is the replacement of international organizations with ministries of health as principal recipients managing the grant funds. This is being presented as a cost-containment measure and a driver of increased country ownership but also has political implications as it could narrow the space, going forward, for civil society to maintain its vocal, decision-making seats at the table.

Below is a country-by-country look at where EECA is in the NFM process. This is not an exhaustive survey, and will be updated as events warrant.

Armenia

Armenia submitted its TB concept note under Window 3 and is slated to begin implementation of the $9.4 million grant on 1 July. PR for the grant is the Ministry of Health.

The CCM intends to submit its HIV concept note in Window 6, by 20 April. Currently, country dialogue and concept note development are occurring in parallel, with identified priorities to increase coverage with HIV testing and anti-retroviral treatment, including activities targeting seasonal migrants, who have a high HIV prevalence. Interventions including opioid substitution therapy will transition to full state responsibility by 2017, as well universal ARV coverage for children and 100% coverage of PMTCT.

Azerbaijan

Azerbaijan submitted its concept note for TB in Window 5, and is awaiting approval from the TRP to access the $11 million it was allocated under the NFM. Azerbaijan has costed its two-year national strategic plan at around $64 million, and Global Fund investments should be used to purchase commodities and support an adherence incentive program.

Delays in validation of the NSP for HIV have forced the delay of Azerbaijan's concept note until Window 6. The Global Fund's resource envelope of $9 million will be managed by the Health Ministry's Project Implementation Unit. Azerbaijan is somewhat of a pioneer in the region, with government fully funding OST and, from 2015, fully funding ARV treatment.

Belarus

Belarus intends to submit both its HIV and TB concept notes in Window 6, awaiting the results of a comprehensive, nationwide epidemiological survey. Priorites already identified for the nearly $12 million Belarus is allocated for TB include treatment of MDR/XDR TB and the purchase of new GeneXpert machines. Improved diagnostics, monitoring and evaluation, and better management of co-infection with HIV are also envisioned. The Global Fund contribution to the national TB response represents about 5% of the national cost of the TB program.

In developing its concept note for HIV, Belarus' team of stakeholders confronted a perennial problem in the country related to the state law preventing NGOs from receiving funds from state institutions. This means that while Belarus is covering 75% of ARV treatment, it is not paying for any of the prevention activities carried out by a network of local and regional NGOs. Some of the funding, then, is likely to be used to help NGOs improve their fundraising abilities in order to prepare for the country's looming transition away from Global Fund eligibility.

Belarus has also thrown open a tender for PRs, with an eye towards replacing UNDP. Results were expected in April.

Bulgaria

An HIV grant is ending in December 2015 after a one year extension. Bulgaria is still working to find domestic resources to replace Fund investments in HIV. A TB grant is currently in negotiation, with an anticipated start date of 1 October 2015

Georgia

Georgia should submit its HIV concept note on schedule, in Window 6, and its TB note in Window 7. The development of both concept notes is running in parallel with the government's finalization of its NSPs. Discussions in country dialogue have identified possible priority interventions as services for key populations in the HIV concept note and an emphasis on MDR/XDR-TB treatment and strengthening of the community-based case management system.

Kazakhstan

Kazakhstan was an early applicant to the NFM, but persistent challenges with financial mismanagement have resulted in a massive reform of its Global Fund-related systems and procedures that have contributed to some delays.

Kyrgyzstan

Kyrgyzstan was encouraged to revise a proposal submitted in June 2014 for support to HIV activities in order to include TB interventions as well. The revised concept note for a $20 million, two-year program will now take a holistic approach to co-infection, particularly among key populations. Roughly 80% of the allocated funds will be spent on treatment, presenting what civil society stakeholders fear is a missed opportunity to strengthen the health system and invest in community system strengthening as well. Kyrgyzstan is also transitioning away from international NGOs as PR, opting to replace UNDP and Project Hope with the Ministry of Health.

Moldova

As one of the first applicants to complete the NFM process, Moldova has been implementing activities outlined in its HIV concept note since January 2015, through a pair of PRs: the non-governmental Center for Health Policy and Studies (PAS Center) and a public institution,

PCIMU. Moldova's concept note was enhanced by a series of epidemiological and behavioral studies conducted in anticipation of the NFM; the result is an integrated approach that includes prevention and treatment, community- and systems-based work and an advocacy component to help overcome legal barriers to access. Implementation of Moldova's TB grant should begin on 1 July.

Romania

Romania is awaiting the anticipated 1 May start of its two-year, $8-million TB grant which is expected to fill the remaining gaps in the national TB program and establish coordination mechanisms to work more closely with the national HIV program. There will also be some coordination, including distribution of information materials and testing, to mitigate hepatitis co-infection. Romania's CCM has also undergone considerable reform, including the overhaul of its structure, updates to its regulations and a clarification of its conflict of interest policy.

Russia

Russia is the only country in the Global Fund system submitting a concept note under the NGO rule. Instead of a CCM it now has a coordination committee, which has guided both the country dialogue and concept development process. Since February 2015, the committee has a secretariat and an operating budget. The HIV concept note is emphasizing a series of community-strengthening activities and innovations, focused exclusively on support for key populations. Part of the allocation will go to community-level HIV and STI testing and there is a whole slate of activities responding to sex workers, men who have sex with men and drug users that emphasizes health and human rights. The concept note has been extensively and repeatedly reviewed by the TRP. The grant's anticipated start date is 1 July.

Tajikistan

Concept notes for both HIV and TB were submitted in Window 5. During an extensive country dialogue hailed by civil society as inclusive and transparent, proposed activities emphasized human rights including support for the removal of legal barriers to access to services and the development of monitoring tools to help with reporting of HIV-related rights violations. Scale-up of ARV coverage is another identified priority through country dialogue, alongside improved diagnostics. A new coalition of TB activists was also established, including 32 organizations and representatives from the disease-affected community and their families.

Ukraine

A grant agreement for Ukraine was signed in February 2015, allowing the country to access $134 million allocated for HIV activities. The new program running through 2017 will aim to integrate the HIV response into the public health system, against a backdrop of continuing political and security turmoil. Key populations being targeted with specific activities in patient-oriented prevention, treatment, care and support include PWID, sex workers, men who have sex with men and prisoners.

Uzbekistan

Uzbekistan submitted a TB concept note on 30 January emphasizing universal access to TB diagnosis and treatment in areas including: treatment of multi-drug and extensively drug-resistant TB; TB care and prevention; and TB/HIV co-infection management. Another iteration of the HIV concept note first submitted in June 2014 is underway in order to respond to TRP comments requesting a more complete picture of the epidemiological situation, to specifically include improved data on key populations. The CCM will also have to revise the note to incorporate some work to support the introduction of OST, responding in particular to the needs of HIV-positive PWID already taking ARVs or on TB treatment. A malaria concept note is also expected on 20 April.

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[This article was first posted on GFO Live on 15 April 2015.]

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2. NEWS: Turning the page on the past, Cambodia looks to NFM as a fresh start

Nathalie Abejero (NA) 15 April 2015

CCM eager to sign agreements for malaria, HIV and HSS

Cambodia's country coordinating mechanism is looking to the expected 1 July signing date for grant disbursements for malaria, HIV and health system strengthening with anticipation, eager to turn the page on a financial scandal involving two of the Global Fund's biggest suppliers of bednets and ranking officials in two government institutions serving as Principal Recipients.

Disbursements to Cambodia for its $15.9 million TB grant began in January 2015, and the country has also received part of its $15-million allocation under the $100-million Regional Artemisinin Resistance Initiative (RAI). But the remaining allocation to Cambodia as part of the new funding model -- $49.3 for malaria, $71.8 million for HIV and $8.5 for HSS under the disease split agreed by both the Fund and the CCC – is still under review.

Also for the January submission window, the CCC had endorsed a regional HIV concept note that was developed by a consortium of regional KAP networks (APTN, APN+, APNSW, ANPUD). That request is for a total of $5 million, of which 30% will be allocated regionally and 70% for country networks.

As Aidspan understands from numerous sources in Cambodia, both within the Country Coordinating Committee (CCC) and among technical partners, the transition to the NFM has been challenging. First is due to iterations of the concept notes submitted in October 2014 (malaria) and January 2015 (HSS and HIV).

The country dialogue engages key affected populations and civil society. Participation of a wider range of stakeholders has made this time-intensive; for example, civil society groups face steep learning curves as they negotiate priorities with various operational and policy levels already familiar with funding processes.

Also, where traditionally the local fund agent (LFA) became involved only after grants were approved, it is now more engaged across all aspects of grant negotiations, particularly as an observer in the country dialogue. In February 2015, Pricewaterhouse Coopers (PwC) replaced the Swiss Tropical and Public Health after its seven-year tenure.

Second is due in large part to a restructuring of the implementing architecture within the Cambodian government, in response to the reports of graft that were uncovered during the 2009 audit of the 13 grants implemented in the country (see article here).

That audit eventually led to an investigation that resulted in the suspension of two of the largest suppliers of bednets to the Global Fund, Sumitomo Chemical and Vestergaard Frandsen (see article here): a suspension that was lifted in 2014 (see article here) under special conditions and in addition to restitution.

This restructuring entails changes in principal recipient for two of the disease components, malaria and HIV. The transition has been met with some pushback from the now-former PRs who continue programming as before, but now under external governance with tighter control

systems, and greater bureaucracy and administrative requirements.

At the national level, PRs for each disease component were the corresponding national institution: National Malaria Control (NMC) for malaria and the National Center for HIV/AIDS, Dermatology and STIs (NCHADS) for HIV.

Given the revelations of financial and procurement mismanagement, the CCC has opted to select an alternate PR. The UN Office for Project Services (UNOPS) will now administer the HIV and malaria grants, including the Cambodia component of the RAI grant in which the regional principal recipient is the Myanmar UNOPS.

This accompanies external financial oversight of the implementing institutions. UNOPS embedded officers at the NMC to provide technical assistance to program staff, to help improve financial management and control systems, to oversee procurement and supply management, and to manage relationships with sub-recipients. With NCHADS and sub-recipients, the Global Fund contracted the GFA Consulting Group since February 2013 to provide fiduciary and procurement agents.

Additionally, major suppliers are now subject to regular and independent compliance monitoring and stricter codes of conduct. An approved pooled procurement mechanism is now required for all health products. To thwart counterfeit drugs, quality control measures were strengthened for approved suppliers, and tracking and tracing tools will soon be in place.

The challenges of structural reform and heightened risk mitigation standards keep the CCC and participating actors very busy, emphasized Chiv Bunthy, the CCC chair.

The country anticipates that the new iterations will be approved by the TRP and on track for signature for a 1 July start date. Meanwhile, selection of sub-recipients has begun for the eventual malaria grant, and a call for submissions for HIV SRs was issued on 17 March. A call for submission for HSS SRs is expected in the near future.

All of the SRs will have to be able to do more with less, as Cambodia was considered over-allocated under the rounds-based approach and is seeing around a 22% decline in its envelope from the Global Fund. Nor will Cambodia be eligible for incentive funding under the NFM. This will translate into an annual disbursement from the fund across the four components to around $16 million, compared to the rounds-based disbursements of $20.6 million.

APTN (Asia Pacific Transgender Network); APN+ (Asia Pacific Network of People Living with HIV); APNSW (Asia Pacific Network of Sex Workers); ANPUD (Asian Network of People

who Use Drugs)

[This article was first posted on GFO Live on 15 April 2015.]

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3. NEWS: In Swaziland, progress towards malaria elimination

Owen Nyaka 15 April 2015

New national strategic plan could make southern African nation first on continent to achieve elimination

Swaziland could become the first country in sub-Saharan Africa to achieve elimination of malaria should it fully and effectively implement its national strategic plan, Aidspan understands from the head of the National Malaria Control Program, Simon Kunene.

In an interview in March, Kunene declared that the country has developed the "most advanced malaria elimination strategy in all of sub-Saharan Africa".

Global Fund investment in Swaziland's malaria program had, in the past, supported the purchase and distribution of long-lasting insecticide-treated nets in endemic parts of the country. Other funds under a Round 8 grant allowed for the roll-out in 2010 of rapid diagnostic tests (RDT) to health facilities nationwide and case-based passive surveillance, which helped to reduce the burden of disease.

Strengthening of active surveillance and improved diagnosis, treatment and reporting also helped put Swaziland on track towards elimination. So, too, have investments in integrated vector management, case management, case investigation and transmission containment, alongside a comprehensive education and awareness campaign.

Since 2010, the confirmation rate has increased from 5% to 83% and the number of reported malaria cases has dropped by 90%. Treatment using artemisinin-based combination therapy (ACT) has improved to 100% for uncomplicated cases, and the strengthened surveillance system has helped bring the investigation rate of confirmed cases at the household level to 78%.

What didn't work, however, was the bednet campaign, according to Kunene, which has driven the country's decision to change tactics.

Under the concept note submitted by Swaziland in June 2014, supporting the 2015-2020 NSP, Global Fund resources will shift to information, education and communication activities, according to Kunene, "placing a heavy emphasis on recognition of the signs and symptoms of malaria, early care-seeking behavior and access to prophylaxis".

The new funding model (NFM) allocation to Swaziland for malaria was $5.2 million -- enough, according to Kunene, to cover costs through 2017. The challenge, therefore, is to ensure enough resources are secured to fully cover the NSP through 2020.

A $4-million grant signed in January will fund expanded testing and surveillance, distribution of commodities, indoor spraying in malarial regions and rapid response planning for possible outbreaks.

“If we start with malaria it is readily acknowledged that the disease is under control in our country," Prime Minister Barnabas Dlamini said at the time of signing. "The number of cases has dropped by 90 per cent in the past five years, and the mortality rate has fallen to zero."

Also important for a country like Swaziland, where local transmission has declined so dramatically, is the expansion and maturation of its entomological surveillance program. This is necessary to paint a more complete portrait of the remaining receptive areas, to better target interventions.

Among the NMCP plans to expand entomological surveillance are the development of an insectarium to study mosquitos and the recruitment of an entomologist to help train NMCP staff on entomological surveillance.

NMCP staff are also deploying nationwide to help train health workers at the facility level in the diagnosis and treatment of malaria, specifically targeting vulnerable groups including pregnant women. Malaria diagnosis and treatment in public health facilities is free of charge.

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4. COMMENTARY: An open Global Fund means closing the implementer-level data gap at country level

Angela Kageni and Steve Kenei 15 April 2015

The Global Fund is one of the more transparent global health institutions despite dropping 6 places in the International Aid Transparency Initiative (IATI) ranking for the periods 2012 – 2014. It affords the public considerable access to data on grant funding flows and programme results. Such transparency reflects the Fund's responsibility to its donors, who together contribute around $4 billion annually to the response to AIDS, tuberculosis and malaria in more than 110 countries.

The Fund is consistently improving how it publishes live grant data via its online database, publishing within two weeks of each disbursement: a best practice according to IATI. Information on funding allocations, spending, other grant details and more granular data is provided from the Fund's data site (API).

But even this database does not go far enough in providing the critical country-level data that watchdogs and civil society need to ensure that every dollar invested in the health response is spent the way it should be.

It would be extremely useful for independent trackers to have access to complete grant data on disbursements and expenditures per principal recipient, sub-recipient or other implementing partner, per broad activity. Also useful would be a subset of good quality indicators provided online by the Fund for all components to better assess grant performance.

It is unfortunate that the Fund's commitment to transparency has failed to translate at country level among implementing countries. There is an entrenched resistance, it seems, to calls from country-level watchdogs like Aidspan and its partners for PRs and SRs to open their records completely. This makes it difficult for analysts to understand the viability and impact of supported activities.

Currently, data are aggregated to PR level, related to disbursements and expenditure and data on high level programmatic indicators and progress achieved against set targets. Tracking program indicators for outputs, for instance, is still messy as many indicators reported via the Fund's data portal are inconsistent, duplicative, incomplete and unreliable.

Yet those data surely do exist as all implementers are required to report these results via their M&E frameworks. Also, planned disbursements are linked to proper reporting of these achievements against pre-set targets.

Beyond this issue of access, much of the data that exists remains un-analyzed, partly because it is not easy to use in the current format and partly because explanations of what is presented and for what period remains unclear. There also exists the problem of the skill gap around data analysis by many country-level actors.

Gaps in data and the limited use of existing data have consequences. For one, these can prevent beneficiaries from accessing health services that are, thanks to investments from the Global Fund and other donors, heavily subsidized or free. Unarmed with the knowledge that the life-saving drugs that they may need are available for free, many will opt against seeking treatment because of the fear that those drugs will cost more than they can afford. A lack of information also means that beneficiaries will assume they have no recourse, no way to hold providers of health services accountable for the services that they should provide.

Second, lack of data makes it difficult to ascertain true impact of supported programs and limits future strategic and resource planning at country and community levels. It limits the depth of analysis possible by local organizations to track the flow and use of health resources; to compare costs of services offered and commodities procured; and to assess efficiency and effectiveness of supported programs. Such studies could limit waste and cost inconsistencies, and enhance value for money.

Limiting independent critique of the Global Fund systems at country level cripples the Fund’s vision of ensuring sustainable health systems and minimizing waste and loss due to poor planning, prioritization and fraud. It limits the ways to question the reporting of results to the Fund -- which allows disbursements of grant funds to continue unfettered.

The above have both short- and long-term consequences for the overall health of a population. In the short-term, they throw up barriers that limit to access to services. In the longer-term they prevent strategic planning and identification of national priorities to achieve durable health outcomes.

As Rwanda's Finance Minister Ronald Nkusi noted in 2012, "if you cannot get your hands on the information, you cannot effectively quantify what you are going to do, what you are going to receive, and what you are going to spend".

The easiest way to resolve this problem is for the Fund to require implementers to make these

data available, to throw open their databases to the kind of scrutiny that the Fund itself is allowing. Countries would then be mandated to make their SR- and implementer-level data accessible, to allow interested parties the ability to link the funds disbursed to the results recorded at all levels.

By supporting such openness, the Fund would legitimize its efforts to assess and evaluate the value for money of the programs it supports, empowering watchdogs and other stakeholders as guardians against inefficiency, fraud and corruption. In doing so, the Fund would be able to ensure that every dollar it invests is yielding the best possible result.

It is important, however, to emphasize, that sole responsibility does not rest with the Global Fund: it rests, first and foremost, with implementing countries themselves. In agreeing to take donor funds, countries should also make sure those funds are used as effectively as possible and allow scrutiny from independent entities. Second, it rests with country-level users who could, but don't, make use of readily available data for initial analyses. This poses a challenge when requests are made to the Fund or its implementers for even more information.

Public systems perform better and are more productive when they are responsive to the public. When such data are made easily accessible, it creates incentives to effect positive change at policy and community levels.

[This article was first posted on GFO Live on 15 April 2015.]

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5. NEWS: Innovative partnership launches PR Management Dashboard

Angela Kageni 15 April 2015

New dashboard helps Global Fund principal recipients identify problems and progress with grant implementation

Grant Management Solutions, the Global Fund and SAP SE have developed a new management dashboard for principal recipients (PRs), which provides users with an overview of a grant's implementation progress.

Developed from June 2013 to November 2014, the dashboard was handed over to the Global Fund for dissemination to PRs in February 2015.

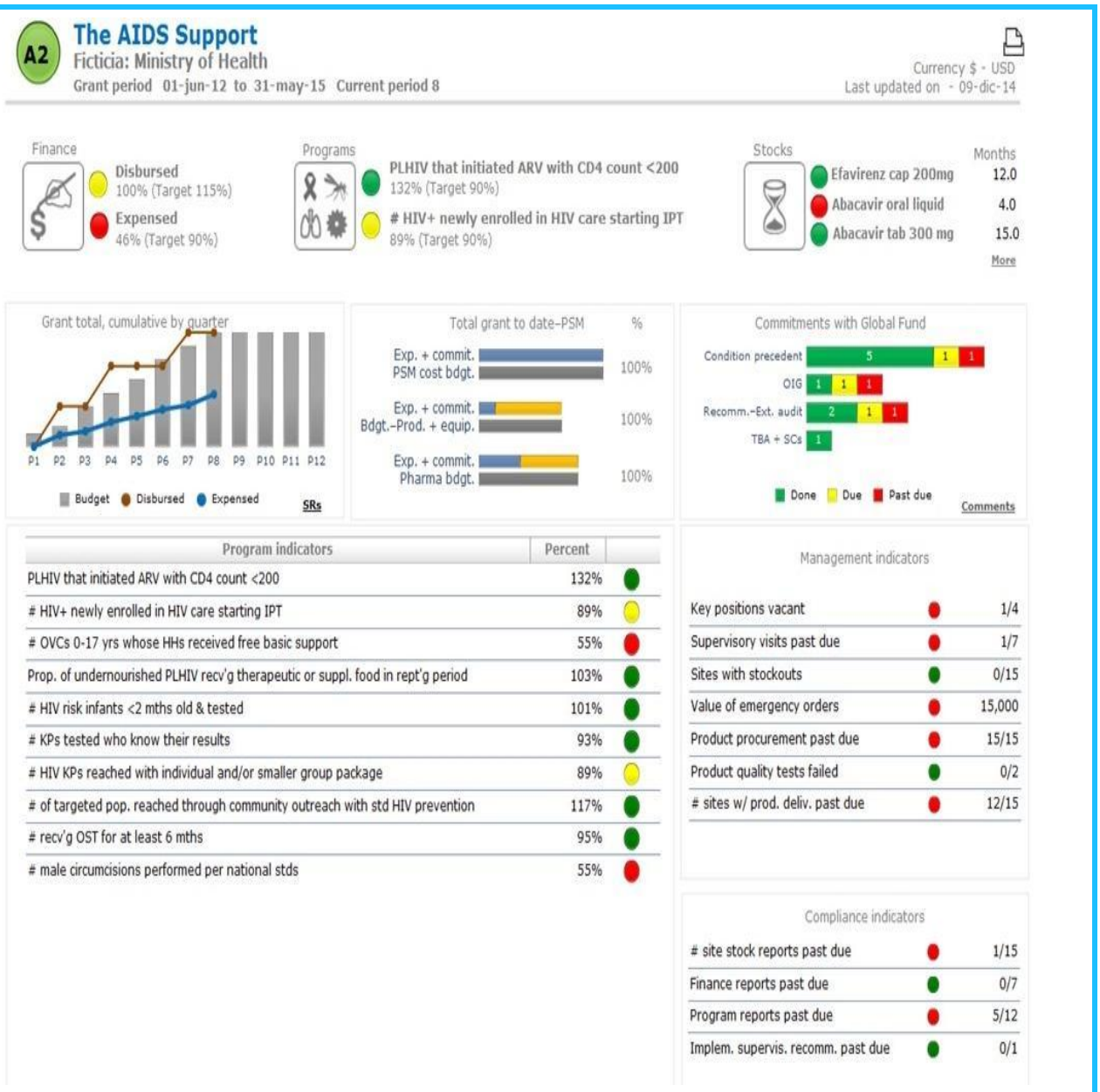
The PR management dashboard is a two-part application: an Excel-based data entry application and a single screen dashboard display. An SAP software license is required to produce the dashboard display, which is available in English, French and Spanish.

The dashboard provides a comprehensive window into how grant implementation is unfolding over the duration of a grant, and at a given point in time. The primary aim is to help grant managers identify and rapidly solve actual and potential problems related to the grants and sub recipients (SRs), and to provide easily understood data on grant performance to country coordinating mechanisms (CCMs) and to SRs. To do this, the tool tracks four sets of indicators for each selected grant: financial, programmatic, general management, and procurement and supply management.

SRs use a template to record their grant performance data, which is then shared with the PR who uploads it into a master data file. Collated data are exported to the dashboard's color-coded display to signal the level of performance against Global Fund or PR-determined thresholds.

The PR bases action to improve grant performance on these data. They also use the data to examine achievements with SRs and flag problems for further review or action with the idea that actions taken will help to improve both the performance of individual SRs and the grant as a whole.

Figure 1 is a screenshot of the dashboard, depicting a fictitious country.



Seven PRs from six countries, with a total of 61 sub-recipients in Côte d'Ivoire, Dominican Republic, Senegal, South Africa, Uganda and Laos, piloted the dashboard.

Pilot participants expressed both enthusiasm and skepticism about the dashboard, appreciating that it was a way to improve communication between PRs and SRs about grant performance. Some SRs expressed concerns about making dashboard data public without an accompanying explanation of poor performance.

PRs expressed concerns related to data management, particularly with respect to data quality. Certain dashboard data initially entered by SRs had to be updated by the PR after validation.

Where procurement of health products was done by SRs, certain PRs had difficulties in understanding and tracking procurement indicators because they were unaccustomed to close monitoring of procurement activities.

CCMs had a positive reaction to this new dashboard as a mechanism for PR management, with some showing interest in using the data for CCM oversight. One CCM even proposed creating a simplified version of the PR dashboard for use by CCMs. Other CCMs signaled their preference for the existing CCM dashboard platform developed by GMS and the Global Fund and released in 2010. The CCM dashboard -- currently in use in 40 countries -- provides a three-page strategic summary of key financial, programmatic, and management information drawn from existing data sources (Progress Update/Disbursement Request) for each Global Fund grant.

GMS and the Global Fund confirmed that the existing CCM dashboard will be replaced. This new dashboard will display a subset of data uploaded from multiple PR management dashboards on one screen. CCMs will coordinate with PRs to obtain the data necessary to produce the CCM dashboard. This updated tool will be completed by August 2015.

As to the concerns about transparency and competition, the developers of the PR dashboard remain optimistic that a little friendly competition among SRs is healthy and should be encouraged. They observed that during the piloting phase, some SRs were keen to see how other organizations were performing and to draw lessons from those who were doing well. Most saw that increased transparency led to SRs having a stronger sense of ownership and understanding of their role in grant implementation, with all implementers able to better visualize their results and thus work more effectively towards the same goal of alleviating the burden of disease.

Multiple mechanisms will exist for PRs that wish to adopt the PR management dashboard and to receive technical support for doing so. Interested PRs should begin by contacting their Global Fund country team. Global Fund staff will assist PRs in identifying appropriate technical support. PRs that are eligible to receive assistance from GMS may submit requests to the United States government. See the technical support application on the GMS web site at www.gmsproject.org to learn which types of PRs are eligible to receive such assistance and how

To expand the pool of organizations that can introduce the dashboard to PRs, the Global Fund will train other technical support providers. Training by the Global Fund for technical support providers is planned for May 2015 onwards.

GMS is a US government-funded technical support agency which since 2007 has supported

PRs and country coordinating mechanisms (CCMs). SAP, a private-sector global developer of enterprise application software, has been part of the Global Fund's Innovation Coalition since 2013.

The software licenses required for producing dashboards are being made available to interested PRs at a significantly discounted rate through The Global Fund. A free setup and installation guide for PRs will also be made available through the Global Fund website.

More information on the PR management dashboard will be made available on the Global Fund website's technical support page:
http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/

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6. NEWS: Aidspan produces new guide to the Global Fund's risk management policy

Lauren Gelfand 15 April 2015

In November 2014, at its 32nd meeting, the Global Fund Board adopted a new risk management policy that sought to outline in comprehensive detail the shared responsibility within the organization to nurture a culture that encourages prudent risk-taking within the context of maximizing impact of investments in the fight against the three diseases.

This new policy establishes risk thresholds and an operating framework to guide the Secretariat as it assesses the risks vs rewards of investment -- in the context of finance, operations and programs.

In charting this new course, and weighing costs against benefits beyond the financial bottom line, the Fund is trying to find balance to ensure that it is able to continue to work in countries that for many other organizations are considered too high-risk: too difficult to work in for whatever combination of political, financial or operational reasons. In doing so, the Fund seeks to mainstream risk management as an integral part of grant implementation.

Elucidating risk management and the terminology and procedures that underpin the concept, is a complicated proposition. It is for this reason that Aidspan developed this paper, to provide an overview of the language and directives the Fund will use, going forward, to identify, manage and, ultimately, mitigate risk in its operations.

Three different categories of risk are identified in the new policy: internal, covering grant management processes; external, including donor policy and the dynamics of the epidemic; and strategic, which relates to the achievement of strategic objectives, partnerships and organizational reputation.

Aidspan's paper looks at each of the core functions of the approach: identifying, assessing and mitigating grant-related risks, as part of the operational risk management objectives of the new approach.

Included in the paper is a detailed look at the risk assessments of each grant in each country that country teams are carrying out to determine trends or red flags that might compromise the full and effective implementation of the programs and activities envisaged under the grants. The paper also takes a close look at new risk maps being developed within the Risk Management Unit at the Fund, which diagram the links between various actors and the potential stickiness in those links, relationships and engagements that could have an impact on grant activities.

This first phase of Risk Management is confined largely to the Fund's own operations. The next phase will see a refinement of the approach and its application at country level, with new requirements for how country teams should engage with implementers, country coordinating mechanisms and partners on how to most effectively manage risks in-country.

In many those countries identified as high-risk and even in others, this process has already begun. One country manager, for example, has mapped all of the sub-recipients of grant funding in that country in order to trace with greater certainty what happens when funds are disbursed to the principal recipient. Other countries have used risk mapping and risk management to determine which regions are most vulnerable to programmatic risk, and act accordingly.

There are always costs to reducing risk; the lower the risk threshold, the higher the cost will tend to be. Conversely, without risk thresholds, an organization is exposed to the possibility -- or probability -- of incurring even higher costs. In establishing a new risk policy to support its processes and encourage innovation in its work, the Global Fund is demonstrating its commitment to working in the hardest countries, where the needs are often the greatest. It remains incumbent on the organization to use the policy as a working document, with

appropriate controls, monitoring and evaluation, to ensure these are risks worth taking.

[This article was first posted on GFO Live on 15 April 2015.]

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