



Global Fund Observer

NEWSLETTER

Independent observer
of the Global Fund

Issue 269: 20 August 2015

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2. NEWS: An ever-greater number of watchdogs are becoming Global Fund recipients

During an Aidspan regional roundtable held in early August, watchdogs representing more than 30 organizations spoke candidly about their struggles in securing funding – making their engagement in the Global Fund system a lifeline for their futures. How to

manage conflicts of interest now that there is that engagement, however, remains relatively unclear.

3. INTERVIEW: Creating links between the OIG and local watchdogs

Etienne Michaud is a senior strategy and policy manager at the Office of the Inspector General for the Global Fund. According to him, there are links to be made between watchdogs at local level as part of the OIG effort to consolidate its network of front-line advocates for transparency and accountability.

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A new report released by the Eastern Africa National Networks of AIDS Service Organizations (EANNASO) measures the impact of civil society consultations on the final concept notes submitted. Notes submitted by Kenya, Malawi, Swaziland, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe were examined for how responsive they were to priorities identified by civil society during country dialogue.

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10. ANNOUNCEMENT: A new chapter for GFO editor

This is my final issue at the helm of *Global Fund Observer*. It's been an extraordinary two years of watching, and listening, as the Global Fund evolves and matures into a dynamic and responsive financing mechanism. I hope that GFO has, equally, evolved and matured to respond to and document the concerns and vision of grant implementers, partners and the people who benefit from Fund-supported programs.

See [section](#) near the end of this newsletter listing additional articles available on GFO Live.

ARTICLES:

1. NEWS: Transparency and streamlined accountability: what watchdogs, grant implementers and OIG want

Angela Kageni 19 August 2015

Aidsplan hosts regional round table on Global Fund grants management, implementation and results tracking within recipient countries

Both watchdogs and the OIG are having trouble accessing useful and complete country-level data to track and verify grant budgeting, expenditure and results data. There are also significant obstacles keeping implementers from meeting requirements for reporting to national oversight

structures. These two conclusions drove two days of strategic discussions at an Aidsplan roundtable in early August drawing participants from 10 countries.

Watchdogs from Burundi, Cameroon, Ghana, Nigeria, Kenya, South Africa, Tanzania, Uganda, Zambia and Zimbabwe shared experiences, challenges and possible solutions on how to best deploy the existing country-level oversight agencies to support better data management for reporting, oversight and results-tracking.

The biggest challenge confronting these implementers is the multiplicity and size of the reporting task. In some countries, PRs are expected to report to up to 10 different structures during the implementation process, sometimes on a quarterly or monthly basis. Project auditors, fiduciary agents; the Fund's local fund agents and country teams; the CCM and relevant technical working groups: all of these different bodies demand, and expect, their own reports, diverting human resource from actual program implementation.

“Where is the time to implement adequately with such multiple reporting?” asked Michael Kachumi, from the Churches Health Association of Zambia (CHAZ). Kachumi suggested a streamlining and better coordination of the reporting process, suggesting, for example that CCMs attend LFA briefings rather than conducting their own site visits.

Country-level watchdogs seeking access to how Fund investments are translating into results in mitigating the burden of disease, said that the data just weren't there. And when they were, access was complicated. Rather than reliable and complete grant information about how much money is being transferred to sub-recipients (SRs) and lower level implementers, details are sparse, which makes verifying reported achievements difficult. These challenges also confront investigators from the Office of the Inspector General, according to senior policy and strategy manager Etienne Michaud.

“All grant implementers should display the same levels of transparency as the Global Fund at the country level,” he said. “If grant data at the sub-recipient and lower implementing levels don't get provided in a more open way, online, as the Fund itself does, then results tracking will not improve. Additionally, the competing reporting pressures currently facing grant implementers could be combined in a streamlined or combined accountability structure if this is done right.”

Other challenges shared included lack of independent funding for national watchdogs, competition between SRs and PRs for resources and unclear CCMs structures, mandate and roles.

The watchdogs also complained that many PRs are not accountable or that CCMs were still largely incapable of holding strong PRs accountable. “Being a recipient is almost a token and if you “misbehave” i.e. work or voice issues contrary to what the CCM leadership want, the CCM has the power to cut your funding off based on some frivolous excuse. There’s no way for them to be independent watchdogs of the system from within,” said James Kamau, a Kenyan watchdog.

“Watchdogging within the Global Fund system isn’t officially recognized and many watchdogs involved in country dialogue and concept note development process for instance have relaxed, disengaging from critical processes such as grant negotiation and tracking of grant implementation and reporting,” said Felix Mwanza from Zambia. “Many have also become grant implementers. The Global Fund country level system must maintain an independent group of watchers.”

The OIG acknowledged the need to develop more links between country-level watchdogs and its office to strengthen the first line of defense against fraud and corruption. The new OIG Speak up! Campaign running through December 2015 aims to raise awareness of how country-level activists can help by providing better quality information through the OIG’s reporting and whistle-blowing channels.

[This article was first posted on GFO Live on 19 August 2015.]

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2. NEWS: An ever-greater number of watchdogs are becoming Global Fund recipients

Stephanie Braquehais 18 August 2015

The profusion raises the question of how to manage conflicts of interest

“Our mission has always been to watch the GF. It never crossed our mind that we would be PR. We wanted to keep the GF on its toes. Once you are hungry and somebody waves a plate of food who are you not to take a bite?” said Felix Mwanza, a representative from Zambia’s

TALC: a group that advocates for better access to health services on behalf of people living with HIV.

If this provocative analogy, shared during the two-day workshop hosted by Aidsplan in Nairobi for watchdogs, civil servants and technical partners from around East Africa, elicited titters and giggles from the more than 50 assembled participants, it also provoked somber reflection about some of the concerns expressed by those same advocates for accountability and transparency. Where do they fit within the Global Fund ecology, and how do they remain true to their independent watching and listening, while also relying on the Fund for financial support?

Finding financial support for independent watchdogging is a perennial challenge confronting all of the organizations.

“Most development partners are most focused on organizations that do health service delivery. They are not interested in watchdogs, so it is difficult to convince them.” said Mercy Bosha of Citizens Health Watch in Zimbabwe: a position echoed by her colleague, Sammey Jessie Fernanda.

“We depend on calls for proposal, and even then the funding is short term,” said Fernanda, from the Cameroon-based For Impact in Social Health. “When the money stops, everything stops. So it’s hard for us to evaluate our impact and ensure continuity.”

How to ensure a human rights approach to health program implementation has been identified as a key priority for many donors. In this sense, one participant suggested that watchdogs must step into the breach and present themselves as viable recipients of support – secure in the knowledge that access to health services should be an inalienable right for all people.

“They don’t see health as human rights but as a social issue,” said Bosha.

The challenge of finding funding has pushed many groups into the arms of the Global Fund, as recipients or sub-recipients of national or regional grants. This, too, has raised concerns both internally and externally about how to manage the conflicts of interest that could arise.

“We won’t stop barking. But we won’t forget who we are,” said Mwanza. “We’ll have to watch out before we open our mouth to make sure we are first doing a good job. But there’s a huge gain because now we’ll be directly involved in the action rather than observing.”

Over the course of two days of often intense discussions, recommendations were also made to ensure that watchdog work would continue, through the mentoring of other organizations and

the cultivating of other interested parties in ensuring accountability and transparency in spending and operations at the community and country levels.

“We need a clear policy on conflict of interest so that stakeholders understand our position,” added Mwanza.

Others insisted that just because they had crossed to the other side, it wasn't all bad: on the contrary. Becoming a recipient of Global Fund money means having a window of insight from the inside and more leverage to respond to the daily challenges confronting implementing partners of Global Fund programs.

Etienne Michaux, senior strategy and policy manager for the Office of the Inspector General, said that the Fund is absolutely interested in collaborating with local groups whose primary aim is to ensure transparency, even if it means that they will lose vital independent voices in countries to sound the alarm about potential irregularities.

[This article was first posted on GFO Live on 18 August 2015.]

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3. INTERVIEW: Creating links between the OIG and local watchdogs

Stephanie Braquehais 17 August 2015

In identifying fraud, watchdogs are playing a vital role in ensuring transparency and accountability

The following is a transcript of an interview of Etienne Michaud during a recent visit to attend Aidspace's Regional Roundtable in August 2015. The interview has been condensed for clarity.

Aidspace : The OIG has no presence at country level. How are you working with country-based organizations to support your work ?

We depend on whistleblowers, which means that we spend a lot of time and resources assessing and verifying which allegations are worth investigating. First we have to ensure that the

information is solid, that it is relevant to the Global Fund... a first alert never has enough information.

So it takes us more time than we'd like to confirm the validity of some of the information. And then, the more that time passes, the harder it is to find sources and documents. So if we had systems in place in countries that were stronger, relationships that were tighter, I am sure that our alerts would be much more pertinent and we'd lose less time in trying to verify them. So we need to build a bridge between us and these organizations. Right now, the proportion of investigations to allegations is skewed: 45 investigations from 157 claims in 2014, with an even lower rate of cases reported and published. We need to do better at converting this, and this is where our 'Speak Up' campaign comes in; it's a way for us to be more proactive, to strengthen the information channels. We want to be able to respond more quickly to flag irregularities even at the lowest levels, to prevent them from becoming bigger problems.

The 'Speak Up' campaign is an effort to encourage individuals to denounce fraud in the grant management and implementation process. Piloted in three countries -- Côte d'Ivoire, Malawi and Ukraine – we are hoping to expand in the future.

Why are watchdog organizations absent from the Global Fund landscape

It's true; these are not actors that are formally integrated and the Fund perhaps does not take them enough into consideration. Sometimes, among the CCMs we see [watchdog representatives] but that's something that is at the discretion of an individual CCM and country so there is no clearly defined standard that is universally observed. CCMs have within their own mandates the responsibility for oversight and program coordination but they don't always envision their role in the same way, with the same resources or level of independent action due to prevailing national contexts.

This would certainly be something that the Secretariat could pursue [in terms of requiring watchdog capability within the CCM], but one of the attributes of the NFM is a clarification of the roles and responsibilities of the CCM and its members, and a mechanism to help them coordinate better and be more efficient.

The other challenge is that a lot of these [local watchdogs] don't always have the required institutional stability so that they can maintain their watchful eye; they're young, undeveloped groups whose performance can vary wildly. So it's important that we identify those groups that are really solid and equipped to play a bigger role. It would be really interesting, for example, if we could see a track record of a watchdog group working at community level – where the needs

are the most acute. Then we could watch to see how this works, and monitor their ability to be effective at the grass roots before expanding their remit to the national level.

Why is there no financial mechanism in place to support local watchdogs within the Global Fund?

There are funds available for groups that provide legal assistance but I think it would be valid to explore a way to integrate financial oversight/watchdog work into the Global Fund grants.

What could also be seen as concerning is the growing number of watchdog groups that are becoming grant recipients/sub-recipients, which means they are no longer able to carry out independent monitoring work. This would seem to risk a lot of the relationships or potential relationships for the OIG?

Yes, that is a legitimate question we should be asking ourselves. That said, by integrating watchdogs into the Fund ecology, we could also effectively be integrating that commitment to oversight and transparency into all of the grants we disburse: a great benefit to the Fund. Although, obviously, we would hope that all partners, not just the watchdogs, are committed to transparency, efficiency and accountability and that everyone, regardless of affiliation, is committed to eradicating fraud.

[This article was first posted on GFO Live on 17 August 2015.]

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4. COMMENTARY: Country-led and community-owned? How cultural imperatives at the global level translate on the ground

Anna Maalsen 18 August 2015

In my seven years as a technical advisor to the National Department of Health in Papua New Guinea, I watched the evolution of the relationship between the country and the Global Fund.

Through good times and the dark days of 2010-2011 when (all of our programs were audited by the Office of Inspector General, and the government's subsequent [relinquishing of the Principal Recipient](#) role) I experienced first-hand the challenges of developing meaningful engagement

between a health system in perpetual crisis and a multilateral funding institution that sometimes appeared at odds with itself.

The focus on the three diseases had exposed larger cracks in the health system that prevented effective delivery of services related to the three diseases.

This left the country trying to balance the quick-fix service delivery solutions mandated by performance-based financing against its need to undertake larger health system reforms to improve resilience and its ability to reach communities for multiple health issues. The Global Fund processes were inadvertently weakening the very health system it was trying to support.

So it was with great interest that I began a 40-hour journey in July to attend the Partnership Forum in Bangkok: the latest in a series of consultations to cement the culture shift at the heart of the Global Fund into its next strategy, building on internal reforms that are transforming the Fund into an organization that is focused on building and maintaining partnerships not just with institutions but with the people within those institutions.

The draft five-year strategy shared with Forum participants certainly reflected these ideals, emphasizing partnerships, the development continuum, country ownership, resilience and community engagement. This new strategy shows that the Fund is responding to the changing landscape of health and development, where despite great advances against the three diseases, inequities still exist and social and economic progress is further widening the chasm.

The presentations from the Board and the Secretariat were optimistic and hopeful, reinforcing that communities are central to closing the inequity gaps and cannot be left behind in order to end the epidemics. The large civil society and key affected population representation at the forum seemed to be at one with the mantra.

But for all the congeniality and celebration, there was no shortage of deep issues lurking beneath the surface, underpinning concerns expressed by a number of civil society representatives.

In becoming more focused on ‘human beings’ the Global Fund has made communities, systems, rights and gender core objectives of its strategy. This is smart thinking that builds on the new funding model’s own goals of supporting “coherent, country-owned, national health strategies that engage all sectors in design and implementation.”

But it also remains loftily theoretical, and not – as it should be – predicated on actual evidence of the success of NFM country-level engagement in improving community participation.

Most of the conversations I had with Forum participants representing 15 countries circled back to the same complaint: while the Fund is an agent of change for getting community members to the table, it remains tokenistic, ad hoc and does not actually result in community voices guiding decision-making on interventions, targets or resource allocation.

This tokenism is reinforced by the requirement to document and provide evidence of the participation of communities, specifically key affected populations, in the NFM. Rather than being empowered to participate, community members felt coerced into attending meetings so that their names would be registered on an attendance sheet that was submitted to the Fund to demonstrate that quotas had been met.

Others spoke of technical consultants and government officials arriving at those meetings without notice, offering ‘pre-cooked’ documents for endorsement that did not allow community members the time to consult with their constituencies and offer feedback.

So it’s here that the Global Fund’s challenge lies: closing organizational gaps between its theoretical ideology of partnerships and community engagement, and its risk management priorities. Despite the significant organizational reforms undertaken in the lead-up to, and implementation of, the NFM, the ‘receipt culture’ still permeates all aspects of the Fund’s business processes, including the country dialogue.

This seems counter-intuitive to fostering a genuine environment at country level that enables communities and groups to collectively set their own agendas and address the problems they prioritize. Additionally, the pressure for countries to focus on key affected populations has the potential to skew genuine participatory processes, and risks inclusion of ‘quick-fix’ interventions to address the criteria for funding.

Such quick fixes will no doubt work against the very principles of participatory approaches that let communities determine their agendas and solutions for sustainable change.

If the Global Fund is really serious about fostering participatory approaches that can result in overcoming profound disempowerment and lead to building systems for health, then it needs to consider a better way to operationalize them. It’s not enough to tell countries they need to do something to meet a requirement; it’s about encouraging the transformation of national systems

into mechanisms that marry accountability and transparency with support for human rights and shared responsibility.

The future of the Global Fund depends on strong and inclusive community and health systems, which is why the Fund must reconcile its risk aversion and business practices with its desire to foster genuine community participation and country-level partnerships if it is to achieve the lofty ideals in the new 5-year strategy.

The challenge is now set for the Board and the executive team to listen to the views coming from the ‘bottom up’ at country and community level through these Partnership Forums and translate them into meaningful and supportive operational policies for Global Fund grants that truly engender partnerships and participation.

Anna Maalsen has worked as a technical advisor for several governments on issues related to Global Fund grant implementation. The opinions in the above commentary are her own.

[This article was first posted on GFO Live on 18 August 2015.]

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5. NEWS: New report measures impact of civil society participation in priority-setting in NFM concept notes

Gemma Oberth, Olive Mumba and Lubna Bhayani 17 August 2015

Eight countries in Eastern and Southern Africa were evaluated for the report

Meaningful participation of civil society in country dialogue has been a central pillar of the Global Fund’s New Funding Model (NFM). Money has been invested, meetings have been held, and documents have been published. But did it matter?

A [new report](#) released by the Eastern Africa National Networks of AIDS Service Organizations (EANNASO) measures the impact of civil society consultations on the final concept notes submitted. Notes submitted by Kenya, Malawi, Swaziland, Tanzania, Uganda, Zambia,

Zanzibar and Zimbabwe were examined for how responsive they were to priorities identified by civil society during country dialogue.

The [civil society priorities charters](#), published by AIDS Accountability International, were used as a measure of what national civil society organizations wanted to see included in the concept notes. Using a three-point scale, alignment was assessed between priorities in the civil society charters and interventions that were included in the concept notes (2 – included; 1 – partially included; 0 – not included). Each country was then given a score, expressed as a percentage. All the concept notes that were analyzed were integrated TB/HIV concept notes except for Zimbabwe, where a standard concept note for TB was used (due to early applicant status).

The analysis demonstrates wide variations in responsiveness (Table 1). Malawi’s concept note was by far the most responsive to civil society priorities (at 87%) while Zambia’s was the least (at 38%).

Table 1: The Responsiveness of Global Fund Concept Notes to Civil Society Priorities

Country	Score	Level of Responsiveness to Civil Society Priorities
Malawi	87%	Extremely Responsive
Kenya	76%	Highly Responsive
Tanzania	67%	Moderately Responsive
Zanzibar	67%	Moderately Responsive
Uganda	64%	Moderately Responsive
Swaziland	50%	Mildly Responsive
Zimbabwe	40%	Limited Responsiveness
Zambia	38%	Limited Responsiveness

The results also indicate a ‘triaging’ in priorities, with some more likely to be included than others. Issues related to key populations took precedence, followed by interventions focused on behavior change.

The intervention area where civil society had the least impact was voluntary medical male circumcision (VMMC). Just 15% of civil society’s VMMC priorities made it into the final

submissions. This is unsurprising; civil society has comparatively less experience in bio-medical issues than government.

The report offers several explanations for the range of influence of civil society on national priority setting.

A statistically significant relationship was found between the [World Bank's Governance Indicator](#) on voice and accountability and the responsiveness of the concept notes to civil society priorities. This means that countries with a greater degree of freedom of association and freedom of expression submitted concept notes that were more inclusive of civil society asks. Countries with more effective governments and rule of law were also more likely to submit concept notes that responded to civil society priorities, though these were not statistically significant.

Public opinion data from the [Afrobarometer Survey](#) also helps to explain civil society's success in influencing Global Fund concept notes. One survey question asks if people agree with the statement "It is more important for citizens to be able to hold government accountable, even if that means it makes decisions more slowly." The results of the EANNASO study show that in countries where more people strongly agreed with the statement, civil society was more successful in influencing Global Fund concept notes.

Another question asks "Do you attend community meetings?" In countries where more respondents answered "yes, often", civil society also had greater impact on the concept notes. Third, in countries where more survey respondents said they often join others to raise an issue, the Global Fund concept notes were more responsive to civil society's priorities. All of these relationships are statistically significant.

The report also probes whether including civil society priorities matters for key funding decisions. From the selected sample of countries, concept notes from Zambia (the least responsive in the study's sample) and Zanzibar (moderately responsive) were returned by the Global Fund for reiteration and resubmission. The reason for this – as confirmed by the Technical Review Panel – was in part due to the need for greater inclusion of civil society priorities, particularly those of key populations.

Another outcome variable tested was disease burden. The study finds a statistically significant relationship between HIV prevalence and the responsiveness of concept notes to civil society priorities; countries which submitted concept notes that were more responsive to civil society had lower HIV prevalence rates.

The authors of the report call for further investigation into this finding, particularly using lagged prevalence data to determine if inclusion of civil society priorities is associated with better disease outcomes five and ten years down the road.

The report concludes that an inclusive country dialogue had a positive effect for civil society in some countries but not others. The statistical analysis reveals that the context in which civil society operates has strong bearing on how effective it can be at influencing Global Fund decision-making.

For this reason, the report recommends that funding partners invest in aspects of community systems strengthening which empower civil society organizations to mobilize and discuss their issues freely. Recommendations also include replicating the methodology to assess civil society's influence in other spaces, such as with the US President's Emergency Plan for AIDS Relief (PEPFAR) Country Operation Plans, or with National Strategic Plans.

While this is some of the only existing evidence of the impact of civil society consultations on Global Fund decision-making in the NFM, it could have implications for the Fund's new strategy. Certain factors appear to support positive outcomes of civil society participation, which can be fostered with further investment. However, there is a need to further interpret the results of the report, understanding how nuances at country level may have played a role.

EANNASO is currently conducting follow-up research in six of the eight countries, to further understand what makes for a successful country dialogue for civil society.

[This article was first posted on GFO Live on 17 August 2015.]

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6. NEWS: Civil society urges responsible transition towards domestic funding of HIV and TB in EECA

Tinatin Zardiashvili 18 August 2015

Joint meeting provided guidance on transition to representatives from across the region hardest-hit by NFM allocation methodology

A workshop hosted on July 21-22 in Istanbul aimed to provide more nuanced guidance to the countries in Eastern Europe and Central Asia on sustainability of HIV and TB programs, as most of them are bracing for what they see as an inevitable further reduction in their support from the Global Fund.

EECA countries received just 3% of the more than \$12 billion allocated in 2014 under the new funding model (NFM), which has represented a 46% reduction in support for HIV programs and 37% for TB programs. This precipitous decline sought to redress the balance in funding, to amend support to countries that had been over-allocated under the rounds-based approach compared to their share of the global burden of disease.

While the post-2017 strategy remains under development, these countries are all preparing for what they see as a certain inevitability in their Global Fund envelopes shrinking further during the next allocations period – making it fundamentally important that they develop transition scenarios to ensure that programs supported by the Fund remain in place, with new sources of investment.

Workshop participants representing the Stop-TB partnership, the Fund’s own Technical Evaluation and Review Group (TERG), civil society, local government and other foundations gathered in the Turkish capital to develop a way forward in this modified financial landscape, using the Fund’s Framework for Sustainability and Transition as a roadmap.

Country teams were asked to identify what was most important to them, and what priorities – with timelines – needed to be included in any transition framework. The countries were also asked to identify areas where they would require technical support to smooth the transition. They were then given the opportunity to present their vision for a post-Global Fund national program to other donors, in order to begin to solicit other sources of investment for their interventions.

A policy statement developed during a pre-meeting of civil society groups on 12-13 July in Moldova emphasized the importance of ensuring that the transition is a smooth one, according to Anna Dovbakh, deputy director for information and technical support of EHRN.

“Discussions have changed our minds and we are seriously understanding that there will be no more Global Fund money and that it is up to us to fill the gaps,” she told Aidspan. “All of the Global Fund investments will be wasted if the default position is to close the programs down. The past will become the golden age of harm reduction and that just cannot happen; we’ve seen

the consequences already, in Serbia and Montenegro [where donor supported programs were closed].”

In [the final statement](#) that emerged from the two-day meeting, civil society organizations emphasized the need for the Fund to “develop and implement a strategy for responsible and successful transition to domestic funding for middle-income countries.”

Three EECA countries – Estonia, Romania and Croatia – were included in a review commissioned in 2013 of sustainability-related challenges. This review, currently underway by the TERG, is hinging on a series of questions that seek to define what ‘success’ looks like when it comes to transition and financial sustainability.

It is likely that the preliminary findings from a similar research project conducted in four other EECA countries with Global Fund support will build on, or corroborate the TERG review results. Research carried out by Georgian NGO, CIF (Curatio International Foundation) in Belarus, Bulgaria, Georgia and Ukraine tested an assessment tool that countries will eventually be able to use to plot their own courses towards transition.

According to Ketevan Chkhatarashvili, president of CIF Georgia, the research, supported by civil society engagement can only help to provide a comprehensive picture of the type and extent of challenges countries are going to confront and have to overcome in order to ensure the longevity of programs initiated with Global Fund support and cement the gains made in mitigating the burden of disease.

“The Fund heard the views and expectations from constituency representatives, and understood that transition planning is not only a financial issue but also linked to legal and systems issues as well,” she told Aidspace.

EECA regional manager Nicolas Cantau said that the EECA region is confronted with the “double challenge” of scaling up the response to the fight against drug resistant TB and HIV while sustaining the progresses achieved over the past 10 years.

“We are speaking about ‘sustainable scale up’ where increased domestic funding need to be invested in high impact interventions in the frame of fully funded national strategic plans,” he told Aidspace in an email. “Resources requested by countries under the NFM have broadly been in line with the Global Fund investment guidance; this workshop is part of a series of event that the Global Fund is co-organizing with regional networks and technical partners to develop with countries transition frameworks for sustainable impact.”

[This article was first posted on GFO Live on 18 August 2015.]

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7. NEWS: In Malaysia, innovative but vulnerable work to reach MSM with HIV testing

Patrick Adams 17 August 2015

In October 2014, the Kuala Lumpur AIDS Support Services Society (KLASS) was selected as a sub-recipient under the Global Fund's new funding model (NFM) to help conduct a new pilot HIV program targeting men who have sex with men (MSM).

Designed to encourage MSM to come forward for HIV screening, the new program addresses a critical gap in the control of a fast-changing epidemic. Initially driven by injected drug use, HIV in Malaysia is increasingly characterized by sexual transmission. As of 2013, sexual transmission accounted for close to three-quarters of all new reported HIV cases, and MSM in particular are becoming infected at alarming rates: between 2010 and 2013, for example, the percentage of new HIV cases in Malaysia attributed to homosexual transmission nearly tripled, rising from 8.2% to 22.3%, according to the Ministry of Health.

HIV prevalence among MSM is also believed to be very high. While an Integrated Bio-Behavioral Surveillance (IBBS) study conducted in 2012 reported a 7.1% prevalence among MSM, data collected by KLASS suggest that as much as a quarter of the MSM community may be positive.

“We’re seeing very high prevalence in this project,” says Reuben Kiew, an outreach worker with the non-profit organization. The KLASS office, a quiet, inviting space in central Kuala Lumpur, serves as a rare refuge for MSM in Malaysia—a place where they can talk openly about health issues and concerns without fear of punishment for violating Sharia law.

“The purpose of the project is to address the fears of the MSM community, which has been reluctant to come forward for testing in government clinics,” says Kiew. The few MSM who do present for testing tend to go to one of several large public hospitals or, if they have the money, he says, to a private provider. But public hospitals are becoming more and more congested, and most MSM can’t afford private care. KLASS, along with another sub-recipient, Intan Life Zone

(ILZ), is encouraging MSM to present instead at smaller government-run community clinics, which are usually more conveniently located and can provide services more promptly due to lower patient volumes.

KLASS has been working with three of those community clinics since the start of the project in October 2014, and so far, says Kiew, “things are going very nicely”.

Before engaging clients, KLASS staff met with health workers at the clinics to sensitize them to the specific needs of MSM, including assurances of confidentiality and non-judgmental medical care and support. “We also look at how we can align with the clinics’ work flow,” he says, explaining that another objective of the pilot is to demonstrate the feasibility and effectiveness of collaboration between the community clinics and those organizations, like KLASS, working with at-risk groups.

Using an innovative, client-focused approach to case management, KLASS deploys a single outreach worker to accompany each patient through every step of the continuum of care, from confirmatory diagnosis to enrolment on ARVs and treatment adherence. “We walk the individual through from the beginning until that person has access to treatment and achieves viral load suppression,” says Kiew, who started out at KLASS as a volunteer counselor to clients who had been newly diagnosed. “It’s very labor intensive.”

“Most of the MSM seem to be very happy with the quality of care at the community clinics,” he says. “The doctors and nurses are friendly, and there aren’t long waiting times as compared to the bigger hospitals. So there have been no cases that have defaulted--all of them continue to follow up with treatment.”

Kiew hopes that, together, KLASS and ILZ can generate SOPs for HIV treatment and care at government-run community clinics around the country. “We document everything we encounter in the clinics,” he says.

Still, as Malaysia moves to achieve developed status by 2020, sustainability remains a concern. While approximately 95% of the country’s budget for HIV/AIDS comes from the government, the vast majority of that goes toward care and treatment, including the purchase of ARVs. “The government has demonstrated its commitment, and that’s good,” says Hairudin Masnin, a program officer with UNAIDS. “But what is lacking is the distribution of funds.” Indeed, last year, less than 10% of the national AIDS budget was spent on activities implemented by civil society organizations like KLASS. “They have to also increase their contribution to

prevention,” he says. “So far, they have not been able to do this, and that’s where the Global Fund has stepped in.”

AIDS advocates warn, however, that given its low disease burden and relatively high GDP, Malaysia may become ineligible for Global Fund support after 2017, imperiling prevention efforts. Especially vulnerable, they say, are those that target MSM. “We are at high risk of losing funding for this work,” says Joselyn Pang, a project director with the Malaysian AIDS Council (MAC), an umbrella organization of NGOs and civil society groups working on HIV/AIDS issues and principal recipient on Malaysia’s Global Fund grant. Moreover, that work may only be reaching the tip of the iceberg.

“We’ve been focusing on key populations,” notes Masnin, “but we have no data whatsoever on the clients of female sex workers, for example, or the spouses of MSM.” After all, he adds, most of the MSM in Malaysia are bi-sexual, and many of them have female partners, “so it’s easily transmitted to women.” It’s great what the Global Fund has started, he says, “but what will happen after they pull out at the end of 2016? Will there still be a focus on MSM?”

If the nation’s social attitudes are any indicator, the answer may well be No. “It’s increasingly difficult to talk about LGBT issues in Malaysia,” says Pang. “But as sub-recipients of the Global Fund grant, we’re coming from a health perspective. We want MSM to get tested and to be healthy. And with notification rates as high as they are— of notified new cases in Kuala Lumpur and Selangor in 2013, MSM represented 43.3% and 36.1%, respectively—the government and civil society groups need to address this.”

KLASS aims to enroll a total of 556 patients by June 2016, but with just three case workers, the organization can’t hope to keep pace with the growing caseload. “Someone was saying we need a graduation period for clients once they’ve completed the journey from testing to viral load suppression,” says Kiew. “They said, how are you going to manage another 500 cases next year? And the truth is, we don’t know.”

[This article was first posted on GFO Live on 17 August 2015.]

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8. NEWS: In Kenya, devolution is interrupting monitoring and evaluation

Persistent lack of training and problems with priority setting and management at county level just the tip of the iceberg

Kenya in 2013 formally decentralized a series of governance responsibilities to its 47 counties, including the provision of health care. But while the original goal of devolution was to improve efficiency in service delivery and permit greater ownership and engagement at the local level, in the health sector this has not translated as well as anticipated. Rather, devolution has caused major interruptions in the supply chain and in the collection of data against health indicators which could suggest an impact on the programs paid for with Global Fund grants.

In 2014, this translated into a major stockout of first-line TB drugs at county level. Without clear directives from the Ministry of Health, the county governors used the funds that would have been spent on these drugs for other things. After exhausting the national reserve, Kenya was forced to make an emergency request for a loan of drugs from Malawi, and [had to ask the Global Drug Facility](#) for assistance to procure the equivalent of a year's supply – worth some \$8 million.

According to John Ochero, portfolio manager at the Global Fund for Kenya, a series of measures have been taken to ensure this problem does not reoccur.

“For Global Fund grant funds, procurement will continue being done centrally as it was before – i.e. through the appointed Procurement entity / agent (KEMSA) so there will be no adverse effect,” he told Aidspan. “Implementation of the other areas (HSS, etc.) will follow the same principle: working through the MoH and the health departments of the counties directly without the funds flowing through the county accounts. So we have no risks anticipated in the short run.”

His optimism, however, is not shared by everyone.

“If devolution has an impact on the health system as a whole, it also has an impact on the Global Fund programs,” said Nelson Otuoma, executive director of the Nephak network of people living with HIV, which is a civil society representative on the Kenyan CCM.

To see whether Otuoma's concerns were well-founded, the KCM carried out a series of field visits in May and June, which included stops in the western counties of Homa Bay and Vihiga. The oversight committee produced a report, a copy of which was shared confidentially with Aidspan, that noted stockouts in a number of the 16 facilities visited.

The report noted that “stockouts of anti-malaria drugs were glaring; in the two counties there was [also] inadequate supply of nutritional supplements and Isoniazid,” a first-line TB drug.

While procurement for anti-malarials is the purview of the central government, county governments must handle any additional stock needs to respond to epidemics or stockouts. The KCM’s report, in noting the stock management challenges, recommended a new strategy to engage with county governments to ensure that capacity and management deficits do not preclude them from engaging in wider discussions about strategic stock management.

Stock management is not just strategic, as the western counties know too well: it’s also sometimes the difference between life and death. More than 40 people died in a malaria epidemic between April and July in Kakamega, just north of Vihiga. Low stock levels in the health centers and public hospitals were blamed for the entirely preventable deaths, according to Evelyn Kibuchi, who leads the Kenya NGO consortium, Kanco.

“The resources are there,” she lamented. “These deaths could have been avoided.”

In the joint HIV/TB concept note submitted by Kenya in early 2015, the need to reinforce pharmacy capacity at the county level, specifically in terms of procurement, was also flagged. Around \$180,000 of grant funds will be allocated to improve training in supply chain management to improve the understanding of needs and thus plan better for contingencies and outbreaks. Pharmacies will, going forward, also be invited to quarterly planning meetings to share information on drug stocks, both in terms of needs but also to share some of the challenges they are confronting.

Delays and gaps in monitoring and evaluation of programs

The KCM report also highlighted problems in data collection, monitoring and evaluation. Data collected by community volunteers was “not comprehensively captured in DHIS,” the report found.

Bernard Langat, head of the Global Fund program at the Finance Ministry (the Global Fund PR) also flagged this as a particularly critical issue.

“The biggest problem is the delay in reporting, and incomplete data” related primarily to stock usage, he told Aidspace. “If you don’t know what you consume it’s difficult to give a supply based in reality on the ground. You have to use historical data which doesn’t show the reality.”

The problem, according to Peter Messoh, a finance officer in the Health Ministry, is the failure by a number of counties to even create their own M&E departments. Even in those counties with an M&E department, reporting is ongoing – but at a glacial pace.

“And this has an impact on the results reported by the government to the Global Fund,” he said.

[This article was first posted on GFO Live on 17 August 2015.]

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9. NEWS: Sustainability at core of new HIV strategy in Moldova

Tinatin Zardiashvili 18 August 2015

Transition away from Global Fund support figures prominently in the development of the 2016-2020 strategic plan currently under development

In developing its new national strategy for HIV/AIDS, Moldova is, equally, drafting a transition plan that is predicated on the assumption that there will be no more Global Fund support for prevention, treatment and care interventions from 2018.

The plan still follows the three-pronged approach presented in the HIV grant, worth 11.5 million euros, for which implementation began in January 2015. Core objectives of the three-year grant include prevention of transmission, universal access to treatment and effective program management. The grant proposal hews closely to guidance provided in the 2014-2016 EECA Investment Framework and as part of new funding model (NFM) sustainability principles.

According to Liliana Caraulan, HIV program manager of the Center for Health Policies and Studies (PAS), a Fund principal recipient, the transition strategy will not only include program management but also resource management and advocacy at the government level to ensure there is no budget vacuum.

Maintaining focus on prevention of HIV in key populations will be among the key challenges to be addressed in the transition strategy, alongside ensuring program and human resource capacity in order to assume leadership of the existing programs from 2018. Finding the right

people and ensuring they remain part of the structure of the National HIV program will be critical to keeping the programs going.

As in other countries in the region, the HIV epidemic has been driven primarily by injecting drug use. An outbreak of HIV among people who injected drugs occurred in 1997. While safe injecting practices have become the norm within this vulnerable group, there has been slow progress in adopting safe sexual behavior.

Responding to the dual challenges of rising MSM and containing HIV from spreading to sexual contacts of key populations is also central to the transition and future NSP.

There have been some 9,389 HIV cases registered in Moldova as of January 2015, with around 700 new cases recorded annually from 2009-2013. UNAIDS estimates the total disease burden to be roughly twice the number of registered cases, at around 18,000. An IBBS study conducted in 2013 demonstrated some of the successes of harm reduction programming, noting a decline of nearly 50% in prevalence among injected drug users from 2009 to 2013 in the capital Chisinau and only a marginal increase in the second city of Balti (from 39.8% in 2009 to 41% in 2013).

Global Fund support has helped to drive the expansion of ART services in Moldova. First available to the general population in 2002, ARVs are now provided within the penitentiary system as well as outside. The state began funding ART in 2014, with 400 patients on treatment. Of a planned 4,131 registered state-supported people living with HIV, there are now 2,483 receiving first line treatment. The state will, by 2017, also assume responsibility for second-line medication for 607 patients.

According to NGO representatives, HIV prevention services are the most vulnerable to budgetary shortfalls without Global Fund support, whereas state support for ART is quite strong. There is currently no waiting list for patients seeking to be enrolled in the ART program. However, low adherence and late involvement in ART continues to plague the public health system, demonstrating the need for improved access to testing for key populations and a strengthening of community-based and referral services.

Under the new strategy, how to retain and eventually expand HIV prevention services is the primary goal. There is a long tradition of supporting harm reduction services as part of the slate of HIV prevention activities, and community and civil society groups are well-versed in advocacy on behalf of these types of services. There has been a state-approved harm reduction

and OST strategy in Moldova since 2005, which has also expanded to cover penitentiaries. Moldova was among the first countries in EECA to introduce OST, with methadone, in prisons.

Psycho-social components of the OST program are, however, supported by the Global Fund, leaving a possible gap once the program becomes entirely state-funded. According to the NFM financial gap analysis, the annual budget for the HIV program is some 12.6 million euros, of which government is responsible for nearly 3 million euros.

[This article was first posted on GFO Live on 18 August 2015.]

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10. ANNOUNCEMENT: A new chapter for GFO editor

Lauren Gelfand 20 August 2015

Dear subscribers,

This is my final issue at the helm of *Global Fund Observer*. It's been an extraordinary two years of watching, and listening, as the Global Fund evolves and matures into a dynamic and responsive financing mechanism. I hope that GFO has, equally, evolved and matured to respond to and document the concerns and vision of grant implementers, partners and the people who benefit from Fund-supported programs.

We have, in response to reader suggestions, sought to expand GFO's reach in these last two years, pivoting away from an exclusive focus on what is happening in Geneva to explore more broadly the impact of those policies on countries and actual programs. Expanding our roster of correspondents to all of the regions in the Global Fund system has allowed us to delve more deeply, and monitor more closely, how the NFM is translating into effective impact and strong results.

As I return the editor-ship of GFO into the strong hands of David Garmaise, Aidspace's Senior Analyst, assisted by Stephanie Braquehais, I am confident this implementation-level analysis and insight will continue as GFO enters its 14th year and encourage you all to maintain your support for the vital work done by Aidspace as the independent watcher of the Global Fund.

Lauren Gelfand

[This article was first posted on GFO Live on 20 August 2015.]

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NEWS : [Global Fund greenlights regional TB program for miners in Southern Africa](#)

The Wits Health Consortium has been approved as the principal recipient on a new, \$30 million regional grant to address the growing problem of tuberculosis among Southern Africa's miners.

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