Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 280: 10 February 2016

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The Government of Malawi says that about a third of the medicines stored in its public health facilities are being stolen each year. Donors have urged the government to act to address the problem. Some donors are helping Malawi procure pre-fabricated pharmacy storage units.

7. NEWS: Results to mid-2015 released

Programs supported by The Global Fund added another 500,000 people on antiretroviral treatment in the first half of 2015, bringing cumulative results to 8.6 million. During that same period, the number of smear-positive TB cases detected and treated increased by 850,000 (cumulative total: 15 million); and the number of mosquito nets distributed rose by 50 million (cumulative total: 600 million).

8. NEWS: Sustainability is about more than just money, study says

In a paper published in the *African Journal of AIDS Research*, Gemma Oberth and Alan Whiteside argue that financial considerations are just one of six tenets of sustainability. The other five are epidemiological sustainability, political sustainability, structural sustainability, programmatic sustainability and considerations related to human rights.

9. NEWS: Harm reduction in many EECA countries is not sufficient, strategic or sustainable, study says

An assessment conducted by the regional "Harm Reduction Works – Fund it!" program in six countries in Eastern Europe and Central Asia found that harm reduction programs remain inadequate. None of the countries in the study met international guidelines for access to needle substitution programs and opioid substitution therapy.

10. NOTICE: WTP data for Suriname corrected

An Aidspan report on willingness to pay, published in January, contained some incorrect information on the WTP commitment made by Suriname. The incorrect information was repeated in a GFO article about the report. The present article sets the record straight.

ARTICLES:

1. NEWS: ILO Administrative Tribunal upholds appeal by former Inspector General John Parsons

Termination process was "fundamentally flawed"

The Global Fund ordered to pay material and moral damages

David Garmaise 9 February 2016

The Administrative Tribunal of the International Labour Organization has upheld an appeal by John Parsons of his dismissal as Inspector General by The Global Fund in November 2012.

The tribunal said the termination process was "fundamentally flawed" and "procedurally unfair." It ruled that the decision to terminate Mr Parsons' employment be "set aside." The tribunal also said that The Global Fund's actions in publishing the termination of Mr Parsons' employment and the reason for the termination, along with the refusal by the Fund to remove the "offending information" from its website caused "serious and irreparable harm to [Mr Parsons'] reputation and dignity and were a breach of his right to privacy."

The tribunal ruled that The Global Fund must pay Mr Parsons material damages in an amount equal to the salary, benefits, and other compensation to which he would have been entitled from 28 February 2013 (the date Mr Parsons' dismissal took effect) to the date of his anticipated retirement in June 2016 had he remained in service – less Mr Parsons' net earnings from other sources in that period – together with 5% interest from 28 February 2013 to the date of payment.

The tribunal also ordered The Global Fund to pay Mr Parsons moral damages in the amount of 150,000 Swiss francs, and costs related to the tribunal's proceedings of 15,000 Swiss francs. (On 3 February, the Swiss franc was worth just under US$1.)

The tribunal's 28-page decision, released on 3 February 2016, can be found here (look for Judgment No. 3613).

The Global Fund Board fired Mr Parsons on 15 November 2012 while it was meeting in Geneva (see GFO article). According to the tribunal, in a news release issued the same day, the Fund said that the Board had made its decision based on "a performance review; an independent external peer review of the audit function; and a report to the Board by its Audit and Ethics Committee."

Mr Parsons appealed the decision to the ILO Administrative Tribunal on 10 January 2013. Mr Parsons filed three complaints. The first challenged the decision to terminate his employment. The second complaint challenged The Global Fund's refusal to retract a news

release published on the date of his termination as well as certain other communications, including a letter dated 28 November 2012 to the Chair of the U.S. Senate Foreign Relations Committee. The third complaint challenged the decision to maintain the news release on the Fund's website.

The tribunal accepted that The Global Fund Board had the authority to terminate Mr Parsons' employment for unsatisfactory employment (Mr Parsons had challenged this as well), but decided that the decision to terminate was unlawful.

As Inspector General, Mr Parson reported to the Board through the AEC. Essentially, the tribunal said that the AEC had no authority to advise the Board about the Inspector General's performance, but that it did so anyway. It said that the AEC's advice was central to the Board's decision to terminate Mr Parsons. The tribunal found that in taking it upon himself to manage a 2012 assessment of Mr Parsons' performance, the chair of the AEC had exceeded his authority. At the same time, the tribunal said, this constituted an abdication on the part of the Board, under its By-laws, to assess Mr Parsons' performance.

The tribunal found that The Global Fund Board did not follow due process with respect to evaluating Mr Parsons' performance, in that it did not give him adequate opportunity to remedy any deficiencies, and did not give him proper warning that his job may be at risk.

Regarding the second complaint, Mr Parsons had argued that the news release posted on the Fund's website the day he was dismissed and sent to all staff, and the letter of 28 November, both of which stated that the complainant's employment had been terminated for unsatisfactory performance, constituted a breach of the Global Fund's duty to refrain from conduct that may harm the dignity and reputation of a staff member, and a breach of Mr Parsons' right to privacy.

The tribunal essentially agreed with Mr Parsons. It said that:

> "There can be no doubt that the announcement in the news release and the statement in the 28 November 2012 letter that the complainant was terminated for unsatisfactory performance conveyed to readers that the complainant was incompetent and unfit to perform the duties of the Inspector General. These communications were a serious affront to the complainant's professional reputation and his dignity. The fact that The Global Fund sent an email to its staff members directing their attention to the news release in circumstances where the complainant was not in a position to refute its contents further exacerbates the breach. It also constitutes a serious infringement of the complainant's right to privacy."

The tribunal rejected The Global Fund's assertion that given the nature and importance of the Inspector General position, there would be a lesser expectation of privacy.

The tribunal said that the Fund should simply have communicated Mr Parsons departure in neutral terms "such as an announcement that [he] was leaving The Global Fund." The tribunal ordered The Global Fund to remove the news release from its website within seven

days of the release of the tribunal's judgement. The decision was released on 3 February. The news release was removed from the website on 4 February.

Mr Parsons also argued that the news release and the letter of 28 February, taken together with subsequent statements made by Board members and the chair of the AEC, constituted malicious defamation. The tribunal rejected this contention. It said that "there is no evidence that the publications were issued with malicious intent or intentionally designed to destroy [Mr Parsons'] career."

A spokesperson for The Global Fund told GFO that the Fund has received the decision of the ILO's Administrative Tribunal on the case brought by a former Inspector General, and will comply with the ruling.

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2. ANALYSIS: Thailand's transition triggers concerns for some, but others are more confident

The concerns relate to services for key populations

Gemma Oberth 3 February 2016

Thailand has been hailed by The Global Fund as the golden example of a well-planned and well-managed transition. When Thailand submitted its TB/HIV concept note in June 2014, the country announced that this would be the last time it requested money from The Global Fund. The country indicated that it would transition in just two years, shorter than the standard three-year Global Fund grant cycle. This is an unusual situation. Countries do not ordinarily volunteer to transition ahead of schedule, before The Global Fund deems them ineligible for further funding.

Global Fund money makes up about 5% of total TB/HIV funding in the country, with the vast majority coming from the government. However, most services for key populations are delivered by civil society organizations, and largely with Global Fund money. Currently, 86% of funding for prevention programs for sex workers, men who have sex with men, and people who use drugs comes from The Global Fund and the American government.

Thailand's NFM concept note states that part of the transition plan is for the Thai government to take increasing responsibility for funding commodities, specifically mentioning the country's needle/syringe requirements. It states that 50% of the country's commodity needs are currently funded by the government, with the other half covered by Global Fund. In the second year of the two-year transition, the concept note proposes the arrangement for commodities move to 60% government funding, 40% Global Fund. In addition, the Thai government has issued orders and started harm reduction package in 19 provinces on a trial basis. Another component of the transition is the government's move to provide universal healthcare to migrants, a key population in Thailand's HIV response. As part of the current

grant, the Global Fund is supporting the migrant insurance for the first year, with the Thai government taking it over in the second year of the transition.

In order to support a smooth transition, The Global Fund has granted Thailand leeway to reprogram $1 million in savings from their Round 8 grant towards funding their transition. The Fund has also provided human resource support, sponsoring a private sector engagement position within the CCM.

The Technical Review Panel of The Global Fund, the independent body which reviews concept notes, clearly favors Thailand's approach to transition. In its report on concept notes submitted in the first and second windows, the TRP applauded Thailand for its efforts to move to domestically funded programs and strongly encouraged other applicants to consider the goal of eventually transitioning away from Global Fund support. In its next report, on concept notes submitted in the third and fourth windows, the TRP described Thailand as having "a well-thought out, well-defined exit strategy," which few other concept notes have demonstrated.

Some sources in-country echo the TRP's confidence, suggesting that the two-year transition plan was the result of a healthy assessment. One CCM member said "OK, if this is the money that we have, then we have to transition. We saw that the money couldn't stretch three years." The quick transition was apparently against the advice of The Global Fund Secretariat. "The Global Fund tried to tell us three years, but we said Thailand should stand on our own two feet," said one key informant. "Thailand told The Global Fund, 'No – two years.' We cannot keep relying on them."

Stakeholders' reaction

But not all stakeholders are as optimistic about Thailand's ability to transition successfully. Some feel that the Thai government's ability to deliver services to key populations, especially men who have sex with men, is a huge concern in the absence of donor funding. "MSM contribute to the most new infections in Thailand but the Ministry has no MSM capacity – technical or otherwise," said one source.

There is some evidence to support skepticism of the Thai government's ability to implement effective key populations programming. In an external evaluation of MSM programming during Thailand's Round 8 Global Fund grant, it was found that the principal recipient – the Royal Thai Government Department of Disease Control within the Ministry of Public Health – significantly underperformed on targets (below 60%) and was given a poor performance rating ("C") from the local fund agent and The Global Fund. During the country dialogue for the new funding model, civil society and key populations groups were successful in removing the government as the PR for the MSM program, replacing it with the Raks Thai Foundation, a civil society organization and the former sub-recipient and implementing partner. In a recent Global Fund News Flash, Shreehari Acharya from the Raks Thai Foundation said, "We understand transition, but we want the Global Fund to focus on particular populations that will not be taken care of by the government so that they provide really great support, continually and sustainably."

"We still don't have domestic funding for key populations," said one source within the transition leadership. "The government doesn't allocate money for CSOs to work. We are concerned about money for key populations. The country has a system to provide for CSOs, but it's very little and not very efficient."

Again, perspectives on the transition are divided. When civil society's concerns about the transition were discussed in an interview setting, one CCM member said "Why are people panicking? Are all people panicking? No. People who are panicking are poorly informed and are not looking for ways of financing themselves." This key informant suggested that civil society needs to focus on producing better evidence of the needs during transition to motivate sustained investment for civil society and key populations.

There are efforts underway to monitor the success of the transition. A team of researchers with John's Hopkins University, funded by the Open Society's Foundations, is conducting research on the impact of Thailand's transition away from The Global Fund on key populations, and modelling the potential for resurgent epidemics.

The interview data in this article was collected in Bangkok, Thailand, in August 2015 as part of research led by the International Council of AIDS Service Organizations. A draft of ICASO's forthcoming discussion paper was shared with Aidspan in advance of circulation, along with permission to publish content in GFO.

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3. NEWS: KPI targets revised again, new targets approved

Board reviews details of five targets in danger of being missed, adjusting two for the coming year

Mary Lloyd 9 February 2016

Following a review of why The Global Fund was at risk of not meeting five corporate key performance indicators (KPIs) in the coming year, the Board has approved 10 targets for 2016, two of which have been revised since they were first proposed in November last year.

The Global Fund has 16 KPIs, 13 of which were due to be reported to the Board at its 34th meeting last November. The Board was scheduled to vote on proposed targets for 2016 at that meeting but declined to do so because several board members requested further information on some of the targets.

In a 77-page document prepared for the Board, the Secretariat provided the information and noted that "recent analysis by the Secretariat has led to revision of the performance targets for two indicators." Having reviewed this information, the Board has now voted electronically to approve all the recommended targets for 2016 for 10 KPIs (see table). (The other KPIs already had 2016 targets.)

Table: Approved 2016 targets for 10 KPIs

Corporate KPIs		2016 Target
2 (g)	Number of countries with validated population size estimates for key populations	55 countries have validated population size estimates for female sex workers, men who have sex with men, and, where applicable, injecting drug users
4	Efficiency of The Global Fund's investment decisions	Alignment between investment decisions and country "need" of 0.52 (20% improvement over 2014-2016)
5	Alignment with national reporting systems	94% of investments in countries where support to date by The Global Fund is reported on national disease strategy budgets
7	Access to funding	75% of grants submitted in 2015-2016 take 10 months or less from submission to first disbursement
9	Effective operational risk management	Portfolio risk index within range of 1.7 to 2.1
10	Value for money	7% reduced spending on equivalent commodities at equivalent quality and volume
11	Grant expenses forecast	F2 2015 Grant Expense / Grant Expense Corporate Budget: within a range of 0.9 – 1.1
12	Human rights protection	Year-on-year improvement with a 100% aspiration
14	Domestic financing for AIDS, TB, and malaria	90% of programs meeting minimum counterpart financing thresholds
15	Efficiency of grant management operations	Operating expenses as a percentage of grants under management (using F2 reforecast) below a maximum of 2.75%

Of the two targets that have been revised, KPI 7 (access to funding) has been lowered so that the target allows a longer time from grant submission to first disbursement, while KPI 10 (value for money) has been raised and now targets reduced spending that is three percentage points higher than that recommended at the November Board meeting.

KPI 7 – Access to funding

Although it will only be clear later this year how The Global Fund measures up against this target, the organization has already acknowledged it is unlikely it can be met (see GFO article).

This target is one of the measures intended to assess The Global Fund's progress on its 2012-2016 strategic goal of evolving its funding model so that it is more flexible and effective, and provides predictable funding opportunities. It gauges the time from submission of the concept note to receipt of the first disbursement.

The 2016 target presented to the Board in November last year called for 75% of grants emanating from concept notes submitted in 2015-2106 to be approved in eight months or less. That has now been revised to 10 months or less.

According to the document presented to the Board, the 10-month target was not met for 2014 submissions. To achieve the 8-month goal would mean cutting back current times from submission to approval by 3.5 months.

The Secretariat has recommended various ways in which The Global Fund's management could improve the organization's performance in this area, which, it says, could cut 6-8 weeks from the approval process. These actions include allowing small and low-risk grants to follow a different track, and improving digital grant-making tools so that bugs are fixed and they become more user-friendly.

Although the performance for this KPI has received a lot of attention, the Board has been assured the Fund's failure to meet this target has had no effect on its programs. According to the Secretariat's analysis, country teams are able to anticipate grant delays and offer grant extensions so that interventions are not disrupted.

KPI 10 – Value for money

This target has fluctuated up and down in the past year. The Fund invests heavily in commodities needed to support its programs, so this target was put in place to drive savings by using the organization's purchasing power to lower those costs.

The 2015 target was set at 8% savings on commodities the Fund buys, but when the second quarter results suggested that would not be met, a 4% target was proposed for this year.

Now it appears that the full year results for 2015 will show a 7% savings, so the target for 2016 has been raised to the same level.

The analysis provided by the Secretariat points out that the timing of tenders for various commodities has a significant impact on how well the Fund performs on this target. For example, the 2014 agreements for bed net procurement, which sets prices for two years, showed savings in the first year of the scheme, but none in the second year because only savings compared to the year before count.

Additional information on underperformance

A key reason for using KPIs is to help the Board track the Secretariat's performance. It was noted in the Strategic Review 2015, however, that understanding the data revealed by the KPIs and in particular understanding changes in an indicator, requires significant understanding of context. (See GFO article.)

The Board's request for further information about the areas in which The Global Fund is not meeting its KPIs suggests they also see a need for members to better understand what the data presented to them reveals about the Fund's performance.

In addition to the two KPIs detailed above, the Board asked for more information on the three other areas that show potential underperformance – strategic service delivery, health system strengthening, and human rights protection.

KPI 3 – Strategic service delivery

The data presented at the November meeting for this indicator suggested the Fund would not meet its targets for three of the seven services measured – TB cases treated, bed nets distributed, and HIV-positive pregnant women receiving antiretroviral therapy. The Fund argued, however, that much of this is a case of under-reporting and work not being correctly attributed to The Fund, rather than underperformance.

At that meeting, the Board asked to know how severely the projected results had been affected, and requested country-by-country analysis of why the Fund had underperformed.

In response, the Secretariat now says new analysis has allowed it to update its projections, and that "all service targets now exceed 90% of expectation." That would still mean those three services are at risk of missing their 2016 target, but not by nearly as much as previously reported to the Board.

The number of TB cases treated is now expected to hit 14.7 million, missing the target of 15.45 million. More than 378 million bed nets are expected to be distributed, still short of the 390 million target. And more than 2.4 million HIV-positive pregnant women are expected to receive antiretroviral therapy, slightly less than the target of 2.7 million.

One reason offered to the Board for the improved projections is that concept note targets had been used instead of finalized grant targets, causing them to be overestimated.

The Secretariat's explanation for why these targets are likely to be missed include one target being unrealistic because an overestimation was made for one high burden country; some countries' results not being attributed to the Fund's support because their reporting cycles are not aligned; and weak supply chains.

The Secretariat has suggested addressing these issues by taking steps such as improving oversight of target setting and attribution; and addressing problems with procurement.

KPI 5 – Health system strengthening (HSS)

This KPI uses a World Health Organization scoring tool to measure improvement in the ability of countries to deliver prevention, treatment, and care to people affected by HIV, TB, and malaria. The target was for 60% of countries to show an improvement by 2016, but obtaining a result has been repeatedly delayed. In 2014, data was expected to be available for two countries, with a further five reporting in 2015. By November last year, however, data was only available for one country, with only one more expected by the end of 2015.

To address the lack of information on this issue, the Board asked in November for an overview of the health system strengthening portfolio. The Secretariat has responded with details of how the Fund's resilient and sustainable systems for health (RSSH) investments have increased from 38% of the portfolio to 40% under the new funding model, with cross-cutting HSS interventions doubling from 6% to 12%.

The Board also requested a "standard portfolio for performance monitoring" that could be used in the Implementation Through Partnership initiative, and a list of other proposed tracking indicators that could be used for the remaining period of the current strategy.

The Secretariat has explained that most NFM grants started in 2015, so the first reports from those programs will come in this year, and the first measurement of HSS indicators will be done by the end of the year. It also provided the list of HSS indicators requested; and noted that "considerable work" is being done to develop RSSH indicators for the next KPI framework (2017-2022), but that only one of the indicators on the HSS list was being considered for inclusion in that framework.

KPI 12 – Human Rights protection

At the November meeting, the Board asked for a full report on investments in key populations, gender and human rights activities to be produced by April 2016. It has also requested details of plans for the development of real-time tracking of investments in these areas.

The Secretariat's response notes that it is working to enhance these investments. It says a framework approach is being developed so that regular reporting will be possible, but adds that this data is dependent on the reporting systems of the relevant countries and the Fund's implementers.

According to the document provided to the Board, "a review of the existing modules and interventions related to human rights will be undertaken and further enhancements to track progress in the human rights area will be pursued."

Information for this article was taken from Board Document GF/B34/ER03 entitled "Mid-Year 2015 Corporate KPI Results and 2016 Targets." This document is not available on The Global Fund website.

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4. NEWS AND ANALYSIS: Contracts with SR resume as Cambodia's dispute with The Global Fund ends

Malaria cases on the rise again

New concerns about resistance

Nathalie Abejero 9 February 2016

A dispute over clauses in contracts with a sub-recipient in two malaria grants in Cambodia regarding how travel costs should be accounted for was resolved in December 2015, according to Dr. Luciano Tuseo, who heads the World Health Organization's malaria program in Cambodia. Dr Tuseo is quoted in an article in *IRIN News*.

The impasse delayed the implementation of portions of the two grants by several months. Neither The Global Fund nor officials in Cambodia have released any information on how the dispute was resolved.

The Global Fund is Cambodia's largest funding partner for fighting malaria, with $393 million invested since 2003. Under the new funding model grant that was scheduled to begin in July 2015, the malaria program will receive $46.5 million out of a total country allocation of $148 million. The principal recipient for this grant is the United Nations Office of Project Services (UNOPS).

In addition, with the third highest burden of malaria in the Greater Mekong Sub-region, Cambodia began activities under The Global Fund Regional Artemisinin Initiative (RAI) in January 2014 with an allocation of $15 million, following a year of delay.

The SR in question is the National Center for Parasitology, Entomology and Malaria Control (CNM) which was set to receive $10.7 million under the NFM grant to Cambodia and $9 million under the Cambodia portion of the RAI grant.

In October 2015, the *Phnom Penh Post* printed an article with the headline "Malaria money sits idle." In the U.K, *The Guardian* ran a similar story under the banner "Cambodia's battle against malaria put at risk as expenses row holds up funds."

The newspapers reported that CNM refused to sign its contracts because it disagreed with clauses on how to account for travel-related expenditures.

The *Phnom Penh Post* reported that because of the impasse, treated mosquito nets were warehoused for an extended period; there were shortages of testing kits and drugs; and critical activities at the village level had to be suspended.

Cambodia experienced a steady decrease in morbidity and mortality over the past decade, including a 70% reduction in malaria cases and deaths in the period 2009-2014. The impasse coincided with an alarming rise in malaria cases in some provinces since June 2014, with further acceleration in the first half of 2015. While spikes in caseload and programming delays are not necessarily related – several factors can affect malaria rates, including natural cyclical variables like climate – this is a worrisome trend given the challenge of drug resistance.

In a statement released on 20 October, The Global Fund said that the situation remains critical, and preliminary data on an increase in malaria cases in parts of Cambodia since mid-2014, as well as resistance to artemisinin-based combination therapies, carries serious implications for the broader Mekong region. Although the Fund did not comment directly on the impasse with CNM, it said:

> "The Global Fund implements a framework of accountability that requires transparent reporting on investments in health, so that a maximum of available resources go toward serving people affected by malaria and other diseases. The Global Fund has a zero tolerance policy for fraud and corruption, and requires a high degree of

> transparency and accountability from all partners, even in challenging operating environments where governance and accountability systems do not meet international standards."

This is not the first time that the CNM has found itself under severe scrutiny. In 2013, financial mismanagement in its highest ranks was uncovered during an audit and an investigation by the Office of Inspector General (see GFO articles here and here).

Following the OIG audit and investigation, Cambodia's country coordinating mechanism took extensive measures to prevent further misuse. These included restructuring the implementing arrangements by replacing CNM with the UNOPS as PR for the malaria grant.

Misused funds in the amount of $431,000 have since been repaid to The Global Fund by Cambodia. Further risk mitigation measures, such as increased financial oversight, were tightened and built into the grant-making process, to ensure that programs are implemented in a transparent and accountable manner. The enhanced reporting on travel expenditures was part of the new fiscal controls.

The Global Fund worked closely with the Ministry of Health and UNOPS to address the special challenges related to the strict fiscal measures implemented last year and to resolve the dispute. "It's unclear what broke the funding impasse," *IRIN News* reported, "as the WHO's Tuseo refused to say, and Huy Rekol, director of Cambodia's National Malaria Centre was unavailable for comment. But Rekol said late last year that the major point of disagreement was over the Fund's insistence that his staff provide receipts for accommodation. He argued that this was impossible since they often worked in remote locations."

There has been speculation that the Global Fund has agreed that the travel receipts will no longer be required; and that expenses from government missions will instead be spot checked for verification, along with other measures to ensure fiscal transparency.

Potential global consequences

Nick White, a professor of tropical medicine at Oxford University, was critical of the impasse. He told *IRIN News* that cutting back on programs aimed at killing off the parasite will increase its ability to resist drugs.

The deadlock in Cambodia has potentially catastrophic implications worldwide. Prior drug-resistant strains of the parasite that spread across the globe and taken the lives of millions in India and sub-Saharan Africa have all originated on the Thai-Cambodia border. Critical to the success of Global Fund-backed programs to fight malaria is the widespread administration of antimalarial artemisinin. Emergent artemisinin-resistant malaria several years ago provoked an urgent global response to avert its spread.

In addition, research in Cambodia shows clear evidence of resistance to piperaquine. Piperaquine is a long-acting drug that is partnered with fast-acting artemisinin in combination therapies; combination treatment makes development of resistance less likely and until now

is the recommended first-line treatment for multi-drug resistant malaria around the world. With artemisinin resistance already rapidly spreading, it is easier for a parasite to also develop resistance to piperaquine. The research findings were published in The Lancet Infectious Diseases in January 2016.

"Piperaquine resistance is a serious worry to us because it's one of our main drugs," Nick White said. "It's the only one we can use in rapid elimination."

The breakthrough in negotiations was reported just as Cambodia launched a new five-year $142 million program to eliminate the malaria strain, *P. falciparum*, that is susceptible to drug resistance. The Cambodia Malaria Elimination Action Framework 2016-2020 outlines a plan that is part of the larger goal of eliminating all malaria cases by 2025. The Global Fund is one of the donors.

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5. NEWS: The Global Fund awards $414 million for 19 grants

Includes $44 million in incentive funding

David Garmaise 30 January 2016

In January 2016, the Global Fund Board approved $414 million in funding for 18 grants emanating from concept notes submitted by 10 countries. Of the $414 million, $280 million represented new money; the balance was existing funding that had been approved prior to the new funding model but was nevertheless included in the NFM allocations to countries. The Board was acting on recommendations from the Grant Approvals Committee and the Technical Review Panel.

Included in the $414 million was $44 million in incentive funding. In addition, the Fund placed interventions worth $35 million in the registry of unfunded quality demand. See the table for details.

The Board also approved $3 million for a regional grant to reduce human rights barriers and enhance the impact of current HIV national responses towards transgender people in the Latin American and Caribbean region.

The largest awards went to Burundi ($66.6 million for TB/HIV and $38.3 million for malaria) and Cameroon ($97.3 million for TB/HIV).

Table: Funding for country grants approved by the Global Fund, January 2016 ($ million)

Country (component)	Grant name	Principal recipient	Approved funding			Of which, incentive funding	Added to UQD register
			Existing	New	Total		
Bolivia (Malaria)	BOL-M-UNDP	UNDP	0.0 m	10.3 m	10.3	NIL	0.8 m
Burundi (TB/HIV)	BDI-T-PNILT	PNILT	1.3 m	10.1 m	11.4 m	0.9 m	NIL
	BDI-C-CRB	Burundi Red Cross	NIL	13.8 m	13.8 m		
	BDI-H-PNLS	PNLS	38.2 m	3.2 m	41.4 m		
Burundi (malaria)	BDI-M-PNILP	PNILP	8.5 m	23.9 m	32.4 m	3.3 m	5.3 m
	BDI-M-CARITAS	Caritas Burundi	1.3 m	4.6 m	5.9 m		
Cameroon (TB/HIV)	CMR-H-MOH	Ministry of Health	7.3 m	83.0 m	90.3 m	0.6 m	11.1 m
	CMR-T-MOH	Ministry of Health.	1.4 m	5.6 m	7.0 m		
Chad (TB/HIV)	TCD-T-FOSAP	International Rescue Committee	0.2 m	5.1 m	5.3 m	0.7 m	NIL
	TCD-H-FOSAP	Centre de support en Santé internationale	8.3 m	29.4 m	37.7 m		
Cote d'Ivoire (TB)	CIV-T-MOH	Ministry of Health	4.9 m	6.5 m	11.4 m	NIL	NIL
	CIV-T-ACI	National Alliance for AIDS Control	0.7 m	3.7 m	4.4 m		
Kosovo (TB)	QNA-T-CDF	Community Development Fund	0.3 m	2.2 m	2.5 m	NIL	NIL
Malawi (TB/HIV)	MWI-C-AA	Action Aid	25.9 m	3.4 m	29.3 m	37.2 m	NIL
Mali (TB/HIV)	MLI-T-CRS	CRS Mali	2.9 m	5.7 m	8.6 m	NIL	NIL
Mali (malaria)	MLI-M-PSI	PSI Mai	20.6 m	39.9 m	60.5 m	1.2 m	17.9 m
Nicaragua (malaria)	NIC-M-REDNICA	NicaSalud Network Federation	NIL	10.1 m	10.1 m	NIL	NIL
Niger (TB)	NER-T-SCF	Save the Children	11.4 m	19.8 m	31.2 m	NIL	NIL
TOTALS			**133.2 m**	**280.3 m**	**413.5 m**	**43.9 m**	**35.1 m**

The grants to Cameroon, Chad, Cote d'Ivoire, Kosovo, and Mali were in euros which were converted to dollars at the rate of 1.0897.

Burundi

Burundi faces a generalized HIV epidemic with a prevalence rate of 1.4% among adults and a concentrated epidemic among key populations. The TB/HIV program aims to reduce HIV infections by 50% by 2017 (compared to 2014); to decrease HIV prevalence among 15-24-year-olds from 0.5% in 2014 to 0.25% in 2017; among sex workers from 21% in 2013 to 19% in 2017; and among men who have sex with men from 4.8% in 2013 to 3.8% in 2017.

Among the activities included in the program are training sessions for miners, prisoners, Batwa community leaders and refugee leaders to promote access to HIV and TB services, and to increase awareness of gender-based violence. The Batwa are an indigenous people.

According to the GAC, the program's approach to integrating TB and HIV services will serve as a capacity building exercise for the national disease programs and will help Burundi move towards sustainability.

The GAC said that political unrest in the country will make it challenging to strengthen civil society and maintain the components of the program, and that the Secretariat will need to remain "operationally flexible" as the situation develops.

With respect to malaria, the GAC noted that the entire population of of 10 million is at risk of malaria transmission.

Assessments conducted during grant-making revealed weaknesses in financial management, planning and administration of both principal recipients, the Programme National Intégré de Lutte contre le Paludisme, and Caritas Burundi. In addition, because of the political unrest, Secretariat staff are currently unable to visit the country. As a result, the following risk mitigation measures have been agreed:

- the formation or strengthening of program management units within each PR;
- the installation of a fiscal agent in the offices of both PRs;
- having procurement done through the Fund's pooled procurement mechanism;
- the provision of technical assistance to the national malaria program to build implementation capacity during the first year of the program;
- increasing storage at the central medical store;
- and expanding the use of the logistics management information system.

Program activities include having the two PRs collaborate on the messaging for, and the execution of, the 2017 mass distribution campaign of long-lasting insecticidal nets. In addition:

- LLINs will be distributed among special groups in 2016, such as residents of boarding schools, orphanages, university dormitories, police and military camps, convents, hospitals and prisons;
- Prevention and treatment activities, including integrated community case management, will be implemented through community health workers; and
- Batwa community leaders will be trained on malaria prevention and treatment.

Cameroon

Cameroon faces a generalized HIV epidemic, with a prevalence rate 4.8% among 15-49 year-olds, and with higher rates among key populations, including sex workers, men who have sex with men, people in prisons, refugees, and young women.

Two of the goals of the program are to significantly improve the management of MDR-TB patients; and to significantly improve collaboration in the management of TB/HIV coinfection.

Funding was approved for a TB grant and an HIV grant with the Ministry of Health as PR. The GAC said that an additional grant with a civil society PR, focused on HIV prevention, will be recommended for funding once grant negotiations are completed. A condition of the grants to the MOH PRs requires that an operational plan and budget for the roll-out of an integrated community strategy be worked on collaboratively by the PRs.

Other countries

Here is some information on some of the other grants approved for funding:

Chad (TB/HIV). The GAC noted that while Chad has committed to invest $1.7 million for TB and $13.1 million for HIV over the life of the approved grants, the security and socio-economic challenges, including the decline in oil prices, and Chad's involvement in the fight against Boko Haram in the region have had an impact on how much the state has been able to invest in the health sectors and will likely continue to do so throughout the implementation period. The GAC also said that the number of staff receiving salary incentives will decrease for TB but increase for HIV. However, the HIV grant includes a condition that a transition plan be developed that will result in Global Fund contributions to salary incentives decreasing over time. Finally, the GAC said that there was an opportunity during this implementation period to building a strong relationship with the country coordinating mechanism, with the support of partners. The GAC did not explain what the problem was with the current relationship. We assume that the GAC was referring to the relationship between the CCM and the PRs.

Cote d'Ivoire (HIV). The activities for this program include testing services for people in prisons. Also, during grant-making, activities and a budget were added to provide interventions targeting people who inject drugs. According to the GAC, the Côte d'Ivoire national TB program is currently being investigated by the Office of the Inspector General because TB medicines were found on sale on street markets. The GAC report lists several actions that will be implemented as a result of the preliminary findings of the investigation. GFO will report on these actions when the final report on the investigation is released.

Malawi (TB/HIV). The PR for the grant for which funding was approved is Action Aid. Another grant covering health sector interventions, with the MOH as PR, was approved in October 2015. The Action AID grants focuses on community-based interventions and community systems strengthening. During grant-making, savings of $9 million were found. This money will be used to fund additional prevention activities for adolescent woman and girls. The detailed targets and outcomes for the prevention package targeting adolescent woman and girls will be developed in consultation with stakeholders and technical partners through the Implementing Through Partnership initiative between January and June 2016 (with implementation to follow).

Mali (malaria and TB/HIV). For the malaria grant, the activities include a significant scale-up of integrated community case management. The GAC noted that a limited number of performance-based incentives are included in the malaria grant but that the budget was reduced by 25 percent for the second and third years of the grant. The government has been asked to prepare a transition plan that will allow the government to take over the payment of

incentives beyond 2018. With respect to TB/HIV, Mali submitted an integrated TB/HIV concept note and has planned for an integrated implementation. A grant covering health sector interventions, with the UNDP as PR, was approved in December. The grant that was just approved is a complementary grant with Catholic Relief Services for the TB component. In addition, an HIV grant with a civil society PR will be reviewed by the GAC at a future meeting.

Niger (TB). Because of the volatile security environment, a fiscal agent has been installed and a zero-cash policy has been implemented. Domestic financial commitments amount to $3.9 million, which represents 16% of total resources available for the next implementation period. According to the GAC, over the lifetime of the grant, a gradual and well-planned phase-out of Global Fund-supported incentives for government staff involved in this grant's implementation will occur. The goal is to reduce Fund support to 80% in 2017 and 60% in 2018. In addition, the PR will submit a capacity-building plan for the national TB program, which will include linking the payment of incentives to performance.

Regional grant

This grant emanates from a concept note submitted by REDLACTRANS, a regional organization. The PR is the International Organization for Migration. The strategic focus of the program is to cover gaps in regional and country-level activities in order to reduce human rights barriers and enhance the impact of current HIV national responses towards transgender people in the LAC. In this region, transgender people are disproportionately affected by HIV/AIDS with a prevalence rate between 26% and 35%, and a life expectancy between 35.5 and 41.3 years, with HIV/AIDS as the main cause of death.

The REDLACTRANS HIV program aims to promote a positive legal environment with respect to the human rights of transgender people in Latin American and the Caribbean, to contribute to better access to comprehensive healthcare and the HIV/AIDS response. The countries included in the grant are Argentina, Belize, Bolivia, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, and Uruguay.

Reinvested savings

The Board also approved:

- an increase of $9.1 million in the budget for two TB grants in Bangladesh that were approved in January 2015. The additional amount is within the allocation and represents undisbursed amounts and unused cash funds from Round 10 grants; and
- an increase of $1.3 million in the budget of two HIV grants in Thailand that were approved in December 2014. The additional amount is within the allocation and represents an unspent cash balance from two closed grants. The GAC said that the savings will be invested in strengthening civil society in anticipation of Thailand's transition from Global Fund support (see separate article on the transition).

Information for this article comes from the January 2017 report of the Secretariat's Grant Approvals Committee to the Board (GF-B34-ER05). This document is not available on the Fund's website.

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6. NEWS: Drug theft: A serious threat to Malawi's health system

Some donors have threatened to cut off aid if Malawi does not do more to address the problem

USAID and DFID are helping Malawi procure pre-fabricated pharmacy storage units

Owen Nyaka 9 February 2016

The theft of medicines by workers in public health facilities in Malawi has become rampant and represents a serious threat to Malawi's fragile health systems.

In an article in the *Nyasa Times* on 8 January 2015, the Minister of Health, Peter Kumpalume, is quoted as saying that almost a third of the government's 17 billion kwacha ($24.7 million) budget for the procurement of medicines is being lost to theft. Mr Kumpalume warned that the government will hand out stiff punishments in 2016 to health workers involved in the thefts.

"It is disheartening to note that the government is losing lot of money due to drug theft by the people government entrusted with the responsibility of taking care of the lives of people," he said.

A South African newspaper, the *Mail & Guardian*, reported on 4 December 2015 that prescription drugs plundered from Malawi's public hospitals – including antiretrovirals and powerful antibiotics and painkillers – are being smuggled into South Africa and sold on the streets. The newspaper quoted traders in central Johannesburg as saying that the main purchasers of the drugs are Malawians illegally in South Africa who fear being identified if they use the public health system.

"At the root of the trade is poor management and security lapses in Malawi's health system, which health workers and hospital pharmacists exploit," the newspaper said.

On 29 November, an article in *The Nation* revealed that some health workers in clinic on the border with Mozambique were stealing drugs and selling them to private clinics and pharmacies in Mozambique.

Last year, the Ministry of Health conducted its first comprehensive assessment of health commodity storage capacity in public health facilities. The assessment found that more that three-quarters of the facilities do not have enough space to properly store medicines and supplies. It found out that in many facilities, medicines are stored in corridors, treatment

rooms, offices and in open spaces, which contributes to theft as well as spoilage and drug expiries.

The situation has led to drug shortages in most of the public hospitals in Malawi. Some hospitals have had to turn patients away, and some doctors are rationing the few medications they have.

The situation is made worse when private hospitals are owned by health officials or retired workers who employ personnel who work for public establishments. Doctors in these private hospitals are prescribing drugs for patients and then telling them that they can only get them in their hospitals (at higher prices) because the public hospitals have no stock.

According to an article in *The Nation* on 11 November 2015, the U.S. Global Coordinator for the President's Malaria Initiative, Rear Admiral Ted Ziemer, and the U.S. Ambassador to Malawi, Virgina Palmer, warned that Malawi risks losing 114 billion kwacha ($203.6 million) for the fight against malaria if the widespread theft of drugs is not stopped.

Ambassador Palmer also suggested that the Ministry of Health submit amendments to Parliament to the Pharmacies, Medicines and Poisons Board Act to stiffen penalties for the theft of medicine. According to the newspaper, Malawi President Peter Mutharika has promised to do this.

As one way of addressing the problem, on 27 November 2015, the Central Medical Stores Trust adopted a Corruption and Fraud Prevention Policy. GFO has been told that the policy outlines courses of action for dealing with corruption and fraud; and that the policy is designed to increase awareness of the problem and encourage prevention and reporting of corruption. [*Editor's Note: At the time of writing, we had not yet been able to obtain a copy of the policy*.]

GFO has been informed that during a ceremony officially launching the policy, Mr Kumpalume said:

> "In every country and organisation, procurement is prone to abuse. Central Medical Stores procures medicines in billions of kwachas. As such, the likelihood of abuse is there. We have heard of members of staff demanding 10% of every bid they make. This has to stop and there is need to expose perpetrators of corruption so that the law could take its course."

On 11 December 2015, the U.S. Agency for International Development (USAID) and the (U.K.) Department for International Department (DFID) signed a memorandum of understanding with the Government of Malawi regarding pre-fabricated pharmacy storage units for the 108 health facilities in the country. The donors have committed $8.3 million for the initiative. The goal is to increasing storage capacity in the health facilities and to increase the security of the medicines.

Meanwhile, Malawi is one of three pilot countries where The Global Fund's Office of the Inspector General is conducing a "speak out" campaign to try to stem the pilfering (see GFO

article). Thomas Fitzsimmons, communications specialist for the OIG, told GFO that "the Malawi campaign is intended to be national in scope…. USAID and DFID are working on similar initiatives, so we are seeing what we can do together to fight the drug theft. Channels will include radio, billboards, and other media."

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7. NEWS: Results to mid-2015 released

Number of people on ARVs reaches 8.6 million

David Garmaise 6 February 2016

In the first half of 2015, through programs supported by The Global Fund, another 500,000 people were put on antiretroviral treatment for HIV, bringing the total to date to 8.6 million, a 7% increase over end-2014 results.

In that same period, the number of smear-positive TB cases detected and treated increased by 850,000, bring the cumulative total to 15 million, an 14% increase over end- 2014 results as reported by The Global Fund in September 2015. (See the editor's note at the end of this article.)

Also in the first half of 2015, just over 50 million mosquito nets were distributed, bringing the total to date to 600 million.

These results were announced recently by The Global Fund in a factsheet.

Cumulatively, to 30 June 2015, programs supported by the Fund also:

- provided counseling and testing to 470 million people;
- distributed 5.2 billion condoms;
- treated 23 million people for STIs;
- provided services to 3.3 million HIV-positive women to prevent transmission of HIV to unborn children;
- provided basic care and support services to 7.8 million orphans and vulnerable children;
- treated 230 million people for MDR-TB;
- treated 560 million cases of malaria; and
- conducted indoor residual spraying in 61 million structures.

The fact sheet included an explanation of how the results were calculated and verified.

Editor's note: In September 2015, the Fund reported that the cumulative total of smear-positive TB cases detected and treated to end-2014 was 13.2 billion. A Fund spokesperson told GFO that this figure was under-reported by 750,000. Thus, the correct number of cases to end-2014 was actually 13.95 billion. By our calculations, the addition of 850,000 cases in the first half of 2015 brings the cumulative total to 14.8 billion, which the Fund appears to have rounded up to 15 million. Using the rounded-up figure, the additional cases in the first half of 2015 represents an increase of 7.5% compared to the revised number of cases to end-2014.

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8. NEWS: Sustainability is about more than just money, study says

Political will and respect for human rights are among the other factors that need to be considered

David Garmaise 1 February 2016

Planning for how programs will be sustained after The Global Fund (or any other donor) has withdrawn from a country – or is anticipated to withdraw, sooner or later – must take into account more than just where the money will come from.

In a paper published in the *African Journal of AIDS Research* in January, Gemma Oberth and Alan Whiteside argue that financial considerations should be just one of six inter-related tenets of sustainability. The other five are epidemiological sustainability, political sustainability, structural sustainability, programmatic sustainability and considerations related to human rights.

The authors argue that stable or even increasing investments in HIV does not necessarily mean sustainable programs. "For instance, Malawi and Zambia have consistently achieved the Abuja target of allocating 15% of public expenditure to health, which is a measure of financial sustainability. ... However, key populations programs in these two countries cannot be said to be sustainable. Men who have sex with men, and sex workers, are criminalized by the government and struggle to access services."

Oberth and Whiteside believe that **epidemiological sustainability** must consider the trends and outlook for HIV. They suggest that a possible measure of epidemiological sustainability is when the number of people on treatment is greater than the number of new infections.

Concerning **political sustainability**, the authors ask, "Will AIDS remain on the policy agenda? Is the legal and policy environment conducive for an effective response?" Without continued political leadership, they argue, the most promising programs will not be sustainable.

Oberth and Whiteside state that a sustainable response to HIV requires looking at structural barriers to access, such as gender-based violence, poverty and inequality. Further, they argue,

"**structural sustainability** is needed in order to ensure that gains are not fragile, as factors such as gender-based violence and poverty could spark a resurgence in infection rates even after epidemics appear to be contained."

With respect to **programmatic sustainability**, the authors state that sustainability necessitates a programmatic transition from an emergency response to a long-term main-streamed approach. "This raises questions about which programs should remain, which ones should go, and which ones should evolve," they said.

The authors pose the following question: "How will the right to health be protected for populations who might be excluded from decision-making based on the five preceding factors?" They cite concerns about reaching key populations, such as men who have sex with men, sex workers and drug users, in contexts where the government would otherwise not provide services. The authors state that it will be difficult for funders to promote **human rights** while also encouraging country ownership in places where certain populations are criminalized.

Oberth and Whiteside argue that the human rights tenet must be considered an important factor for true sustainability. "It may also be necessary for certain key population interventions to continue to receive external investment, even after a country has transitioned away from donor support," they said.

Assessing sustainability efforts

The authors state that assessing sustainability in practice is difficult because it is often a retrospective exercise. They said that based on an analysis of three noteworthy examples of attempts to achieve sustainability – PEPFAR in South Africa, the Global Fund in Eastern Europe, and the Bill and Melinda Gates Foundation in India (the Avahan Project) – "it is clear that transition had happened in very different ways and with varying degrees of success."

The authors discuss each of these transitions and state that the Avahan Project was regarded as the most successful. It involved a handover from the Foundation to the Government of India over a five-year period. When the project was established, it had already been decided that it would eventually be handed over.

Regarding Global Fund transitions in the EECA region, Oberth and Whiteside note that the Fund has transitioned out of HIV programs in Romania, Bosnia and Herzegovina, Macedonia, Montenegro, and Serbia; and that Moldova is currently transitioning, set to be cut off from funding in 2017.

The authors state that the Serbia experience reveals a mixed bag of programmatic sustainability. Opioid substitution programs survived largely intact, but the government has not yet stepped in to fill the gap in needle exchange programs where The Global Fund had supported access to safe injecting equipment for more than 4,000 clients in four cities.

Romania is cited by Oberth and Whiteside as an example of poor epidemiological sustainability. A study by the Open Societies Foundations in 2014 found that there has been a

spike in HIV infections among people who use drugs since the Global Fund departed in 2010. In 2013, about 30% of new HIV cases were linked to injection drug use compared with 3% in 2010. Another study found that a specific HIV outbreak among drug users in Romania in 2011 was directly linked to a significant decline in harm reduction services once Global Fund investments stopped. Finally, Oberth and Whiteside cite an article that asserted that Romania is now home to a growing epidemic, indicating that human rights and political will are not high on the agenda.

Conclusion

In their concluding section, Oberth and Whiteside argue that the six tenets – financial, epidemiological, political, programmatic, structural and human rights – should be regarded as prerequisites for donor transitions and domestic allocations. The authors state that the tenets should also be measured in a continuing manner, regardless of country readiness to move to a fully domestic response. "Importantly," they said, "the human rights tenet means that key populations in many settings should continue to receive external money for programs, even in countries that have transitioned from donor funding."

Gemma Oberth is an independent consultant and visiting academic at the Centre for Social Science Research, University of Cape Town, South Africa. She is also a correspondent for GFO. Alan Whiteside is a CIGI Chair in Global Health Policy at the Balsillie School of International Affairs, Waterloo, Canada, and is affiliated with the University of KwaZulu-Natal, South Africa. He is also on the Aidspan Board of Directors. If you would like a copy of the full journal article, please contact the corresponding author, Gemma Oberth, at gemma.oberth@gmail.com.

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9. NEWS: Harm reduction in many EECA countries is not sufficient, strategic or sustainable, study says

None of the countries in the study met international guidelines for access to NSPs and OST

Tinatin Zardiashvili 6 February 2016

Harm reduction in many countries in Eastern Europe and Central Asia is not sufficient, strategic, or sustainable. This is the central conclusion of an assessment conducted by the regional "Harm Reduction Works – Fund it!" program in six countries: Belarus, Georgia, Kazakhstan, Lithuania, Moldova, and Tajikistan. A report on the assessment was recently published.

Two types of assessment were conducted: a financial analysis, and a quality of services assessment. The latter was community-led, because the assessment was also aimed at building the capacity of community representatives to conduct long-term government-level advocacy campaigns for increasing domestic funding.

The major findings of the assessment were as follows:

1. **None of the countries meet the international guidelines for access to needle substitution programmes and opioid substitution therapy.** The guidelines recommend that 60% of persons who inject drugs be reached by NSPs. Based on 2013 data (the latest information available), at 59%, Kazakhstan came close; but reach in the other countries ranged from only 12% to 38%. The guidelines recommend that 40% of all opiate users be enrolled in OST programs. Coverage in the six countries (based on 2013 data) ranged from under 1% to 11%. (Program officials do not believe that the situation has changed much since 2013 for either NSPs or OST.)

2. **There are wide variations among the countries in unit costs for the NSP and OST programs**. While some variation is to be expected, the extent of the variation suggests that countries could be more strategic in the design and implementation of their programs.

3. **Service delivery methods and policies are not consistently oriented around community needs**. The most common problems identified in the assessment were the unavailability of community outreach workers; the unavailability and the poor quality of NSP commodities; the lack of access to HIV rapid testing; and the lack of access to take-home doses of methadone for OST clients.

4. **Programs do not adequately address the special needs of women and youth.** Survey participants identified a lack of access to gender-sensitive programs, and a lack of female outreach workers. They also identified age-restrictions as a barrier to access by youth.

5. **There are significant legal barriers to accessing harm reduction services**. Examples include a restricted drug policy in Georgia; prohibiting non-medical staff from conducting rapid HIV testing in Kazakhstan and Tajikistan; and medical protocols not allowing the use of naloxone in certain countries.

6. **Greater investments are urgently needed to increase the coverage and quality of harm reduction services**. The regional program estimates that the gap for the six countries included in the assessment is $13.6 million for 2016 alone.

The report says that each sentinel country needs to address its policy and legal barriers; and that strong regional advocacy and leadership will be needed to overcome entrenched interests that may resist change throughout the EECA. According to the report, the findings in the sentinel countries are likely to apply to many other countries in the region.

The community-led assessments revealed that there are PWID who had never heard about harm reduction approaches and programs until they were approached for this assessment.

The report contained several recommendations, including the following:

- national governments must develop plans for transitioning from Global Fund support that include significant domestic investments in harm reduction;
- the quality of existing harm reduction services should be improved; and
- national governments must remove legal and policy barriers to harm reduction programs.

In a foreword to the report, Michel Kazatchkine, UN Secretary General Special envoy on HIV/AIDS in Eastern Europe and Central Asia, said:

> "The region is now at the next critical juncture: moving to sustainable harm reduction programming, fully supported by governments and owned by domestic actors. This will not be an easy transition, but it is a necessary one; many countries in the region are heading towards economic development levels that leave them ineligible for donor assistance. Harm reduction is a vital public health measure, and now is the time that governments must commit to it, to safeguard the lives of some of their most vulnerable citizens."

The third years of the Harm Reduction Works – Fund it! program will be devoted to advocacy work carried out at the community level. The main objective of this work is to convince governments to spend more on harm reduction. The work will be informed by the results of the assessment described above.

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10. NOTICE: WTP data for Suriname corrected

Aidspan staff 3 February 2016

In January 2016, Aidspan published a report on willingness-to-pay commitments in 13 countries. An article about the report appeared in GFO.

Subsequently, we learned that the WTP commitment shown in the report for Suriname was incorrect. Rather than making a commitment of $1.5 million, Suriname made a commitment of $18.4 million.

Aidspan has corrected the figures in the report and has posted an updated version here (see *The "Fair Share" of Shared Responsibility: An Aidspan Report on Willingness to Pay*).

The incorrect amount for Suriname also appeared in the GFO article in a table. The corrected table is as follows:

Table: Actual WTP as a proportion of minimum WTP requirement ($ million)

Country	Minimum WTP requirement	Actual WTP commitment	WTP commitment as proportion of minimum WTP requirement
Iran	6.1 m	77.4 m	**1275%**
Thailand	32.7 m	309.5 m	**946%**
Suriname	2.3 m	18.4 m	**800%**
Botswana	8.6 m	68.0 m	**789%**
Costa Rica	1.5 m	11.2 m	**762%**
South Africa	139.5 m	1,000 m	**748%**
Bulgaria	3.1 m	14.5 m	**468%**
Ukraine	27.7 m	124.1 m	**448%**
Romania	3.8 m	12.2 m	**317%**
Belize	1.4 m	3.9 m	**289%**
Mauritius	1.5 m	4.4 m	**286%**
Fiji	1.6 m	4.3 m	**265%**
Jamaica	5.7 m	13.6 m	**237%**

The statement in the article that Suriname committed less than the minimum WTP requirement was incorrect.

Unrelated to the Suriname data, there is another error in the GFO article: The total WTP investment of the 13 countries in the study was $1.66 billion, not $1.88 billion.

Aidspan regrets any inconvenience caused by the incorrect information.

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GFO Editor: David Garmaise (david.garmaise@aidspan.org).

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