Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

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Current drug control policy undermines the reach and impact of health programs for people who use drugs, according to a position paper submitted by The Global Fund to the U.N. General Assembly's upcoming special session on the world drug problem.

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1. NEWS: National forum of sex workers in the Russian Federation builds empowerment and creates a path towards sustainability

Similar forums planned for PWID and MSM

Tinatin Zardiashvili 19 April 2016

A national forum of sex workers, held in Moscow on 11-14 April 2016 is seen as one step towards achieving the sustainability of programs for sex workers as The Global Fund ends its funding for the Russian Federation.

(According to The Global Fund's website, there is only grant currently active. It is an HIV grant and it will expire at the end of 2017.)

The principal recipient of the existing HIV grant is the Open Health Institute (OHI). The sex workers forum was organized within the framework of the community empowerment and overcoming legal barriers module of the HIV grant by five sub-recipients operating in five cities.

The purpose of the forum was to bring together sex workers and sex worker activists from different regions of the Russian Federation to involve them in a national movement of sex workers headed up by Silver Rose, a voluntary partnership of sex-workers and their supporters. Forty community representatives from 10 cities attended the forum.

The objectives of the forum were:

- to describe the program being implemented under the community empowerment and overcoming legal barriers module of the HIV grant;
- to explain what the program can offer sex workers in term of protecting their rights and other services;
- to demonstrate how communities can participate in monitoring the services;
- to enable participants to develop strategic directions for the sex workers community for the coming five years, including, in particular, strategic directions related to empowering the communities and implementing the recommendations of the Committee on the Elimination of all Forms of Discrimination Against Women; and
- to identify potential leaders to undertake capacity building activities planned under the module.

Forum participants told GFO the event was very important for the empowerment of the sex workers community in the Russian Federation. Participants said that they realised that they are not just individuals struggling with their own issues, but rather that they are members of powerful group of people sharing the same problems and goals.

Elena Zaitseva, who heads up the Global Fund program for OHI, said: “We are proud that the event was driven, organized and facilitated by the community and not by the PR, which has just provided financial, logistical and administrative support.” She added that the five-year strategic plan developed at the forum is important for the sustainability of the program her PR has been implementing. “The plan will empower sex worker communities to seek out grants to allow our programs to continue after The Global Fund withdraws support at the end of 2017.”

OHI plans to conduct similar forums for two other key populations: people who inject drugs, and men who have sex with men. OHI expects that the outcomes of these two forums will be similar to the outcomes of the sex workers forum – i.e. long-term strategic plans; more empowered populations; and a path established towards the sustainability of services.

Most stakeholders in the Russian Federation agree that strengthening at-risk communities is the best approach, and they believe that it has already produced results. According to Igor Pchelin, director of the Steps Fund, and a representative of the Russian Union Network of People Living with HIV/AIDS, The Global Fund “gave communities the opportunity to ‘come out’ from under their illegal status and become a partner with the state.”

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2. ANALYSIS: "You just find things happening in a cloud over your head"

How national stakeholders are engaging with The Global Fund's regional grants in Botswana

Gemma Oberth 15 April 2016

When it comes to The Global Fund's regional grants in Africa, Botswana is a pretty popular country. Currently, there are five regional programs which include Botswana – two HIV, two TB and one malaria – all from the first wave of regional concept notes (see table).

Table: Regional grants that include Botswana

Name	Disease Focus	Amount ($ million)	Date of Grant Approval	Principal recipient	Countries Covered
KP REACH	HIV	11.5 m	11 Oct 2015	Hivos Regional Office for Southern Africa (ROSAF)	Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia, Zimbabwe.
Removing Legal Barriers	HIV	10.5 m	11 Oct 2015	UNDP	Botswana, Côte d'Ivoire, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania, Uganda, Zambia
TB in Mines	TB	30.0 m	23 Dec 2015	Wits Health Consortium	Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe.
Regional TB Lab Project	TB	6.1 m	11 Oct 2015	East, Central & Southern Africa Health Community (ECSA HC)	Botswana, Burundi, Eritrea, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe
Elimination 8	Malaria	17.8 m	10 Sep 2015	E8 Secretariat	Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe.

With so many regional grants involving one country, there are bound to be challenges. This article provides an overview of the perspectives held by national Global Fund stakeholders in Botswana towards the regional grants in their country.

Although all five grants include Botswana, none of the principal recipients are located there. ROSAF is in Zimbabwe; UNDP is in Ethiopia; Wits is in South Africa; ECSA HC is in Tanzania; and the E8 Secretariat is in Namibia.

Knowledge

In a recent survey conducted by the Eastern Africa National Network of AIDS Service Organizations (EANNASO), civil society and community groups cited regional grants as their biggest Global Fund knowledge gap. They added that civil society and community

groups are less likely to participate in consultations for the development of regional concept notes as compared to consultations for country concept notes.

Following the survey, key informant interviews with stakeholders in Botswana confirm that there is limited knowledge of regional grants at country level, despite the fact that Botswana is included in so many regional concept notes.

CCM endorsement

Before a regional concept note is submitted to The Global Fund, each country included in the proposed program is required to endorse it through a vote at the CCM. The process is supposed to involve explaining to CCM members what the purpose of the program is, how the country will be involved and how the country will benefit (including how data on results will be shared). However, some stakeholders question the quality of the engagement.

"The regional grants are just dropped on us with no notice, basically, and we are meant to approve them," says Harriet Pedersen with the European Commission, a CCM member representing multi- and bi-lateral partners.

Jerome Mafeni, the CEO of the national civil society PR, African Comprehensive HIV/AIDS Partnerships, and a CCM member representing civil society constituencies, agrees. "All regional grants are developed without our input, and when they are dumped on CCM, we are told, 'Please, won't you endorse?'" he says. "The initial thinking and dialogue that should happen across all countries before the proposal development itself commences, does not take place."

Communication

Once a regional grant is approved, there are challenges in maintaining clear and regular communication channels between the regional PR and the participating countries. Communication is important to keep countries informed about progress in implementation. "We don't know what is happening. We don't know when to expect information," says Junior Molefe, with Men for Health and Gender Justice. "Even ourselves, as partners of these regional organizations, we still sit there and wait to hear."

Nana Gleeson, from the Botswana Network on Ethics, Law and HIV and AIDS (BONELA), says that "if the Global Fund is really serious about community level monitoring, people need to know what's going on, and they need to be having the necessary information to analyse and give feedback on. And where does that happen? You just find things happening in a cloud over your head."

Some stakeholders pointed out that what needs to be communicated will vary depending on the program and on the extent of the country's involvement. For example, CCM member Harriet Pedersen suggests communication about regional grants needs to be tempered against the realistic opportunities for country-level stakeholders to meaningfully engage. "It's probably important to analyze who needs to know," says Pederson. "If there are no opportunities for community-based organizations to access funding, or to influence the

design of the program or how it's rolled out in their community, why do they need to know?" she questions.

According to Botshelo Kgwaadira, Manager of the National TB Program in Botswana and member of the Regional Coordinating Mechanism (RCM) for the TB in Mines grant, community-based organizations often do not have opportunities to get involved. "In regional grants, if you look at the modules that are there, there is not really much for community organizations," says Kgwaadira.

Maatla Otsogile, from the Botswana CCM Secretariat, says that there are sometimes opportunities for national level stakeholders, including civil society organizations, to access sub-grants through The Global Fund's regional programs. For example, Otsogile said, the CCM distributed calls for proposals for sub-recipients for both the Elimination 8 and the TB in Mines programs to all CCM members, but those members do not necessarily share that information with their constituency. "The problem is that our representatives are not giving feedback," said Otsogile. If information is blocked at the CCM, this could limit broader country engagement with regional grants.

Coordination

Stakeholders in Botswana also suggest there is a need to improve coordination, both among various regional grants as well as between national- and regional-level implementation. "Sometimes there is duplication" says TB in Mines regional coordinating mechanism member Botshelo Kgwaadira. "When we were writing the TB in the Mines [concept note], there was never ever a reference to the ECSA [Regional TB Lab Project] one."

Cindy Kelemi, Executive Director of BONELA, notes that "it is vital for there to be a well-coordinated approach when similar programs are being implemented at national and regional level." Referring to the need for improved coordination between national and regional grants, Oscar Motsumi, executive director of the Botswana Network of AIDS Service Organizations and a CCM member representing civil society, said, "It also speaks to data integrity, because where there's no coordination, there's double counting, triple counting, and duplication."

Conclusion

If the Global Fund's regional grants are going to achieve meaningful results, engagement with national stakeholders will need to be improved. "Obviously at a regional level the grant is different, but you will need in-country partners to assist," said Nana Gleeson from BONELA. Since many of the regional grants described in this article are just getting off the ground, stakeholders in Botswana are optimistic the situation will improve once these programs get going. However, it will be vital to monitor how regional programs engage national actors to ensure that regional investments achieve their bottom line – healthier people on the ground.

The author, Gemma Oberth, is the Technical Support Consultant to the Regional Platform for Communication and Coordination for Anglophone Africa (hosted by EANNASO). The interview data in this article was collected by EANNASO in April 2016 in Gaborone,

Botswana. Additional interviews are ongoing in Mozambique, Nigeria, and Uganda. The research is funded by The Global Fund as part of the CRG Special Initiative. EANNASO has shared these preliminary findings with Aidspan and granted GFO permission to publish some results ahead of the full report.

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3. NEWS: The Global Fund scores well in the 2016 Aid Transparency Index

David Garmaise 18 April 2016

According to the non-profit organization, Publish What You Fund (PWYF), The Global Fund ranks among the top five donors of global aid for its transparency and accountability. PWYF released its AID Transparency Index on 13 April.

The index assessed 10 donors as being "very good," which is the top category. The other categories were "good," "fair," "poor," and "very poor." The other donors in the "very good" category included the United Nations Development Programme, which topped the index for the second times with a score of 93.3%, the (U.S.) Millennium Challenge Corporation, Unicef, the (U.K.) Department for International Development, the World Bank, the Inter-American Development Bank, the Asian Development Bank, Sweden and the African Development Bank. PWYF said that all of the donors in the "very good" category "should be commended for their efforts in dramatically improving the timeliness and the comprehensiveness of their aid information since 2011" (when donors formally committed to make their aid transparent by 2015, and when PWYF released its first index).

For the most part, the index assesses information on the implementation of individual grants at country level. The methodology for producing the index has evolved over time. Since 2013, PWYF has been putting more emphasis on the quality of the information. PWYF fund said that despite a steady improvement in transparency since 2011, "the quality of most donors' data is still not good enough for it to be used by other stakeholders."

The 2016 index also showed that the Global Fund ranked first in three activity level indicators – performance, related documents, and basic information. Performance refers primarily to results. Related documents refers to memoranda of understanding, evaluations, objectives, budget documents, contracts, and tenders. Basic information covers items like implementer name and contact details.

In a statement issued by the Fund, Executive Director Mark Dybul said that "transparency is essential for any organization that invests public money for the public good. "It is in the bedrock of our founding principles, and absolutely crucial to our effectiveness."

Editor's note: GFO has published two commentaries recently concerning what it perceives to be gaps in transparency at The Global Fund. The commentaries focused not on grant

implementation, but rather on the application and review processes, and on the appraisal of country coordinating mechanisms. The commentaries are available here and here.

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4. NEWS: In Côte d'Ivoire, two million TB drugs financed by The Global Fund sold in street markets: OIG

An awareness campaign has been launched in the media to inform the population

Stéphanie Braquehais 19 April 2016

In Côte d'Ivoire, the Nouvelle Pharmacie de la Santé Publique (NPSP), the facility responsible for receiving, warehousing and distributing medicines, and the Programme National de Lutte contre la Tuberculose (PNLT), a principal recipient, were responsible for a massive diversion of TB drugs financed by The Global Fund.

This is the conclusion of a report of the Office of the Inspector General (OIG) that has just been published. According to the OIG, this diversion did not lead to any treatment disruption.

Since 2004, The Global Fund has invested $336 million in Côte d'Ivoire.

Last year, routine spot checks by the Secretariat revealed that RHZE, a first line TB drug, was being sold illegally in local markets. Touted as a cure for many diseases, RHZE had a street value that was double its original price.

The OIG investigation also identified through market surveys a cross-border inflow of RHZE. Boxes of the TB drug financed by The Global Fund and other development partners from neighboring countries in West Africa were found in the local markets in Côte d'Ivoire.

Two million pills diverted

According to the OIG, the Nouvelle Pharmacie could not account for two million doses worth $148,544. These pills were from the program's emergency reserves representing four months of supply for the whole country.

Between January 2014 and June 2015, the PR received 9% of all the doses distributed in the country, said the OIG. The PNLT claimed that having its own stock of pills was a way to prevent temporary stock-outs in treatment centers that had experienced unavoidable delays when ordering from the Nouvelle Pharmacie.

However, during its field visits, the OIG team found that RHZE drugs were stored "haphazardly" in small quantities in a "untidy and poorly maintained room." It also found that the program was located near one of the local markets where the illegal sales occurred.

According to the OIG, the program continued to procure more RHZE pills than necessary. In 2015, it raised its target of reserve stocks from 2.5 million to 4.5 million pills.

The OIG report identified $155,605 in non-compliant expenditures.

"I Speak Out Now" campaign

Among the root causes of the diversion, the OIG cited weak stock and supply management by the Nouvelle Pharmacie and PNLT.

Côte d'Ivoire is one of the three pilot countries in a campaign called "I Speak Out Now," launched by the OIG in March 2016. The goal is to increase awareness among, and provide information to, potential whistleblowers about fraud and abuses committed within Global Fund-supported programs (see GFO article).

One aspect of this campaign involves using public announcement on national radio and in the media to inform about the dangers of taking RHZE without prescription.

Actions taken

When informed about the problem in August 2015, the Ministry of Health immediately instructed PNLT to stop receiving and distributing RHZE in treatment centers.

It also required that PNLT provide a new operational plan for procurement, stock management and TB drugs for 2016-2017. A multi-sectorial committee was created to oversee the stocks. Finally, the PNLT and the Nouvelle Pharmacie were required to conduct regular inventory counts, with CCM members present as observers.

Among the measures taken by the Secretariat, a stock and logistic module is being integrated into the country's district health information software tool. This is being done with the participation of stakeholders and development partners.

The Global Fund Secretariat will also determine and "aggressively" pursue appropriate amounts for recovery.

See also separate GFO article on OIG investigations in India, Bangladesh and Guyana.

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5. NEWS: OIG releases reports on three investigations

Non-compliant expenditures were found in TB grants to India and Bangladesh, and a malaria grant to Guyana

David Garmaise 19 April 2016

Between 29 March and 13 April 2016, the Office of the Inspector General published reports on three investigations – one each in India, Guyana and Bangladesh. The OIG identified non-compliant expenditures ranging from $56,966 for a malaria grant in Guyana to $311,637 for a TB grant in Bangladesh. This article provides a brief summary of the OIG's findings.

India

The OIG investigation found evidence of non-competitive tenders and improper procurement practices totaling $97,149 by the Catholic Bishops' Conference of India, sub-recipient for a TB grant. This included payments for information, education, and communication materials that were not printed and delivered.

The SR attached quotations to payment vouchers to make the tenders appear competitive, and awarded one printing procurement based on a single quotation without proper justification. These acts violate The Global Fund's Code of Conduct for Recipients, the grant agreements, the principal recipient's project guidelines, and the SR's own finance manual.

In its response to the OIG's findings, the executive director of the Catholic Bishops' Conference of India acknowledged that it had not always provided quotations from separate vendors and had, on occasion, approached a vendor to provide other vendors' quotations. The E.D. stated that there was no fraudulent intent on their part and that they did not get quotations from other vendors due to time constraints.

The OIG noted that staff generally lacked capacity to follow internal procurement policies and that financial controls were weak. The OIG found that the finance manual did not provide sufficient guidance in several key areas of activities.

The OIG also found that the SR did not conduct due diligence on vendors, despite the fact that a large portion of printing contracts were awarded to the same vendor.

In addition, the OIG found that the PRs – The International Union against Tuberculosis and Lung Disease; and Central TB Division, a division of the Indian Ministry of Health and Family Welfare – did not provide adequate oversight over the SR. They neither reviewed the sub-recipient's finance manual nor conducted sufficient reviews of their procurements and other expenditures.

However, the OIG did not find evidence showing that any individual benefited directly or otherwise, in relation to the non-competitive procurements it identified.

As a result of the investigation, the PRs will be required to tighten their procurement procedures and improve their oversight.

Guyana

The OIG investigated activities related to the distribution of bednets and surveillance in a malaria grant for which the PR was the Ministry of Health. The activities were implemented between January 2013 and June 2015 by Vector Control Services (VCS), a department of the PR.

The OIG investigation found evidence that VCS employees inflated the number of bednets reported as distributed, and fabricated underlying bednet distribution documents to support the inflated figures. The OIG said that VCS employees also fabricated documentation for another surveillance activity relating to the operation of malaria committees. In all, the OIG identified $56,966 in expenditures that it deemed to be non-compliant with the grant agreement and, therefore, potentially recoverable. These expenditures came from three sources:

1. The OIG said that due to inaccurate record keeping by VCS and the MOH, it was unable to establish how many bednets financed by The Global Fund had been distributed by VCS. As a result of this fraudulent misrepresentation of information and inadequate procurement and supply management, the OIG concluded that $41,789, which is the value of the bednets, constitutes a non-compliant expenditure.
2. The investigation also found that a substantial proportion of the fuel purchased by VCS in the periods under review – $11,290 – was misappropriated and, therefore, non-compliant.
3. Some claims for per diem expenses by VCS drivers in certain periods were inconsistent with entries in vehicle log books and therefore the OIG found that per diem claims totaling $3,887 were non-compliant.

Bangladesh

The OIG investigation found that a 2011 tender for TB-related medical equipment awarded to Bengal Scientific & Surgical, a local Bangladesh supplier, for $311,637 involved collusion, falsified bid documents, non-existent shell companies, and price manipulation. The OIG found that Bhuiyan International Corporation, the procurement agent that managed the tender on behalf of the National Tuberculosis Program, was unqualified for its role and ineffective in interrupting the fraud. Bhuiyan International ceased operations soon after the grant's closure in June 2011.

According to the report, at least four of the six bidders in the tender were affiliated and had colluded to submit falsified bids to give the impression of a competitive tendering process.

Although the supplier delivered the quantity and type of goods ordered under the contract, the prices it charged were marked up on average about 150%.

Beginning in July 2011, the Secretariat instituted corrective measures regarding the procurement of all health products and medical equipment for the NTP's grants. Health products were procured through the Global Drug Facility. Non-health products were procured

through an international procurement agent approved by The Global Fund. The use of the local procurement agent has been discontinued.

More recently, the Minister of Health and Family Welfare began instituting reforms and fundamental corrective measures at the behest of the World Bank and other major development partners to increase the Ministry's financial and grant management capacity, including implementing significant improvements in its procurement processes and oversight.

The OIG said that taking into account relevant business, policy and legal considerations specific to this case, the Secretariat has concluded it would not seek monetary recoveries from the PR in relation to this case. "The OIG participates in the Secretariat's determination process as an observer and accepts the Secretariat's decision," the report said.

This investigation report is the last of a series of backlogged cases relating to investigations started before 2012 (the so-called "legacy cases").

Reports on all three investigations are available on the OIG pages on The Global Fund website here. (See separate GFO article on an OIG investigation in Côte d'Ivoire.)

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6. NEWS: Additional information on March funding approvals

David Garmaise 5 April 2016

On 5 April 2016, GFO reported that $630 million in funding had been approved by the Board. In this article, we provide additional details on the funding awards to some of the countries. (See also a separate GFO article on the award to one particular country: South Africa.)

Tanzania malaria

Tanzania was awarded $162.4 million for a malaria grant, made up of $131.8 million of existing funding and $30.6 million in new money.

Tanzania is one of the biggest recipients of Global Fund investments, with $1.4 billion disbursed to date, and has the third largest population at risk of malaria in Africa. According to the Grant Approvals Committee, Tanzania has achieved notable improvements in malaria treatment and access to prevention services over the past decade.

The grant, for which the principal recipient is the Ministry of Finance, has a dual focus – malaria control and strengthening health systems. It aims to reduce the average malaria prevalence from 10% in 2012 to 5% in 2016, and less than 1% by 2020. The grant also aims to contribute to the overall health sector goal to reach all households with essential health and social welfare services.

The main activities include the following:

- the provision of long-lasting insecticide-treated nets to 5.1 million pregnant women and infants, in addition to distributing 2.1 million LLINs through school net programs;
- promoting universal access to early diagnosis, treatment, and provision of preventive therapies to vulnerable groups;
- training health facility workers in timely submission of logistics management information systems reports; and
- providing grants to 1,910 students to ensure distribution of health staff to remote areas.

The report from the GAC mentioned the recent audit by the Office of the Inspector General on grants to Tanzania (see GFO article), which identified a number of weakness in controls, and listed the management actions that have been agreed to by the OIG and the Secretariat to address the audit findings.

The Tanzania malaria concept note was originally reviewed by the TRP in Window 7 in September 2015. The TRP recommended that the allocation request proceed to grant-making at that time, but that the above-allocation request be considered for incentive funding only after further clarifications were submitted in Window 8 in November 2015. Following the TRP review in Window 8, the GAC awarded incentive funding of $27.7 million. This means that most of the $30.6 million in new money for Tanzania came from the incentive funding pool. The incentive funding will be used to invest in health information and procurement and supply management systems as well as purchase of additional LLINs which are critical for covering all pregnant women and infants at risk of malaria.

In light of the compressed timeframe between the award of incentive funding and presentation of the full grant for GAC review, the Secretariat has included conditions precedent to the use of the incentive funding amount involving delivery by the PR of a detailed workplan and budget for the first quarter of 2016.

It appears from the GAC report that the GAC rejected the advice of the TRP that that entomological monitoring be removed from the allocation funding request. GAC partners were of the view that entomological monitoring is crucial and expressed strong support for maintaining this monitoring in the above allocation request and for adding it to the country's unfunded quality demand. Entomological monitoring involves detecting changes to insecticide susceptibility. Proponents of entomological monitoring say that the data it produces enables better decision-making about where and with which insecticides to spray.

Cameroon HIV

In March 2016, funding in the amount of $11.5 million was awarded to the Cameroon National Association for Family Welfare, for an HIV grant. This complements funding in the amount of $82.9 million awarded to the Ministry of Health for an HIV grant in 2015. At that time, a further $6.4 million was awarded to the MOH for TB programming.

The Cameroon HIV program aims to reduce new HIV infections by 50% by 2017. Cameroonian law criminalizes sexual relations between people of the same sex, and sex work is banned. Although sex work is still tolerated to a relative degree, the restrictive legal environment in which men who have sex with men live compromises respect for and protection of their right to health and related rights. Due to the restrictive laws, it is difficult for these groups to obtain legal recognition as associations, which restricts the community contribution to the provision of the package of prevention and treatment services. To mitigate and address these issues, this grant includes the following activities:

- at the central and regional level, targeted advocacy and risk management meetings related to HIV prevention and other interventions for key populations;
- legal support for the implementation of activities for key populations as well as training and advocacy of stakeholders, such as judges, officials of the judicial police, traditional authorities, and journalists, on human rights issues and access to health services for key populations; and
- institutional capacity-strengthening of a key population organization for decreasing stigma and increasing key population access to health systems, upon submission of a detailed budget by the PR.

Madagascar TB

The TB grant in Madagascar received $7.2 million. The goals of the Madagascar TB program are to:

- consolidate treatment success rates for all forms of TB across all regions and strengthen overall TB program management;
- increase the number of TB case notifications each year at a rate exceeding the annual population growth rate; and
- maintain low levels of drug-resistant TB and ensure sustainable care and support for TB patients and families.

When the concept note was first submitted, the GAC felt it should be more ambitious. After grant-making, the Secretariat informed the GAC that the PR (the Office of National Nutrition) did make an effort to increase the targets but that the increase was marginal and that there remained room for improvement. So, according to the GAC report, there is a condition in the grant agreement documents that no disbursements will occur until a strategy on how the grant can be made more ambitious is presented and approved. The strategy may include an increase in targets.

Uzbekistan malaria

The funding award for the Uzbekistan malaria program was just $400,000, made up of $200,000 in existing funding and $200,000 in new funding. When the allocations were announced in 2014, Uzbekistan received $64.6 million ($56.6 million in existing funding and $8.0 million in new funding). In the suggested disease split provided to Uzbekistan, most of

the funds were for HIV and TB. The split showed $1.4 million for malaria ($403,589 in existing finding and $997,530 in new funding).

According to the Secretariat, in its malaria concept note, Uzbekistan applied for $838,806. It is not clear from the GAC report why Uzbekistan applied for less than the disease split indicated it should be entitled to. Perhaps the split was adjusted when the final program split was approved. The Secretariat does not make public information on approved program splits.

Nor is it entirely clear from the GAC report why the funding award was less than half of what was requested. However, it appears to have to do with the fact that thanks to financing from The Global Fund since 2004, Uzbekistan has made significant progress in combatting malaria and is currently in the phase of preventing reintroduction of malaria.

The TRP and GAC recommended that available funds be "refocused" and used as "a catalytic investment" to ensure that resilient and sustainable systems for health are in place to achieve the malaria elimination certification; to ensure implementation of the national strategic plan for malaria; and to ensure that the malaria elimination program establishes robust measures to prevent the reintroduction of malaria.

The GAC report refers to an incentive award in the amount of $400,000 that would be provided to Uzbekistan if the country is successful in receiving the elimination certificate.

Salary top-ups and performance payments

A TB grant in Guinea-Bissau was awarded $3.7 million. In its report, the GAC pointed out that the payment of salary incentives is currently misaligned across the three active grants to Guinea-Bissau. In December 2015, the CCM submitted a proposal for harmonizing the salaries. The goal is to eventually phase them out.

In The Gambia, two malaria grants were awarded a total of $17.3million. The grant for which the MOH is PR includes performance incentives for central government staff. A phase-out plan was agreed which will see a 70% reduction of Global Fund resources for this activity by 2018. The plan stipulates that incentives for relevant positions will be covered by government support from the 2017 budget cycle onwards, with incremental increases and complete takeover of the relevant costs by 2019.

Information for this article comes from the March 2016 report of the Secretariat's Grant Approvals Committee to the Board (GF-B34-ER12-EDP16-17). This document is not available on the Fund's website.

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7. NEWS: New TB/HIV funding for South Africa to be implemented by eight PRs

Focus is on key populations and high impact interventions

Gemma Oberth and David Garmaise 19 April 2016

On 5 April 2016, GFO reported that $630 million in funding was approved by the Board in March. Below, we provide details on the award to South Africa. (See separate GFO article on details of the awards to several other countries.)

South Africa was awarded $314.5 million in TB/HIV grants to be implemented by eight principal recipients. The Board approved this amount based on the recommendation of its Grant Approvals Committee (GAC). Of the total amount approved, $49.8 million was an incentive funding award.

The goals of the program, as reflected in the current National Strategic Plan, are:

- to reduce new HIV infections by at least 50% using combination prevention approaches;
- to initiate at least 80% of eligible patients on ART, with 70% alive and on treatment five years after initiation;
- to reduce the number of new TB infections and deaths from TB by 50%;
- to ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the national strategic plan; and
- to reduce self-reported stigma related to HIV and TB by at least 50%.

South Africa is home to the largest and fastest growing HIV epidemic in the world. There are an estimated 6.8 million people living with HIV and approximately 400,000 new infections occurring each year, according to the Human Sciences Research Council household survey. South Africa also has the fourth largest TB burden (after India, China, and Indonesia) and the highest number of people co-infected with TB and HIV of any country in the world.

Global Fund investment makes up a small proportion of total TB and HIV spending in South Africa – approximately 5%. The majority of the national response is funded by the government.

The activities under South Africa's new Global Fund grants will focus on key populations and high-impact interventions, including a comprehensive package of integrated services to young women and girls, sex workers, men who have sex with men, transgender people, people who inject drugs, inmates, and people who live in informal settlements and peri-mining communities. In addition, activities will be implemented to address structural and environmental vulnerabilities and barriers to access, including gender-based violence and stigma. Finally, the program will focus on strengthening community and health systems to build capacity among civil society, promote treatment adherence and integrate data management and information systems.

Innovative approaches

As part of the grant, South Africa will be piloting some new and innovative approaches. Two PRs will be engaging a total of 30,000 young women aged 19-24 in a cash transfers program called "cash plus care." The cash transfers will be conditional rewards-based incentives that serve to stimulate health-seeking behavior and behavior change to minimize the risk of HIV infection. The "care" element includes linking eligible young women to the appropriate health services as well as linking the young women and their families to social protection such as government welfare grants, as appropriate. Combining cash transfers with additional care components has been shown to be even more effective at reducing HIV incidence than programs which offer cash alone.

The funding approved for South Africa also includes programs based on innovative finance mechanisms. With catalytic investment from the Global Fund grant, a social impact bond will be introduced for prevention of HIV among sex workers. These bonds are contractual agreements whereby results-based donors only pay for delivery of agreed outcomes. This model provides upfront working capital to service providers while promoting accountability.

The aim of the social impact bonds is to leverage additional contributions from domestic and other sources to complement the government's existing investment in HIV treatment and prevention programs for sex workers and their clients. In March 2016, South Africa launched a groundbreaking new National Sex Worker HIV Plan for 2016–2019. The Plan includes providing immediate antiretroviral treatment to all sex workers with HIV, regardless of CD4 count (sometimes called "test and treat"). In addition, at least 3,000 HIV-negative sex workers will be eligible to begin taking the combination antiretroviral pill Truvada as pre-exposure prophylaxis.

The cash transfer and social impact bond pilots are part of South Africa's incentive funding award. Further scale-up of these activities is contingent upon adequate operations research to establish effectiveness, document lessons learned and evaluate impact of the proposed innovations.

The GAC also welcomed South Africa's plans to expand the multi-drug-resistant tuberculosis (MDR-TB) program through a decentralized model. The grant will support the work of linkage officers who operate at the community level to improve TB surveillance and link MDR-TB patients to care. South Africa will also continue to roll out trainings on nurse-initiated treatment for MDR-TB and ensure that these nurses are supported to be able to provide these services.

According to Dr. Nevilene Slingers, Executive Manager of Donor Co-ordination at the South African National AIDS Council, "the Global Fund grant will continue to serve as a catalyst for the national TB program by supporting the funding for identified priorities as well as assisting with the costing and future planning of TB services based on the lessons learnt."

The eight PRs who will implement the grants are: the National Department of Health; Right to Care; the Networking HIV/AIDS Community of South Africa; the Soul City Institute for

Health and Development Communication; the Western Cape Department of Health; the KwaZulu-Natal Treasury; Kheth'Impilo; and the AIDS Foundation South Africa.

The last three of these PRs are new. The Global Fund country team for South Africa will closely monitor them to ensure that minimum requirements are met before the grant is signed, and that systems are functioning at a satisfactory level before the first disbursement is made. During the first six months of implementation, efforts will be made by all partners – the Global Fund country team, the local fund agent and the CCM secretariat – to ensure that these new PRs are supported to implement as quickly and effectively as possible.

Information for this article comes from the March 2016 report of the Secretariat's Grant Approvals Committee to the Board (GF-B34-ER12-EDP16-17). This document is not available on the Fund's website.

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8. NEWS: The Global Fund submits position paper to U.N. special session on the world drug problem

David Garmaise 12 April 2016

Current drug control policy undermines, rather than supports, the reach and impact of health programs for people who use drugs. Experience and evidence show that the international community could dramatically improve health and human rights outcomes.

This was a central theme of a position paper submitted on 8 April 2016 by The Global Fund to the U.N. General Assembly Special Session on the World Drug Problem. The special session is being held in New York on 19-21 April.

Despite tremendous progress made in the fight against HIV in the last 15 years, the paper said,

> "the community of people who use drugs in all their diversity, including women, men, trans and young people, have been left behind in the global response…. We must do more to prevent HIV and other infections among people who use drugs, and ensure that those living with HIV and other infections have access to care, treatment, and support. We need to recognize that the level of criminalization, discrimination, and violence that people who use drugs face, can only result in driving risk-taking behaviors, including in detention settings, excluding them from the social and health support systems they need. We must move toward treating everyone, including people who use drugs, as fellow human beings."

In the position paper, The Global Fund said that good drug policy can help by:

- ensuring adequate investment in essential, cost-effective health services for people who use drugs, including comprehensive HIV, TB, and sexual and reproductive health services;
- supporting the meaningful participation of people who use drugs in health programs; and
- ensuring that resources are used for programs that minimize health harms and protect human rights, rather than incarceration of large numbers of people who use drugs.

"As UNAIDS, WHO and UNODC have stated," The Global Fund said, "finding alternatives to incarceration for minor, non-violent drug offenses would greatly lower HIV risk for people who use drugs and improve opportunities for reaching this population with comprehensive HIV services, and the same is true of TB. As a health financing institution that strives to provide the best value for money, we are mindful that this would also free up much needed resources for our collective efforts to end the HIV and TB epidemics."

The position paper can be downloaded directly in PDF format here.

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

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