Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 290: 22 June 2016

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The U.N. political declaration contained some bold goals for ending AIDS. However, the decision to to include only limited references to key populations was widely condemned. This decision contrasted sharply with recent moves by The Global Fund and the U.S. President's Plan for AIDS Relief to scale up coverage of key populations.

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In June 2016, the Global Fund approved $179 million in funding for 13 country grants, of which $80 million represented new money. Lesotho and Nepal received the largest awards. An additional $3.2 million was awarded to a regional grant in Central America.

8. NEWS: Funding request for Nepal grants were submitted by the PR

Because the country coordinating mechanism in Nepal was deemed ineligible in 2015, the recent requests for funding were submitted by the principal recipient, Save the Children Federation.

9. NEWS: Regional concept notes: Update on TRP approvals, rejections, and iterations

This article provides an update on the status of the 15 regional concept notes submitted in Wave 2. We acknowledge an error in an article on this topic in GFO 289.

10. ANNOUNCEMENT: Call for nominations: Executive Director, African Constituency Bureau

The African Constituency Bureau of the Global Fund is seeking applications for the position of Executive Director.

ARTICLES:

1. NEWS: Aidspan hires new Executive Director

Aidspan staff 21 June 2016

The Board of Aidspan has announced the appointment of Ida Hakizinka as Executive Director of Aidspan, effective immediately. Ms Hakizinka is from Rwanda.

Ms Hakizinka recently resigned her position as Chair of the Aidspan Board so that she could be considered for the E.D. position. The position was advertised publicly; 73 applications were received, of which seven made the shortlist.

Ms Hakizinka also recently resigned as Permanent Secretary of the Rwandan country coordinating mechanism, a position she held for 13 years. In that position, Ms Hakizinka oversaw programming and implementation of HIV, TB, malaria and health systems strengthening grants.

From November 2013 to April 2016, Ms. Hakizinka served as the communication focal point for the Eastern and Southern African delegation to the Global Fund Board. Ms Hakizinka has also had extensive experience working and interacting with the Rwandan government and civil society on Global Fund matters.

Ms Hakizinka also served as task force coordinator for the Global Fund West and Central Africa, and Eastern and Southern Africa, constituencies bureau, also known as the "Africa Bureau." The bureau has played a role in strengthening the African constituencies voice in Board decisions.

"We are fortunate to have attracted someone to the E.D. position who has such an excellent understanding of The Global Fund," said James Deutsch, Chair of the Aidspan Board. "Ida is the ideal person to lead us through the current restructuring of Aidspan."

Ms Hakizinka is fluent in French, English, Kinyarwanda, and Swahili. She can be reached at ida.hakizinka@aidspan.org.

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2. NEWS: Board approves new framework to monitor the Fund's performance

New strategic indicators form the top level of a three-tier framework

Mary Lloyd 21 June 2016

On 15 June, The Global Fund Board adopted a new key performance indicator (KPI) framework to track how well the Fund is meeting the aims of its 2017-2022 strategy.

The framework consists of three tiers, the top one of which consists of 12 strategic KPIs. The second and third tiers consist of implementation KPIs and thematic reporting, respectively (see figure). Collectively, the three tiers constitute a complex monitoring system.

When it approved the framework on 15 June, the Board also approved the 12 strategic KPIs. The Secretariat will develop the implementation KPIs and the thematic reporting elements in the coming months.

The new KPI framework comes after months of discussions about the efficacy of the Fund's performance monitoring process, and a finding by the Office of the Inspector General that the current framework was "ineffective" (see GFO article).

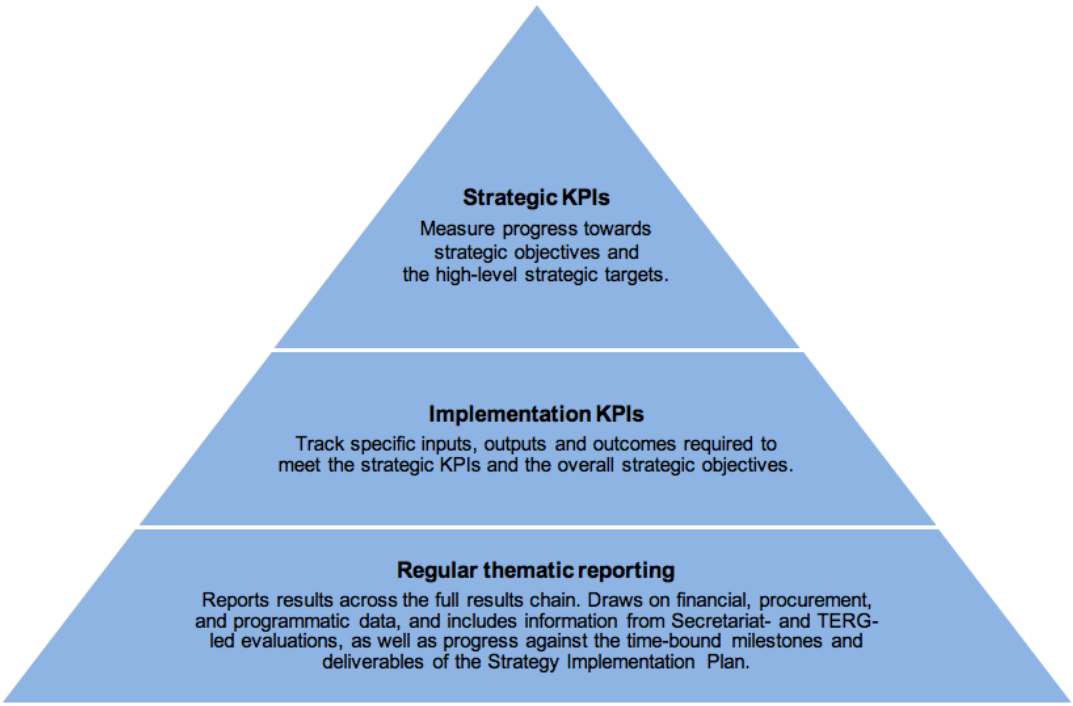

Figure: Depiction of the three-tiered KPI framework adopted by the Board

According to Board documents, the new framework has been developed following "significant inputs from Board constituents and technical partners." The new framework has fewer but more focused KPIs. It uses visible and measureable indicators and will be supported by regular reporting of performance data.

Previous KPI frameworks have been criticized for not reflecting the challenges posed by the Fund's strategy or allowing corrective action when it is found necessary. The last set of KPI's was only adopted halfway through the 2012-2016 Strategy. Even then, they were found by the OIG to be poorly designed, and not a good measure of the impact the Fund was having in the countries it supports.

Approval of the new KPI framework was scheduled for the 35th Board meeting, but was delayed because some Board members asked for more time to consider what was being proposed. The delay also gave the Secretariat time to make a few revisions.

One reason for the three-tiered framework is that many people believed that the strategic KPIs should not be the only tool for monitoring the Fund's progress towards meeting its

strategic goals. Under the new framework, the strategic KPIs are the top level of a broader performance management framework.

While the 12 KPIs will measure how well the Fund is achieving its strategic objectives, the implementation KPIs will "track specific inputs, outputs and outcomes" needed to meet those objectives; and the thematic reporting will provide results across the full results chain, drawing on financial, procurement, and programmatic data.

The Board has been told this structure will provide it with the data it needs to better understand KPI results. Having difficulty understanding the results was a criticism voiced frequently with respect to the current KPI framework.

One of the criticisms that the Technical Evaluation Reference Group made of the current framework was that the KPIs did not provide the Board with sufficient contextual understanding to make valuable judgments about what the KPI results revealed. The new three-tiered system seeks to address this by ensuring that what is measured includes areas "that are more effectively monitored using multiple quantitative and qualitative methods."

The paper presented to the Board on the new KPIs explains that the strategic shift away from "delivering specific project-level outputs" in favor of "achieving high-level impact and ending the three epidemics" makes accountability for results more complex.

One of the issues noted is that the Global Fund is but one partner among many working to the stated aims. The use of the third tier – thematic reporting – is intended to help address this issue.

Other data-related challenges in the paper included the unavailability of quality data, issues related to reporting frequency, and the time lag involved in being able to ascertain measurable effects. To address these challenges, the Fund will need to invest in data collection and processing systems. A plan to put this in place will be developed this year, but the Board has been warned that the data needed to measure some KPIs – particularly those that track change over time – may only be available in as many as three years from now.

Data collection has been an ongoing concern when it comes to the KPIs. Previously, the Board's Coordinating Group has noted that in-county data collection systems are not up to standard. The Fund's Executive Director has also noted that there are inadequacies in the Fund's data systems and that this makes measuring some aspects of the organization's progress difficult. (See GFO article.)

It is important to remember that so far the Board has only approved the new KPI framework. Full details of what data will have to captured to adequately measure the Fund's performance are not yet available. Now that the framework has been approved, the Secretariat will move on to developing the methodology, indicator baselines, and analysis needed to set actual targets. These will be submitted to the Board for approval at its last in-person meeting of 2016.

For a description of each of the 12 new strategic KPIs, see separate article in this issue.

Information for this article was taken from the "2017-2022 Strategic Key Performance Indicator Framework," Board Document GF-B35-ER05. This document is not available on the Global Fund website.

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3. NEWS: Explanation of The Global Fund's new strategic KPIs

New strategic indicators form the top level of a three-tier framework

Mary Lloyd 21 June 2016

When, on 15 June, The Global Fund Board adopted a new key performance indicator (KPI) framework (see GFO article in this issue), it also approved 12 strategic KPIs. The strategic KPIs form the top tier of a three-tiered framework. This article contains a description of the strategic KPIs. Note that although the indicators were approved, the targets have yet to be developed. They are scheduled to be adopted at the Board's last in-person meeting in 2016.

The 12 KPIs have been divided into five categories:

- KPIs tracking the Fund's mission-level strategic targets;
- KPIs tracking Strategic Objective 1: Maximize impact against HIV, TB, and malaria;
- KPIs tracking Strategic Objective 2: Build resilient and sustainable systems for health
- KPIs tracking Strategic Objective 3: Promote and protect human rights and gender equality; and
- KPIs tracking Strategic Objective 4: Mobilize increased resources.

Mission-level strategic targets

KPI 1 - Performance against impact targets

This indicator will gauge performance according to the number of lives saved, and reductions in new infections. The targets for this KPI will be aligned with modelling developed with partners, and the replenishment result. The Board has been told that data for this KPI is reported with a one-year lag as a result of partner schedules and "is sensitive to changes to the modelling methodology and changes to historical data."

KPI 2 - Performance against service delivery targets

This indicator tracks progress of the Fund towards meeting 17 disease-specific targets, including number of people on antiretroviral therapy, the number of notified cases of TB, and the number of long-lasting insecticide-treated nets distributed to at-risk populations. The Board has been warned that data quality could be a challenge for this KPI. To address this, it is proposed that data collected for some indicators is focused on a subset of countries, and that data systems in these countries be strengthened.

(KPIs 1 and 2 will be complemented by further data reported through the two lower levels of the framework. These will provide details of how national programs have invested money from the Fund, data on health systems strengthening, and results attributable to investments by domestic, Global Fund and other major sources of finance.)

impact against HIV, TB, and malaria

KPI 3 - Alignment of investment and need

This indicator is designed to track how well investment decisions match country need, in terms of disease burden, and the country's economic capacity. It will monitor how effective the Fund is at investing in countries with most need, rather than in countries best able to absorb the financing.

KPI 4 - Investment efficiency

In conjunction with KPI 3, this indicator monitors whether funding decisions maximize the Fund's impact. It will be measured as the change in cost per life saved or infection averted.

KPI 5 - Service coverage for key populations

This KPI focuses on people affected by low coverage of prevention services and high rates of infection. It will track how well the Fund is reaching these populations with appropriate treatment and prevention services.

Build resilient and sustainable systems for health

KPI 6 - Strengthen systems for health

This indicator will measure the progress made in strengthening priority areas of countries' health systems. It will aggregate data from a number of linked implementation KPIs.

KPI 7 - Fund utilization

This indicator looks at whether the full allocation of funds is being used to deliver services that increase program impact. It measures whether health systems are strong enough to achieve this, by monitoring the extent to which countries can use their allocation and whether programs can spend the budgeted funds.

Promote and protect human rights and gender equality

KPI 8 - Gender and age equality

This indicator will focus on the HIV incidence in women aged 15 to 24 years. It will record how well programmes targeting women and girls lead to a reduction in new infections in selected countries.

KPI 9 - Human rights

This indicator will monitor progress towards establishing programs that reduce human rights barriers to services. It will focus on 15-20 priority countries. In middle-income countries, it will examine the scale-up of programs that reduce human rights barriers for key populations. In countries likely to transition out of Global Fund support, it will measure how well governments support and take over programs that reduce these barriers.

Mobilize increased resources

KPI 10 - Resource mobilization

This KPI remains largely intact from the 2014-2016 KPI Framework. It will measure how much success the Fund is having in getting pledges from public and private sources. It will measure actual pledges as a percentage of the replenishment target, and as a percentage of forecast contributions.

KPI 11 - Domestic investments

The Global Fund is of the view that domestic investment is needed to speed up the end of HIV, TB, and malaria epidemics and to foster sustainable programs. This KPI will track the percentage of these commitments that are actually fulfilled by governments.

KPI 12 - Availability of affordable health technologies

This KPI assesses how effective the Global Fund has been at increasing the affordability and availability of key medicines and technologies. To measure availability, it will work out how many products in a defined set are available from at least three quality-assured manufacturers. For affordability, it will measure the annual savings made through the pooled procurement mechanism.

Information for this article was taken from the "2017-2022 Strategic Key Performance Indicator Framework," Board Document GF-B35-ER05. This document is not available on the Global Fund website.

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4. COMMENTARY: Freshly minted Global Fund Strategy hits critical priorities of Africa constituencies

Danielle Doughman 21 June 2016

The Global Fund Board passed its new Strategy for the period 2017-2022 – unanimously and to the sound of applause – during its 35th Board Meeting in Abidjan, Côte d'Ivoire. The Africa constituencies of West and Central Africa, and East and Southern Africa, were pleased to see the long process of developing the new Global Fund Strategy reach a successful conclusion. Through an extensive consultation process, the resounding message was for The

Global Fund to "stay the course" and refine priorities rather than make major strategic shifts. The strategy development process was led by Strategy, Investment, and Impact Committee chair David Stevenson and vice-chair Anita Asiimwe, the out-going board member representing the East and Southern Africa constituency.

It was gratifying to note that three of the priorities of the Strategy align very closely to what was identified at the May 2015 meeting of the Africa constituencies in Addis Ababa, Ethiopia as the most critical issues for Africa:

- resilient and sustainable systems for health
- women and girls
- challenging operating environments

Resilient and sustainable systems for health

Building resilient and sustainable systems for health is the top priority for the Africa constituencies. The Africa constituencies strongly believe that such investments will yield not only the maximum impact for disease-specific programming but will also enable countries to better respond to both predictable and emergency public health issues across the board. The constituencies hope this will not only help to achieve Global Fund goals, but also lift the overall health status of Africans across the continent through improved national systems.

Specifically, it was good to see attention to human resources for health, including pre-service **training for community health workers**. This is a major victory since this has been an area most funders have resisted supporting. The constituencies were also pleased to note support for countries to **develop M&E plans and investments in data systems** to improve the quality of data that populate these plans – another huge step in the right direction. The constituencies hope to see alignment between Global Fund goals and targets and other global agendas to maximize the impact of data investments.

Women and girls

As Global Fund Executive Director Mark Dybul said during the board meeting, **the battle will be won or lost based on how well we address the epidemic in women and girls in sub-Saharan Africa**. In some places in Africa, the rate of HIV infection is two girls for every one boy; in others, infection rates are as high as 10 to one.

Structural and societal barriers compound the disparity and prevent access to life-saving interventions. The Global Fund's focus on women and girls in its 2017-2022 Strategy is therefore critical to achieve its global goals. This includes, for example, **interventions that support girls to improve health as well as education**, an unprecedented move by The Global Fund. As the strategy explains:

> "…[Th]e evidence is growing that keeping adolescent girls and young women in school reduces their vulnerability to HIV infection and other health risks, and ultimately enables girls to become healthy, educated and financially independent women who make well-informed choices about their lives. By working together with organizations such as the Global Partnership for Education, the World Bank, and bi-

lateral partners, investments made by the Global Fund may be leveraged or vice versa to enable adolescent girls and young women to have access to both better health and better education."

The Africa constituencies hope that sharpened focus on women and girls leads to swift improvements in capturing **age and sex-disaggregated data at the country level**.

Challenging Operating Environments (COE)

Challenging environments may result from enduring political, social and/or environmental issues or from emergency situations. Africa is home to a number of countries classified as COE. Such environments compromise a country's ability to achieve the intended impact or, worse, derail progress of Global Fund investments. Effective, efficient, tailored responses to COE, whether chronic or acute, will help ensure that ground is not lost in disease response.

Conclusion

The Africa constituencies congratulate The Global Fund Board for delivering an ambitious Strategy that responds to the current realities in global health. The Strategy demonstrates deliberate efforts to harmonize with other global initiatives to tackle the three diseases (specifically with the End TB Strategy, and the UNAIDS Fast Track, and the Global Technical Strategy for Malaria) as well as the Sustainable Development Goals.

The Strategy allows The Global Fund to maintain its role as *a transformative force and a global agent of change that will spearhead efforts to rethink health system investments.* There is a real opportunity to demonstrate that investments can be made in the foundations of strong and resilient health systems on which successful disease-specific interventions can be built, while staying true to its core mandate of fighting the three diseases.

Now comes the hard part: implementing the Strategy. But with strong support from donors and implementers around the world, there is little doubt that the next phase of Global Fund activities will take us further in global health than we could have imagined at the inauguration of The Global Fund back in 2002. Africa holds the greatest disease burden and so strongly appreciates the support from The Global Fund and its donors. Together with its country partners, The Global Fund has saved some 22 million lives. The Africa Constituencies believe we – *all of us* involved in the work of The Global Fund at all levels around the world – are at a critical juncture as we move into the next replenishment cycle to ensure that The Global Fund is able to invest strategically and ambitiously to support countries in meeting their goals of eradicating the epidemics through strong and resilient health systems.

The author is policy outreach manager for Nairobi-based African Population and Health Research Center (APHRC), which provides technical support to the Africa constituencies to The Global Fund Board. The comments and opinions contained herein are her own and do not imply endorsement from the members of the Africa constituencies. This commentary is based on a blog the author published on 27 April on the website of the APHRC.

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5. NEWS and ANALYSIS: U.N. political declaration on HIV contains bold goals, but key populations excluded

References to human rights and harm reduction toned down

David Garmaise 17 June 2016

There was praise for the bold goals in the political declaration adopted by the 193-national General Assembly at the United Nations High-Level Meeting on Ending AIDS on 8-10 June, but there was also widespread condemnation of the decision to include only limited references in the declaration to those most at risk of contracting HIV – men who have sex with men, sex workers, transgender people, and people who inject drugs – and to services for these populations.

The problems started before the conference even got underway when, as reported by the Associated Press, Russia, Cameroon, Tanzania and 51 Muslim countries blocked 22 NGOs representing key and vulnerable populations, primarily of gay and transgendered groups, from attending the conference.

In the declaration, countries pledged to end AIDS by 2030. They committed to ensuring that 30 million people living with HIV have access to treatment by 2020. They also committed to reducing the number of new HIV infections to below 500,000 a year by 2020, down from 2.1 million in 2015, and bringing the number of annual AIDS-related deaths to under half a million in 2020, from 1.1 million last year.

Matthew Kavanagh, senior policy analyst for the AIDS and human rights activist group Health Global Access Project (HealthGAP), told AP that while he welcomed the bold targets, he was disheartened over efforts by countries like Russia, Iran, Poland, and several Gulf states who managed to strip language from an earlier draft of the political declaration that would have called for the decriminalization of homosexuality and drug use and urging they be treated instead as human rights issues.

“So there's one reality that bold targets have been set,” Kavanagh said. “Then there's this other reality that we will never reach those targets so long as critical populations like men who have sex with men are criminalized and stigmatized, because when they are they can't and won't access treatment.”

“No one at the high-level United Nations conference devoted to ending the AIDS epidemic by 2030 denies serious scientific and financial challenges remain,” the AP said, “but cultural sensitivities may prove the toughest stumbling block on the way to achieving that goal.”

The political declaration is not legally binding, but it is used as a tool, particularly in developing countries, by activists who can point to it to support calls for certain services to be made available.

A CSO Declaration released at the high-level meeting, and signed by 163 civil society and community organizations, said that "the draft Political Declaration misses the mark… **We declare our profound dissatisfaction…** The diversity of today's HIV epidemics demands diverse, evidence-informed, rights-based and gender-transformative responses…. We are especially outraged with language the highlights victimization and blames key populations and fuels discrimination…. People in vulnerable contexts are the people leading the fight against the epidemic, and should be recognized for their leadership role and as subjects of rights."

In a statement published on 8 June, the Global Network of Sex Work Projects, the Global Network of Trans Women and HIV, Global Action for Trans Equality, and The Global Forum on MSM & HIV called the political declaration "a significant set-back in our work to end AIDS, particularly among key populations."

They said that the declaration "damagingly excludes and misrepresents key populations. It also lacks an explicit commitment to support and finance key population-led and tailored prevention, care, and treatment services. Likewise, it is woefully misses the mark in highlighting legal and policy frameworks that stigmatize and criminalize our communities worldwide."

What happened at the U.N. stands in stark contrast with recent developments at both The Global Fund and the (U.S.) President's Emergency Plan for AIDS Relief (PEPFAR). In November, The Global Fund adopted a new Strategy for 2017-2022 which emphasizes the importance of promoting and protecting human rights and gender equality, as well as scaling up coverage of key populations (see GFO articles here and here).

And at the U.N. conference itself, PEPFAR announced a $100 million investment fund to expand access to HIV prevention and treatment services for key populations. In an announcement, The Global Fund said that "the Key Populations Investment Fund will aim to close the gap that exist for key populations in the HIV response by supporting investments that reduce stigma and discrimination, empower communities in the design and delivery of services and increase data quality on key populations."

The U.N. is a highly political forum. This is not the first time that a block of countries has objected to the participation of certain organizations representing key populations in discussions on HIV, and to the inclusion of language related to these populations and to human rights in the U.N.'s declarations on HIV. In addition, in February 2016, the more than 50 members of the Organization of Islamic Cooperation and the 25-member Group of Friends of the Family led by Belarus, Egypt, and Qatar protested six new U.N. stamps promoting LGBT equality.

Moves to blackball key population organizations from UN negotiating tables present a significant barrier to global efforts to end AIDS. As one UNAIDS document put it, "The voice and leadership of people living with HIV and other key populations remains essential to these efforts."

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6. NEWS: Policy, advisory, and advocacy council established to assist Georgia CCM with its transition

The council is now reviewing the first outline of a transition plan

Tinatin Zardiashvili 20 June 2016

In March 2016, Georgia's country coordinating mechanism established a policy, advisory, and advocacy council (PAAC) to assist the CCM with the transition of TB and HIV programs from The Global Fund to domestic resources. The terms of the reference of the PAAC, including its role, composition, and members' responsibilities, were approved by the general assembly of the CCM.

The specific responsibilities of the PAAC are as follows:

- review and advise on the draft TOR for the transition plan developed by the principal recipient, the National Center for Disease Control and Public Health;
- identify needs for technical assistance during the transition planning process;
- arrange for the TA to be provided;
- work closely with all parties involved in development and implementation of the transition plan;
- provide technical expertise as needed; and
- verify that all activities related to HIV and TB programs in the country are aligned, complement each other and use resources in most efficient and effective ways.

The PAAC is not a decision-making body. Rather, it will provide technical and operational support during the development and implementation of the transition plan. The support will focus on the following areas:

- making sure that the transition process fits into the national fiscal cycle;
- advocating for an improved legislative and regulatory environment that will better support the provision of the effective prevention and treatment services;
- developing and promoting mechanisms to ensure increased involvement of the affected communities and civil society organizations at all level of the planning and decision-making; and
- developing procurement and supply regulations so that essential medicines and supplies for HIV and TB programs will be available at all times.

There are 16 persons on the PAAC having different technical expertise and representing various sectors, including communities, CSOs, local and international NGOs, various government ministries of health, the National AIDS center, the National Center for Disease

Control and Public Health, the National Center for Tuberculosis Control, and the Center for Mental Health and Prevention of Addiction.

The PAAC has a dedicated policy and advocacy specialist, hired by the CCM and supervised by the Chair of the PAAC, Nino Berdzuli, Deputy Minister, Ministry of Labor, Health, and Social Affairs. The specialist provides technical and logistical support to the PAAC.

The PAAC is already fully operational and has conducted two meetings. Currently it is reviewing the first outline of the transition plan which is being developed by a local NGO, Curatio International Foundation.

Tamar Gabunia, Vice-Chair of the CCM, told GFO that "transition from donor to domestic funding is a complex process that requires significant efforts of all stakeholders in order to be successful. The PAAC is established as a mechanism for facilitating effective policy changes aimed at long-term sustainability of TB and HIV programs. We believe that the PAAC will come up with evidence-based and country-specific solutions to guarantee universal access to high-quality services to all key affected populations in need."

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7. NEWS: Funding of $179 million awarded to 13 grants from nine countries

David Garmaise 20 June 2016

In June 2016, the Global Fund Board approved $179 million in funding for 13 grants emanating from concept notes submitted by nine countries. Of the $179 million, $80 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.

No interventions were added to the registry of unfunded quality demand. See the table for details.

The largest awards went to Lesotho ($64.5 million for two TB/HIV grants), and Nepal ($44.4 million for three grants, one for each disease).

In addition, funding in the amount of $3.4 million was awarded to a regional grant in Central America.

The following is a summary of the GAC's comments on some of the grants awarded funding. (See separate article in this issue on the funding award to Nepal.)

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

Country (component)	Grant name	Principal recipient	Approved funding		
			Existing	New	Total
Afghanistan (HIV)	AFG-H-UNDP	UNDP	0.4 m	8.3 m	8.7 m
Lesotho (TB/HIV)	LSO-C-MSF	Ministry of Finance	52.0 m	4.2 m[1]	56.2 m
	LSO-C-PACT	Pact Institute	2.1 m	6.2 m[1]	8.3 m
Madagascar (HIV)	MDG-H-PSI	Population Services International	3.2 m	4.9 m[2]	8.1 m
	MDG-H-SECNLS	SECNLS	2.7 m	6.8 m[2]	9.5 m
Malaysia (HIV)	MYS-H-MAC	Malaysian AIDS Council	2.8 m	0.0 m	2.8 m
Namibia (malaria)	NMS-202-G03-M	Min. of Health and Social Services	4.0 m	0.5 m	4.5 m
Nepal (HIV)	NPL-H-SCF	Save the Children	12.6 m	11.4 m	24.0 m
Nepal (malaria)	NPL-M-SCF		8.9 m	0.4 m	9.2 m
Nepal (TB)	NEP-T-SCF		8.0 m	3.2 m	11.2 m
Pakistan (HSS)	PAK-S-HPSIU	HPSIU	0.0 m	6.4 m	6.4 m
Peru (TB)	PER-T-SES	Socios en Salud Sucursal Perú	2.1 m	11.7 m	13.8 m
Uzbekistan (HIV)	UZB-H-RAC	Republican AIDS Center	0.3 m	16.2 m	16.5 m
TOTALS			**99.1 m**	**80.2 m**	**179.3 m**

[1] The new funding for Lesotho (TB/HIV) includes $3.1 million in incentive funding.
[2] The new funding for Madagascar (HIV) includes $5.5 million in incentive funding.

Afghanistan (HIV)

The goal of the Afghanistan program is to maintain HIV prevalence below 5% among populations at highest risk. The main driver of the epidemic in Afghanistan is injecting drug use. The principal recipient is the UNDP. The program's targets include the following:

- increase safe injection practices at last injection among people who inject drugs from 78% in 2012 to 95% in 2017;
- increase the coverage of comprehensive harm reduction packages for people who inject drugs from 22% percent in 2015 to 40% percent in 2017 in 10 target provinces;
- increase the coverage of prevention services among people in prisons from 8% in 2015 to 52% in 2017 in 10 target provinces; and
- increase coverage of TB screening for people living with HIV from 19% percent in 2015 to 90% in 2017.

Afghanistan is categorized as a challenging operating environment due to the political instability, civil unrest, and armed conflicts. Specific risks and mitigation measures related to the implementation of this grant include the following:

- **Poor data quality and insufficient monitoring and evaluation systems.** The grant includes workplan tracking measures in the performance framework as well as risk management actions in the grant agreement. Geographic mapping and a description of

implementation arrangements for existing and proposed interventions will provide better clarity on addressing key programmatic gaps and will help to avoid duplication with other funding sources.

- **Inadequate quality of certain health services.** Coordination with partners will be increased to ensure that voluntary testing and counseling is integrated into the basic package of health services. Technical assistance will be made available for the national programs to set up policies and processes ensuring greater access to overdose prevention services.
- **Human rights issues and limited access to health services for key populations.** Funds are earmarked for geographical expansion and scale-up in coverage of existing interventions for people who inject drugs. This includes outreach to women who inject drugs, prisoners, and men with high-risk behavior. TA will be provided to address the specific needs of women who inject drugs, and to address issues of violence and sexual exploitation of minors.

The grant has budgeted $28,000 for performance incentive payments for provincial communicable disease control coordinators in five new provinces which currently do not have coordinators. The payments are for the work that these coordinators will undertake for the Global Fund grant that is additional to their regular duties. This is considered a more cost-effective alternative to hiring staff dedicated to The Global Fund. The GAC said that if this model proves efficient, the Ministry of Public Health will absorb these additional costs.

Afghanistan was granted an exceptional waiver to the counterpart financing and willingness-to-pay requirements for the current implementation period due to the absence of national disease accounts and in light of the exceptional economic and political crisis. Afghanistan is in the process of developing national health accounts under its HSS grant.

Lesotho (TB/HIV)

In 2013, Lesotho was ranked as the country with the second highest HIV prevalence among people aged 15-49, at 22%. That same year, TB incidence in Lesotho was estimated to be the second highest in the world. The goal of the TB/HIV program is to reduce by 2018 (compared to 2012) new HIV infections by 50%, HIV-related mortality by 50%, and mother-to-child transmission of HIV to below 2% percent; and to reduce TB prevalence and mortality rates by 25% and 50% percent respectively.

Funding was awarded to two grants, for which the PRs are the Ministry of Finance and the Pact Institute. Despite past investments, there hasn't been much impact on the HIV and TB incidence rates. To address this, the grants include the following measures:

- high-level advocacy to promote institutionalize collaboration between entities and synergies between partners;
- a commitment to increase absorptive capacity from 70% to 95% under the Ministry of Finance, and from 45% to 67% percent under the Pact Institute;

- the development and roll-out of a decentralized, defined accountability framework, with ongoing mentoring, as well as tailored risk management and oversight by the Secretariat;
- the reinstatement of the national AIDS council;
- enhancing active case finding and treatment retention; and
- increased attention to cross-cutting interventions for community strengthening, and resilient and sustainable systems for health.

The GAC commended the collaboration of the two disease programs. It recommended that interventions focused on adolescent girls and young women be considered a priority area given that the country has now set specific gender-disaggregated targets. The GAC recommended that savings found during grant implementation should be invested in such interventions. According to the GAC, the Secretariat is planning a regional-level examination on how to improve the quality of interventions for adolescent girls and young women to build on lessons learned by other countries with high HIV burdens in this population.

Although Lesotho continues to be heavily dependent on external financing, the government continues to make progress in increasing its contributions, which exceed the willingness-to-pay requirement. During this implementation period, domestic financing will cover all first-line TB treatment, and will pay for a greater share (i.e. 70%) of the costs of antiretroviral procurement. The GAC said that the government is pursuing other initiatives designed to improve long-term sustainability. These include (a) development of a national health financing strategy, with support from Irish Aid, to outline mechanisms to mobilize additional financial resources for the health sector; and (b) efforts to leverage private sector resources for health from mining and services industries.

Madagascar (HIV)

Madagascar has a relatively low prevalence rate among the general population (0.3%) but higher rates among key populations. The HIV program's targets include the following:

- reduce the proportion of men who have sex with men living with HIV from 14.8% in 2014 to less than 10% in 2017;
- reduce the proportion of sex workers with HIV from 1.3% in 2012 to less than 0.3% in 2017; and
- reduce the proportion of people who inject drugs living with HIV from 7.1% in 2012 to less than 5% in 2017.

There are two PRs: Population Services International and the Secrétariat Exécutif du Comité National de Lutte Contre le VIH/Sida. Global Fund grants to Madagascar face a number of operational issues and risk. They include poor coordination between PRs; weak management of sub-recipients; weak national monitoring and evaluation systems; limited financial capacity; and weak procurement and supply chain management systems.

To address these risks, the following mitigating actions have been included in the grants:

- the Secretariat, working with the various entities involved, will ensure that program data is regularly reviewed and that the quantification assumptions are revised to keep track of changes in patient enrolments;
- the PR will be required to share the stock status reports for all commodities before orders are confirmed;
- TA will be provided to build the capacity of both the PR and the national program in the areas of quantification, and procurement and supply chain management;
- specific TA for HIV monitoring and evaluation is planned to support the national program to review and strengthen the data collection and reporting system for HIV, to ensure that the country can monitor service delivery along the prevention and care continuum, and track progress towards achieving the UNAIDS 90-90-90 goals; and
- about 10% of The Global Fund allocation for this period will be invested in health system strengthening activities to increase the capacity and functioning of the overall health system, and specifically in procurement and supply chain management and monitoring and evaluation systems.

Malaysia (HIV)

The HIV epidemic in Malaysia is largely concentrated among key populations: people who inject drugs, men who have sex with men, transgender people, and female sex workers.

The goal of the Global Fund-supported program, implemented by the Malaysian AIDS Council, is to strengthen quality of HIV prevention and care services to key populations by using a case management approach which has been successfully piloted with MSM in Malaysia. The program plans to scale-up this approach among MSM, and to extend it to people who inject drugs and sex workers.

Some of the elements of this approach are as follows:

- finding and encouraging MSM, sex workers, people who inject drugs – and their sexual partners – to test and, if appropriate, enroll in treatment;
- supporting adherence and retention to antiretroviral therapy and to methadone maintenance therapy among people who inject drugs;
- establishing linkages and relationship building between NGOs, government and private health services to coordinate efforts to reach, test, and assist enrollment in and adherence to treatment for key populations; and
- enhancing social protection and reduction of stigma and discrimination towards key population through engagement with law enforcement, health service providers, relevant public officials, and civil social stakeholders.

The Government of Malaysia funds well over 90% of the costs of the HIV program. The Ministry of Health has committed to continue to fund the procurement and supply of condoms, needles, syringes, and safe injection kits until the end of 2018.

Pakistan (HSS)

According to the GAC, the health system in Pakistan faces a number of challenges, most of which stem from the fact that the HIV, TB, and malaria programs have been implemented separately using a "vertical" approach. The major challenges are related to a lack of or low capacity of institutionalized oversight bodies; high overhead costs and duplications in areas that could be more efficient; and reporting and information systems that are not sufficient for logistics management or epidemiological reporting.

The grant focuses primarily on optimizing storage and distribution through the construction of a prefabricated warehouse (62% of the request) and an integrated health management information system (13% of the request).

The health system of Pakistan was fully devolved to the provinces with the abolishment of the central Ministry of Health in 2011. To address institutional fragmentation, a new ministry was created at the federal level, known as the Ministry of National Health Services, Regulation and Coordination, under whose jurisdiction the three national disease programs fall. The proposed PR, the Health Planning System Strengthening and Information Analysis Unit, comes under the ministry and is new to The Global Fund. Its capacity is being built with the help of the national TB program, which will oversee the implementation of the grant until December 2016.

Uzbekistan (HIV)

According to the GAC, the Uzbekistan HIV program initially submitted a reprogramming request to the TRP in Window 2 in July 2014, and the TRP recommended that it be re-submitted due to the lack of sufficient data on the epidemiological situation, the activities being proposed, and how the activities would be carried out. The Uzbekistan country coordinating mechanism requested and was granted a one-year costed extension until the end of 2015 in order to provide essential services during the transition to the allocation-based funding model. During this period, the Secretariat provided assistance to build the capacity of the proposed PR, improve data for key populations, and address risks related to procurement and supply chain management.

In addition, UNAIDS provided TA to the CCM and the PR, the Republican AIDS Centre, to help them address the TRP comments and develop a well-focused concept note. The revised concept note was submitted in Window 8 in November 2015 and was considered by the TRP to be strategically focused and technically sound.

The objectives of the HIV program are as follows:

- to deliver evidence-based, integrated and regionally prioritized HIV prevention and treatment services to key populations groups at risk of HIV and living with HIV;

- to support the development of a national health infrastructure that can provide a sustained, relevant and optimal HIV response; and
- to strengthen community systems and support civil society to ensure an HIV response that is based on needs, driven by human rights and public health, and is sustainable – and has a particular focus on key populations.

The Republican AIDS Center is taking over from the UNDP as PR. The GAC said that it expects that the new PR will continue to engage civil society sub-recipients, which have demonstrated experience and existing capacity to effectively delivering prevention services to the key populations.

Regional grant

Known as the REDCA+ grant, the program is implemented by the Secretaria de Integracion Social Centro Americana. It seeks to strengthen the capacity of people living with HIV in the Central American region through a community approach. Funding goals include developing a socio-demographic profile of people living with HIV in the region to inform the design of intervention strategies, and empowering people living with HIV to actively participate in their health care and in the defense of their human rights. The program covers the following countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

The grant was awarded $3.4 million, of which $3.2 million was new funding.

The HIV epidemic in Central America is largely concentrated among MSM, with a prevalence rate varying from 7.5% to 17.1%. Legal barriers to accessing HIV care and prevention, particularly for key populations, have been identified in all seven countries. The barriers are related to the lack of a protective legal framework and to the inadequate implementation of existing policies and laws. The specific objectives of the program are as follows:

- to strengthen the technical and legal capacities of people living with HIV and their organizations to participate in the promotion and defense of the human rights of people living with HIV through oversight, social auditing, and political advocacy at the regional and sub-regional level;
- to promote improvements to legal frameworks, public policies and their implementation to reduce violations of the human rights of people living with HIV; and
- to strengthen the REDCA+ sub-regional system.

Information for this article comes from the June 2016 report of the Secretariat's Grant Approvals Committee to the Board (GF-B35-ER03). This document is not available on the Fund's website.

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8. NEWS: Funding request for Nepal grants were submitted by the PR

CCM was deemed ineligible in 2015

David Garmaise 20 June 2016

In June, Nepal was among the countries awarded funding by the Global Fund Board (see GFO article). It received funding for all three diseases: HIV, TB, and malaria.

The funding request was submitted by the principal recipient, Save the Children Federation, because Nepal doesn't currently have a country coordinating mechanism that is allowed to submit a concept note. According to the Grant Approvals Committee, the CCM was deemed ineligible in early 2015 because it experienced "serious challenges" in functioning in recent years. At the time, the Nepal portfolio was placed under the additional safeguard policy, which gave The Global Fund more flexibility in decision-making on a number of important issues, including the nomination of a PR. In June 2015, the Save the Children Federation was appointed PR for Nepal's HIV, TB, and malaria grants.

According to the GAC, Save the Children worked closely with stakeholders on the content of the funding request and will continue on as PR. Save the Children will contract with between six and 29 sub-recipients under each of the three grants, which is a significant reduction in the number of SRs from the previous grants. Because Save the Children is currently completing the selection of SRs, parts of the budget and workplan still need to be finalized. Under a management action that accompanied the funding awards, Save the Children is required to submit a detailed budget and the Secretariat is required to approve it before disbursements to SRs can begin. The Secretariat has put forward a management action requiring the PR to submit and agree on a detailed budget with the Global Fund, for the use of funds prior to disbursements to SRs.

According to the GAC, the Secretariat will work with Save the Children to ensure that an effective coordination mechanism is in place that will allow the PR to work not only with all SRs, but also with technical partners and other bilateral and multilateral partners engaged in the national programs and the broader health sector, to ensure the alignment and harmonization of investments. In the meantime, the GAC said, "the Secretariat is working on the modalities of a non-CCM approach in Nepal until the CCM can be deemed eligible, while coordinating with the country implementers and partners on reforming the CCM to address in particular issues of conflict of interest, a proper mechanism of grant oversight and to establish a proper platform for taking into account the inputs of the civil society representatives."

Referring to Nepal as a "high-risk environment," the GAC said that the Secretariat will work with the PR and partners to ensure a holistic risk mitigation plan is defined and implemented. As an international nongovernmental organization, Save the Children already provides extra controls and safeguards. In addition, the local fund agent will exercise increased controls over procurement processes and expenditures reviews to ensure the safety of funds.

In the coming months, the Secretariat will work to define what strengthened controls will be needed to safeguard funds in the future. Technical assistance will be provided to design

interventions for key populations based on updated size estimates and geographical information; to scale up prevention of mother-to-child transmission services; and to increase the capacity of the PR's program management units as well as the national disease programs.

Considering the significant challenges to implementing grants in Nepal, the Office of the Inspector General has been planning for two years to conduct what the GAC termed "a pro-active review." The review was postponed several times due to two earthquakes and civil unrest, but is expected to start shortly.

Information for this article comes from the June 2016 report of the Secretariat's Grant Approvals Committee to the Board (GF-B35-ER03). This document is not available on the Fund's website.

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9. NEWS: Regional concept notes: Update on TRP approvals, rejections, and iterations

Charlie Baran 21 June 2016

The last issue of GFO included an article on the 15 regional applications that were submitted in the second wave. The main focus of the article was on the application and review processes. However, the article also included a table with details on each of the applications, and we reported, in error, that all 15 applications had been approved by the Technical Review Panel (TRP) for grant-making.

In April, the Secretariat informed individual applicants of their status, but did not make any public announcement. We have now clarified the status of each of the applications by contacting the applicants directly and through other sources. The status is as follows:

Eleven of the 15 applications were approved by the TRP for grant-making, without requiring substantial rewriting. They were as follows:

Sub-Saharan Africa

- Alliance Nationale Contre le Sida (ANCS)
- Handicap International (HI)
- Intergovernmental Authority on Development (IGAD)
- International Treatment Preparedness Coalition – West Africa (ITPC-WA)

Asia

- Australian Federation of AIDS Organizations (AFAO)
- India HIV/AIDS Alliance

Middle East and North Africa

- MENA Harm Reduction Association (MENAHRA) + Regional Arab Network Against AIDS (RANAA)

Latin American and the Caribbean

- Caribbean Vulnerable Communities Coalition (CVC) + El Centro de Orientacion e Investigacion Integral (COIN)
- Organismo Andino de Salud-Convenio Hipolito Unanue (ORAS-CONHU)
- Pan-Caribbean Partnership Against HIV/AIDS (PANCAP)

Eastern Europe and Central Asia

- Eurasian Coalition on Male Health (ECOM)

Two applications were tentatively approved by TRP for grant-making, pending substantial revising of the original concept note. They are currently in iteration. They were as follows:

Sub-Saharan Africa

- MOSASWA Cross-Border Initiative

Eastern Europe and Central Asia

- Alliance for Public Health (APH)

Two applications were *not* approved by TRP for grant-making. They were: Youth Leadership, Education, Advocacy and Development (Youth LEAD) in Asia; and Regional Coordinating Mechanism Mesoamerica in Latin America and the Caribbean.

For further details on each application, including participating countries, disease focus, and program descriptions, please refer to the GFO article in Issue 289.

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10. ANNOUNCEMENT: Call for nominations – Executive Director, African Constituency Bureau

Aidspan staff 22 June 2016

The African Constituency Bureau of the Global Fund is seeking applications for the position of Executive Director. The position is located in Addis Ababa, Ethiopia. The Bureau provides support to the the African constituency representatives to the Global Fund Board – i.e. the Eastern and Southern Africa (ESA) constituency, and the West and Central African (WCA) constituency.

The deadline for applications is 4 July 2016. More information is available here.

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

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