Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

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BY CHARLIE BARAN

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BY DAVID GARMAISE

The Global Fund Secretariat, technical partners and countries all have a role to play in ensuring that more operational and implementation research is included in funding requests, according to a new study published in the journal *Globalization and Health*.

9. ANNOUNCEMENT: Global Fund seeks feedback from participants in country dialogues and the preparation of funding requests

BY AIDSPAN STAFF

The Global Fund is asking people who were involved in country dialogues and developing funding requests in the first window of applications for the 2017-2019 funding cycle to provide feedback by completing a survey.

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1. NEWS and ANALYSIS: Board approves a grant extension and a new grant for Nigeria's malaria program

They will be funded using savings from the country's existing malaria grants

Meanwhile, Nigeria risks forfeiting $45.7 million in incentive funding from 2014-2016

David Garmaise 19 April 2017

The Global Fund Board has approved an extension of an existing malaria grant to Nigeria as well as a new one-year grant with a new principal recipient (PR) – all at no extra cost. The extension and the new grant will be financed by reinvesting savings identified in Nigeria's current malaria grants. This will allow Nigeria to maintain essential malaria services to the end of 2017.

The decision was announced on 5 April. The Board was acting on a recommendation of the Grant Approvals Committee (GAC).

These are the latest developments in Nigeria's troubled grant portfolio and they come with a few wrinkles.

The extension and the new grant were made necessary by the fact that in 2014, the Board approved two malaria grants – NGA-M-NMEP, for which the PR was the National Malaria Elimination Program (NMEP) and NGA-M-SFH, for which the PR was the Society for Family Health (SFH) – both of which were exceptionally authorized to have a shortened grant duration to 31 December 2016. The original concept note identified the programmatic gap for 2017 but did not cover the full three-year implementation period. The Secretariat worked with the country coordinating mechanism (CCM) to enable the CCM to present an above-allocation request for funding for 2017.

Incentive funding

When the grants were approved in 2014, incentive funding in the amount of $45.7 million was awarded, contingent upon the Government of Nigeria matching that amount with domestic funding. The incentive funding and the matching funds were intended to be used to close a gap in funding for the distribution of long-lasting insecticide-treated bed nets (LLINs).

The government was given a deadline of 31 March 2017 to come up with the matching funds. A representative of the Nigerian CCM told Aidspan that the government failed to meet this deadline; but that the NMEP has asked the country team in the Global Fund Secretariat for an extension to the deadline; and that efforts to find matching funds are ongoing. If the government is not successful in raising matching funds, the $45.7 million incentive funding award will be returned to the Global Fund general pool.

The Board decision extended the malaria grant managed by the NMEP, and approved a new grant with Catholic Relief Services (CRS) as PR. CRS will implement a delayed LLIN replacement mass campaign in 2017. Even as it was recommending approval of the CRS grant, the GAC acknowledged that there were risks associated with CRS' limited experience in delivering LLIN mass campaigns to the scale required.

Under new implementation arrangements, the NMEP will concentrate on activities directly related to its core mandate – i.e. strategic planning, policy coordination and oversight of the national program.

In January 2015, the Board approved a total program budget upper ceiling for the two malaria grants of $400.3 million. As of March 2017, savings of $213.6 million had been identified from unspent funds within the two grants. Of this amount, $103.1 million is being re-allocated to the new CRS grant; and $95.1 million is being used to extend the NMEP grant through 31 December 2017. In addition, $7.4 million has been set aside to fund a nine-month closure period for the SFH grant to ensure orderly distribution of the remaining health products for malaria case management. The remaining savings – $8.0 million – are being returned to the general pool.

The reason there were so many unspent funds in the two malaria grants is that the grants were delayed in 2015 and 2016 due to a prolonged sub-recipient (SR) selection process.

Although Nigeria's malaria program has experienced significant implementation delays, it has still been able to show achievements. Between 2010 and 2015, malaria prevalence among children under five declined from about 42% to 27%, and malaria incidence and deaths both dropped.

High impact activities

The extension of the NMEP grant and the new grant will prioritize high-impact activities in 24 high-burden states, where the grants aim to complement programs of other partners to maximize impact. Activities for this period include the following:

- **Vector control**. LLIN replacement mass campaigns will be conducted, as will routine distribution of LLINs, in up to 12 of the 16 states where a replacement campaign is overdue. In five states, the campaigns will be financed entirely through the new CRS grant. In one state, the campaign will be conducted in partnership with the (U.S.) President's Malaria Initiative (PMI). Campaigns in the other six states will potentially be financed through incentive funding (three states) and through Government of Nigeria funds matching the incentive funding (three states) – providing the government is successful in raising the matching funds.
- **Case management** – 14.4 million malaria cases will be treated with quality-assured ACTs (artemisinin combination therapies) in the public sector, and a further 38 million quality-assured ACT doses will be provided through a private sector co-payment mechanism.

- **Strengthening country systems.** The supply chain in the 24 high-burden states will be strengthened through recruitment of supply chain specialists and M&E specialists in each state.

For the 2017 LLIN mass campaigns, the states will absorb storage costs from the state level to distribution points.

A strategy on malaria domestic financing is currently being developed. In November 2016, the NMEP released guidance on engaging the private sector in the malaria response. It highlighted several areas where the private sector could be involved, including case management and malaria elimination strategies.

TRP review

When it reviewed the above-allocation request from Nigeria, the Technical Review Panel (TRP) noted that implementation of the proposed activities within the remaining nine months of 2017 will require a dramatic increase in the malaria grants' monthly expenditure rate. The TRP said that close collaboration will be required among the CCM, the PRs and the Secretariat. It also said that the causes of implementation delays in 2015 and 2016 need to be addressed.

The TRP said that the CCM needed to work with government to ensure that matching funds for the LLIN replacement mass campaign for 2017 are released in a timely manner; and that contingency plans should be put in place to prioritize states most in need should the matching funds (and the incentive funding) not become available.

At the GAC meeting that reviewed the proposed extension and new grant, technical partners identified the need for a regular communication mechanism to review progress in the implementation of the grants, and to rapidly identify and address bottlenecks. The Secretariat reported that joint missions with PMI-Nigeria are being planned in several states in the second quarter of 2017 to address implementation bottlenecks and maintain momentum and communication among partners.

Concerns were raised at the GAC meeting about whether the NMEP could handle the level of funding budgeted for it in the extension. The Secretariat clarified that of the $95.1 million budget, only $5.58 million would actually be administered by the NMEP. This funding is to be used to support 2017 coordination activities and the clearing of existing 2016 financial commitments and liabilities of the program. The remaining budget is composed of:

- $42.6 million for LLINs, to be procured by the IDA Foundation using the Fund's pooled procurement mechanism (PPM), and managed by CRS upon receipt in country;
- $44.2 million for the private sector co-payment of ACTs, managed by the PPM;
- $2.2 million to be directly disbursed to 15 NMEP SRs to finance 2016 commitments and 2017 closure activities, and

- $546,467 to be disbursed directly to the World Health Organization to cover technical assistance.

In May 2016, the Office of the Inspector General (OIG) published a report on the audit it conducted on Global Fund grants to Nigeria (see GFO article). The audit resulted in seven agreed management actions (AMAs) to be implemented by the Secretariat to address the weaknesses identified by the OIG. In March 2017, GFO reported that six of the seven AMAs had been implemented. With the approval of the grant to CRS, the seventh AMA has now also been implemented.

The Nigeria malaria component was one of 11 components with shortened grant implementation periods. The other 10 were Kenya malaria, Mozambique malaria and HIV, Sudan malaria, Tanzania HIV, Uganda malaria and HIV, Zimbabwe malaria, Congo DR malaria and Ghana Malaria. One by one, the Board has approved additional funding for the shortened grants using funds from portfolio optimisation – meaning, usually, savings made in other grants, but sometimes also in the shortened grants themselves, as is the case with the Nigeria malaria component. The Nigeria malaria grants were the final shortened grants from the 2014-2016 allocation period to have funding approved to the end of 2017.

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2. NEWS: First application window for 2017-2019 yields 93 funding requests

Large majority are for program continuation

David Garmaise 18 April 2017

The Secretariat has received 93 requests for funding in the first application window of the 2017-2019 funding cycle, according to the Global Fund's Funding Request Status Tracker. Under the Global Fund's differentiated application system, 73 requests used a program continuation application, 13 a full review application, and seven a tailored review application.

There are different types of tailored reviews. Four applicants filed a tailored-to-material-change request; two a tailored-to-national-strategy-based pilots request; and one a tailored-to-transition request. No applications were received using the fourth type of tailored review: tailored to challenging operating environments. (See GFO article for more information on the different types of request.)

See the table below for a list of components for which funding requests were received in Window 1.

The deadline for submitting funding requests for Window 1 was 20 March 2017. Deadlines have also been established for three more windows, as follows:

Window 2 – 23 May 2017
Window 3 – 28 August 2017
Window 4 – 31 January 2018

It is expected that additional windows will be added in 2018 and 2019.

Funding requests submitted in Window 1 will be reviewed by the Technical Review Panel (TRP) between 23 April and 2 May 2017. The Secretariat is expected to eventually post copies of the funding requests on its website, but only once agreements are signed for the grants emanating from the requests.

Table: Components for which funding requests were submitted in Window 1, by type of request

FULL REVIEW:		
Bangladesh HIV, TB, malaria Malawi malaria Nigeria malaria	Philippines HIV, TB RAI malaria	Uganda HIV, TB, malaria Zimbabwe TB/HIV, malaria
PROGRAM CONTINUATION:		
Afghanistan HIV, malaria Azerbaijan HIV, TB Benin HIV, TB, malaria Burkina Faso HIV, TB, malaria Burundi HIV, TB, malaria Cameroon malaria Cape Verde TB/HIV, malaria CAR malaria Chad malaria Congo DR malaria Côte d'Ivoire TB, malaria Eritrea malaria Gambia, TB/HIV, malaria Guinea HIV, malaria Guinea-Bissau TB/HIV, malaria Guyana HIV	Haiti TB/HIV, malaria Honduras malaria Indonesia malaria Iran HIV Kyrgyzstan HIV, TB Lesotho TB/HIV Liberia malaria Madagascar HIV, TB, malaria Mali TB/HIV Moldova HIV, TB Mongolia HIV Mozambique malaria Multi-C. W. Pacific TB/HIV, malaria Nicaragua HIV Niger HIV, malaria	Pakistan malaria PNG malaria Paraguay HIV Philippines malaria Sénégal HIV, malaria S. Leone HIV, TB, malaria, RSSH Solomon Islands TB, malaria Somalia malaria Sudan TB/HIV and malaria Suriname malaria Swaziland malaria Timor Leste TB Togo TB/HIV, malaria Uzbekistan HIV, TB Zanzibar TB/HIV, malaria
TAILORED REVIEW:		
Congo DR TB/HIV (material change) Lao TB (material change) Malawi TB/HIV (material change)	Mauritius HIV (material change) Rwanda TB/HIV, malaria (NSP pilot) Cuba HIV (transition)	

Program continuation is the simplest type of funding request. It involves submitting a letter (as opposed to a full application form) and completing a short template requesting funding for an additional three years under substantially the same goals and strategic objectives – and under similar interventions – as the current grant. Use of the program continuation approach is limited to applicants that meet certain criteria, such as strong programmatic performance and absorption, a low risk profile, and no need for a material change in programming.

All program continuation requests had to be submitted in Window 1 (for grants ending up to 30 June 2018) or Window 4 (for grants ending on or after 1 July 2018).

When it reviews a program continuation request, the TRP will recommend that it proceed to the grant-making stage provided it considers that the request does not involve any material change. The TRP may recommend that certain issues be addressed during grant-making. If

the TRP believes that that the request involves material change, it may recommend that the applicant develop a tailored or full funding request instead.

For tailored and full review requests, the Global Fund estimates that the process from funding request to grant signing may take, on average, nine months. When the TRP assesses these requests, the outcome will be one of the following:

- **Proceed to grant-making:** The funding request is determined to be strategically focused and technically sound, although the applicant might need to provide clarifications or make adjustments; or
- **Re-submit funding request iteration:** The applicant should address the comments raised by the TRP in a revised funding request to be re-submitted for a second TRP review prior to advancing to grant-making.

Other developments

The information in this section is taken from the Global Fund's 2017-2019 Funding Cycle: Frequently Asked Questions.

If an applicant chooses to go for a grant that is less than three years' duration, the allocation is reduced proportionately. In other words, if an applicant submits a funding request covering just two years, it will receive just two-thirds of what it was originally allocated. This is a change from the previous funding cycle. Presumably, the Global Fund wants to avoid the problems created by shortened grants in the 2014-2016 funding cycle.

All applicants are required to prepare a prioritized above-allocation request (PAAR) that can be assessed for unfunded quality demand. For full- and tailored-review applications, the PAAR must be submitted with the funding request and may be updated during grant-making or grant implementation. For program continuation applications, the PAAR may be submitted with the program continuation request, during grant-making or during grant implementation, and may also be updated during grant-making or grant implementation.

In line with the differentiated approach the Global Fund has adopted for managing grants and other aspects of the funding model, the Fund has categorized countries as "core," "focused" or "high impact." GFO has written about this before here. The categorization is revised every allocation period. A list of countries in each category for the 2014-2016 allocation period is available in the Operational Policy Manual. See the "Overview of the Operational Policy Manual" section near the beginning of the manual.

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3. NEWS: Global Fund pushes back on claims of overdependence on select suppliers of ARVs

Buyers had been warned to diversify the manufacturing base or risk supply interruptions

Andrew Green 17 April 2017

The Global Fund, one of the main purchasers of generic antiretroviral (ARV) medicines for HIV patients in low- and middle-income countries, has dismissed concerns that the limited number of manufacturers tapped to supply these drugs could result in immediate or future shortages. Fund officials said systems are in place to forecast demand, deal with any supply disruptions and increase production to meet future need.

Four manufacturers – Aurobindo, Cipla, Hetero and Mylan – supplied nearly 80% of ARVs to low- and middle-income countries in 2015, according to the ARV Market Report from the Clinton Health Access Initiative (CHAI). In a March column in the *Financial Times*, Brian Elliott, a former pharmaceutical industry executive and now the chief executive of Procela Consultants, cautioned that the key global purchasers are too dependent on these manufacturers.

Alongside the Global Fund, the South African government and the President's Emergency Plan for AIDS Relief (PEPFAR) – the U.S. government's bilateral HIV response – are the primary buyers of ARVs for low- and middle-income countries.

Elliott, who has consulted on drug access for international health organizations, specifically flagged two concerns: that immediate supply interruptions could result from companies having drugs delisted in the course of routine evaluations; and that the manufacturers may be unable to meet the demands created by UNAIDS' call to rapidly advance the number of people being enrolled on treatment by 2020 under its "test and treat" approach.

"Reliance on so few suppliers for continuing treatment for millions of people is dangerous because, unlike other diseases, there are no alternatives to ARVs for the treatment of HIV," Elliott wrote. "This dependence creates serious risks. Today, the risk of supply interruption is at a worrying level." He called on the three main buyers to quickly diversify their procurement or risk creating situations where HIV patients on ARVs might not be able to maintain their current regimens.

High-level monitoring

Officials from the Global Fund and UNAIDS disputed Elliott's conclusions.

Seth Faison, the Global Fund's head of communications, told Aidspan that the Fund has processes in place to prevent any interruptions in ARV coverage in the countries it supports. This includes participating in high-level monitoring and a procurement system that weights considerations like reliability of manufacturers and sustainability of their supply.

"The Global Fund is confident that the capacity of the current supply base is sufficient to meet global demand needs, as confirmed by a number of other parties," Faison said. "The Global Fund and its partners, including other large buyers, closely monitor any supply risks to the market."

The high-level monitoring happens primarily at an annual meeting organized by the World Health Organization that attempts to forecast global ARV demand, based both on current use but also increases that are anticipated under new policies, like the UNAIDS' targets. Participants at these meetings typically include representatives from the Global Fund, United Nations agencies, CHAI, the U.S. Global AIDS Coordinator, which oversees PEPFAR, the South African health ministry and pharmaceutical companies.

"In these events, both originator and generic companies engage in discussions regarding their capability to supply the ARV market," UNAIDS said.

The forecasting meeting that took place in 2016 included a presentation comparing anticipated demand for active pharmaceutical ingredients for ARVs to global production capacity.

The meeting also dealt with developments like the U.S. Food and Drug Administration's decision in 2016 to strip tentative approval from a first-line ARV sold by Hetero. The loss of that approval meant the Global Fund and PEPFAR were no longer allowed to procure the drug from Hetero. Officials said other manufacturers were able to fill the gap, though, and there were no service disruptions.

Faison also told Aidspan that the Global Fund's Pooled Procurement Mechanism (PPM) "assures reliable performance and supports a sufficient supplier base for all of the needed products." Through the PPM, the Global Fund can push prices down, but the mechanism also guarantees larger procurements to manufacturers, which helps assure the production and delivery of the ARVs. With earlier serial spot tenders, "over-promising and under-delivering was not uncommon," Faison said.

Meanwhile, Mylan, which the CHAI ARV Market Report cited as the largest manufacturer of ARVs for lower- and middle-income countries, publicly disputed the commentary from Elliott, calling it "false and misleading."

To meet the goal of ending the AIDS epidemic by 2030, UNAIDS has called for 30 million people to be enrolled on ARVs by 2020. The agency announced in November last year that there are currently 18.2 million people enrolled in therapy.

To meet the UNAIDS targets, Elliott wrote, buyers "must allocate their purchases to all manufacturers that meet quality standards, and allow excluded or limited suppliers the opportunity to quickly increase their volumes." In its response, Mylan pointed to its own investments in production capacity to underscore its commitment to growing its capability to meet increasing global demands.

Other observers questioned Elliott's premise that the main purchasers were overly dependent on four manufacturers.

Joanna Keenan, the press officer for Médecins Sans Frontières Access Campaign, which advocates for increased development of and access to medicines, said that while there are four main ARV producers, "there are many others who are actively engaged and supplying in the market to meet the needs of different procurement agencies and countries."

Officials from the Partnership for Supply Chain Management, which manages the PPM, declined an interview request, but confirmed in an email that they procure from a "long list" of WHO-approved suppliers.

The list of Global Fund ARV suppliers is available here.

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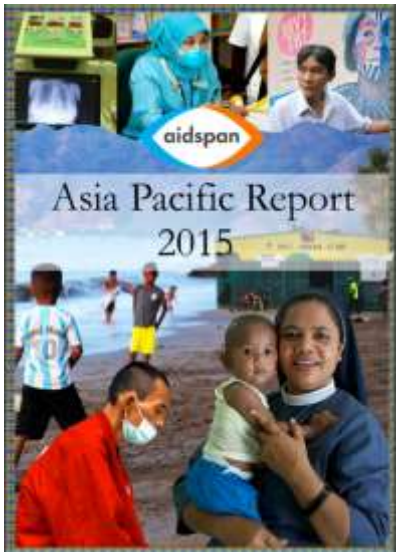
4. NEWS: Aidspan releases its Asia Pacific report

Ann Ithibu 4 April 2017

Aidspan has made public its second-ever regional report: a snapshot of countries and one regional initiative in the Asia Pacific region. Stigma and discrimination, underutilization of civil society in service delivery, increased rural to urban migration which complicates disease management, and funding gaps in the national responses for the three diseases are some of the issues highlighted in this report.



The Asia Pacific report provides an overview of the history and current status of Global Fund support in the region and summarizes the main cross-cutting issues facing the Asia Pacific countries. It also includes profiles of select countries identified as priority countries based on their burdens of disease and country contexts.

The country profiles focus on each country's political and socio-economic background; epidemiological profiles for HIV, TB and malaria; and investments towards the three diseases and health systems strengthening with a focus on past and current Global Fund grants, looking as far back as 2010. Also included in the profiles is an illustration of trends in grant performance of select Global Fund grants.

Countries included in the report are Cambodia, Laos, Vietnam, Myanmar, the Philippines, Indonesia, Malaysia, Timor Leste, Multicountry Western Pacific (which includes 11 Pacific Island countries), Papua New Guinea, Fiji and Solomon Islands. The report also includes an overview of the Regional Artemisinin Resistance Initiative (RAI), a $100 million regional grant which aims to support a coordinated effort to address multi-drug-resistant malaria in five countries: Myanmar, Cambodia, Thailand, Vietnam and Laos.

Information on both the region and specific countries was obtained via a review of the literature and key documents, and interviews with in-country stakeholders.

The Global Fund rolled out the new funding model (NFM) in 2014 to replace the rounds-based approach. Even though a majority of the people interviewed complained about the time and energy needed to complete the various processes under the NFM, there was consensus that the NFM was better than its predecessor. Prior knowledge of a country's allocation, increased focus on high and direct-impact activities, and the link between grant performance and funding were some of the positives associated with the NFM.

Notable successes within the region include a growing intention by each of the countries to increase domestic financing towards the three diseases; anti-discrimination clauses in HIV-specific laws enshrined in almost every country in Asia and South Pacific; the increased role of civil society in service delivery; and improved governance and oversight within the country coordinating mechanisms (CCMs).

However, the countries of the Asia Pacific region continue to face significant barriers in ending the epidemics. Legal, policy and socio-economic barriers pose a threat to service delivery and especially to the vulnerable and key populations. Stigma and discrimination, and human rights abuses against the most vulnerable are also prevalent in this region. In addition, there is a growing concern that governments of countries such as Malaysia and Indonesia may no longer pay for services targeting key populations once the countries become ineligible for Global Fund support.

The report calls for stronger legal protections like the implementation of existing anti-discrimination laws; increased involvement of the civil society – especially the faith-based organizations – in service delivery; increased technical support to civil society; and innovative approaches to financing. In addition, the report states that strengthening of the national health systems ought to be prioritized to enhance sustainability of the results long after the Global Fund programs conclude.

Ann Ithibu is one of the members of the Aidspan team that worked on development, design and data collection for this report.

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5. NEWS: New ARV database being piloted in the EECA region

Provides information on drug prices and purchases

Tinatin Zardiashvili 18 April 2017

A new database is being developed in Eastern Europe and Central Asia (EECA) containing information on antiretrovirals (ARVs) in use in 15 countries: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Poland, the Russian Federation, Tajikistan, Ukraine and Uzbekistan.

The database is a pilot project of a regional program ("Partnership for Equitable Access to HIV Care Continuum in the EECA Region") financed by the Global Fund and jointly implemented by the East Europe and Central Asian Union of People Living with HIV (ECUO) and the Eurasian Harm Reduction Network (EHRN) – see GFO article for information on the regional program. The ECUO is managing the database.

Although it is still a work in progress, the database is available online.

For each medicine currently in use in the 15 countries, and for each formulation of that medicine, the database provides information on the brand name, the generic name, the manufacturer, the price per unit, the number of units in a package and the price per package. The database also provides information on the source of funding (i.e. either the Global Fund or the national government).

At this stage, a user can filter the data using five parameters: the country, the manufacturer, the source of funding, the generic name and the formulation. However, the database is still under development and some information is not yet complete – for example, data on whether a medicine has been registered in the country, whether it has been included in the national list of the essential drugs, and whether it has been pre-qualified by the World Health Organization is missing in most instances.

When the database is complete, it will also show what orders have been made for each medicine, when each order was placed, and when delivery was effected.

The purpose of developing this database is to provide information to support advocacy by civil society organizations (CSOs) in the EECA on the right to health of persons living with HIV, including the right to treatment. This advocacy is one of the objectives of the regional program.

For example, the database shows whether second and third line ARVs are available in each country, which is a measure of the quality of antiretroviral therapy (ART) being provided. In addition, information about unit price of the medicines enables users of the database to estimate how much it would cost to increase number of persons living with HIV who are receiving ART. Finally, the database could help to identify more attractive purchasing options in neighbouring countries.

The database will also provide useful information for countries transitioning from Global Fund support. Most countries in the EECA have either transitioned or are on their way to transitioning. One of the elements of transition readiness is the ability of the country to maintain uninterrupted treatment when it becomes completely responsible for procuring the ARVs. As long as the Fund is doing the purchasing, the drugs do not have to be registered in the countries; but once a country transitions from the Fund support and does its own purchasing, the drugs will need to be registered in that country – either that or the country needs to pass a law exempting ARVs from the need for registration if they are prequalified by the WHO.

The requirements for registration and prequalification vary by country and the processes involved are often complicated, and might be time-consuming and expensive. For example, if a medicine is prequalified by the WHO, it does not automatically mean that it is exempted from registration. The laws vary country by country. However, if the medicine is prequalified, there is a better chance that accelerated registration can happen.

CSOs will not be the only ones using the database. It will be used by government officials responsible for procuring ARVs; and by donors that provide either financial or technical support to the national HIV programs.

The information currently in the database was collected by people from key population organizations in the period from September to November 2016. The information covers purchases made in 2015-2016. This exercise was part of a communities' capacity building initiative in the regional program. Additional data collection is planned for later this year and in 2018. There are also plans to update the information on an ongoing basis starting in 2018.

"When we gathered information for the database," said David Ananiashvili, Director of the NGO Georgia Plus Group, a member organization of the ECUO, "we were not just collecting 'dry figures.' We were thoroughly analyzing the purchase orders."

Ananiashvili explained that the communities want to be sure that the money allocated for ARVs is spent only for the latest medications and that the procurement process is transparent. "Being able to compare the prices across the region allows us to identify purchase orders that are problematic," he said. "We also look for signs of corruption. For example, if we see that a country is dealing with only one particular company, we start a deeper investigation and react accordingly."

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6. NEWS: Secretariat to roll out new orientation program for CCMs

The program has both online and face-to-face components

Gemma Oberth 17 April 2017

The CCM Hub at the Global Fund Secretariat, in close collaboration with the USAID Leadership, Management, and Governance (LMG) Project, has developed a new standardized orientation program for country coordinating mechanisms (CCMs). The purpose of the program is to improve CCM performance by providing members with the knowledge and skills they need to effectively carry out their roles and responsibilities.

Following the roll out of the eligibility and performance assessment (EPA) during the 2014-2016 funding cycle, the Global Fund Secretariat identified the need for a standard orientation package for members of CCMs.

The Global Fund EPA is based on a set of minimum requirements which all CCMs must meet in order to be eligible for funding. Following the EPA self-assessment, which is guided by an external consultant, all CCMs must develop a performance improvement plan based on the results.

In their performance improvement plans, many CCMs said they would need to implement an induction and orientation process for CCM members. A vast majority of CCMs also requested technical assistance (TA) from the Global Fund Secretariat and technical partners for the induction.

In addition to the collaboration with LMG, contributions to the development of the orientation package were received from the USAID Grant Management Solutions (GMS) Project, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the International HIV/AIDS Alliance, the United Nations Development Programme (UNDP) and other Global Fund departments (Community Rights and Gender, Access to Funding, Resilient and Sustainable Systems for Health, the Communications Team and the Information Technology Team).

"We are particularly pleased because we feel this is a project based on CCMs requesting it directly," said Grainne Mc Daid with the CCM Hub at the Global Fund Secretariat. "There's often quite a lot of turnover on CCMs, and it's really important that all CCM members know what their role is and what's expected. We hope this standardized program will alleviate some of that burden from CCM secretariats."

Sixteen modules

The orientation package has eight core modules, which will be compulsory for all CCM members to complete. There are also two modules for CCM committee members; and six thematic modules, which are optional.

Core modules:

- Module 1 – Introduction
- Module 2 – Global Fund Basics
- Module 3 – CCM Basics
- Module 4 – CCM Governance
- Module 5 – CCM Structure and Functions
- Module 6 – Global Fund Funding Model and Cycle
- Module 7 – Oversight
- Module 8 – Being an Effective CCM member

Two additional modules for CCM committee members:

- Module for Executive Committee Members
- Module for Oversight Committee Members

Six thematic modules (optional):

- Resilient and Sustainable Systems for Health
- Human Rights
- Gender
- Key Populations
- Communities Systems and Responses
- Climate Change in Health

"We hope it's a flexible platform going forward," said Mc Daid. "We are aiming to add more thematic modules to it in the future." The CCM Hub intends to add a module on the new CCM code of conduct (currently in development) as well as a module on sustainability and transition. Given that topics like transition might not be equally relevant to all CCMs, the thematic modules are optional so that each CCM can decide which ones are most applicable to it.

The orientation program has both online and face-to-face components. The online part will happen first, with all CCM members completing the modules through the Global Fund's e-Learning platform ("iLearn"). The English versions of the online modules are available on the Global Fund's website while translation into French is still being finalized.

Following completion of the online component, there will be a face-to-face training process facilitated by an international consultant who will be provided by the CCM Hub. "The face-to-face component is about bringing to life what they have learned in the online modules," Mc Daid explained. "It's about bringing theory into practice."

In September 2016, the CCM Hub identified and trained a group of 13 experienced consultants to facilitate the face-to-face component.

The online modules will take 10-35 minutes each to complete and the face-to-face training will be approximately 5-6 days long (two days for all CCM members, followed by 1.5 days for executive committee members and two days for oversight committee members).

While the program is mainly intended for CCM members, it is also relevant to CCM secretariats, CCM committees, consultants (i.e. TA providers) working with CCMs, and other stakeholders interested in learning about CCM processes.

Phillipa Tucker, Co-Founder and Research and Communications Director at AIDS Accountability International (AAI), says the method, content, and the timing of the CCM orientation program is excellent, as well as pivotal to improving CCM performance across the board. "AAI is fully supportive of the Global Fund CCM Hub's Orientation Program initiative," said Tucker. AAI has been running a CCM strengthening project since 2009 and is part of the Global Fund CCM Hub's Working Group, an informal advisory committee which generally meets twice a year in Geneva.

AAI has successfully petitioned the CCM Hub to include broader civil society (not only CCM members or CCM members representing civil society) in the orientation program

initiative. “This will be critical as a means of building capacity and ownership of the CCM at country level,” Tucker stated. “Training civil society organizations from outside the CCM on how the CCM works will ensure greater accountability and impact for those living with or affected by the three diseases.”

However, some people are concerned that the orientation program may advantage certain CCM constituencies over others, further entrenching existing CCM power dynamics. “Not all members have equal levels of computer literacy or internet access, so challenges with completing the online training could marginalize certain CCM members,” said Olive Mumba, the Executive Director of EANNASO. Mumba suggested that the Global Fund’s Community, Rights and Gender department, through its Strategic Initiative, might be able to provide support to prepare representatives of communities and civil society for the program.

The CCM Hub told Aidspan that there is an offline version of the training modules, which they can make available to CCMs on a thumb drive if there are members who require this.

The CCM Hub plans to roll out the program in a phased approach throughout 2017 and early 2018. They have already conducted a pilot of parts of the content in Timor-Leste, after which Kosovo became the first country to complete the program. Mongolia is the next country confirmed for the roll out. The CCM Hub told Aidspan that so far, the feedback from early implementation of the program has been very positive. In 2017, the CCM Hub aims to train approximately 15 CCMs in April-June, 16 in July-September and 10 in October-December. They will aim to reach another 13 CCMs with the training in the first quarter of 2018.

Aidspan plans to continue reporting on the orientation program, including providing impressions from CCM members and other stakeholders, as the program is rolled out.

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7. NEWS: More information on catalytic investments

Matching Funds, Multi-Country Approaches and Strategic Initiatives described

Charlie Baran 17 April 2017

At its 36th meeting in November 2016, the Global Fund Board approved $800 million for catalytic investments. Gemma Oberth previously reported on this new funding stream here and here. Additional information on catalytic investments was contained in a paper prepared for a recent meeting of the Strategy Committee. The Global Fund Secretariat has agreed that Aidspan may report this information.

Catalytic investments are designed to support programs, activities and strategic investments that cannot be addressed through country allocations alone, yet are deemed crucial to ensure Global Fund investments are positioned to deliver against the Fund’s strategic objectives.

There are three types of funding under catalytic investments: Matching Funds, Multi-Country Approaches and Strategic Initiatives. The budget for each type of funding is as follows:

Matching Funds – $346 million
Multi-Country Approaches – $272 million
Strategic Initiatives – $172 million

Total – $790 million

There is a $10 million difference between the total of the budgets for the three types of funding ($790 million) and the $800 million approved for Catalytic Investments. The explanation for this difference is that the budget for Matching Funds, which was originally $356 million, has been reduced to $346 million. See the table below for further details.

This leaves $10 million of the $800 million unallocated.

Matching Funds is designed to promote the use of a portion of a component's allocation to address key strategic priorities, including for key and vulnerable populations, human rights and data strengthening. **Multi-Country Approaches** targets a limited number of key, strategic multi-country priorities deemed critical to meet the aims of the Global Fund's 2017-2022 Strategy. **Strategic Initiatives** are "centrally managed approaches" (i.e. managed by the Secretariat) that cannot be addressed through country allocations due to their cross-cutting nature, or because they do not align with grant cycles.

Below we provide additional information on each type of funding.

Matching Funds

Matching Funds replaces incentive funding from the 2014-2016 allocation period. Matching Funds has six priority areas spread across three components: HIV, TB, and RSSH (resilient and sustainable systems for health). In the table below, we list the countries eligible to receive Matching Funds for each priority area.

Eligible countries were notified of their Matching Fund allocations when they received their allocation letters last December. To access their Matching Funds, countries must set programmatic targets for the relevant priority area that are in excess of the targets for 2014-2016. In addition, they must "match the Matching Funds" – i.e. commit to allocating towards the achievement of the targets an amount of funding from their allocation that is at least equal to the Matching Funds for which they are eligible.

Table: Countries with Matching Funds allocations, by priority area

Com-ponent	Priority area	Allocation ($ million)	Eligible countries
HIV	Key populations	$50 m	Benin, Cameroon, Côte d'Ivoire, Ghana, Honduras, Jamaica, Kenya, Myanmar, Sénégal, Ukraine, Viet Nam, Zimbabwe
	Human rights	$45 m	Benin, Botswana, Cameroon, DRC, Côte d'Ivoire, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Mozambique, Nepal, Philippines, Sénégal, Sierra Leone, South Africa, Tunisia, Uganda, Ukraine
	Adolescent girls and young women	$55 m	Botswana, Cameroon, Lesotho, Kenya, Malawi, Mozambique, Namibia, Swaziland, South Africa, Tanzania, Uganda, Zambia, Zimbabwe
TB	Finding missing TB cases	$115 m	Bangladesh, DRC, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, Ukraine
RSSH	Integration of service delivery with workforce improvements	$18 m	Afghanistan, Benin, Guinea, Liberia, Niger, Sierra Leone, Zambia
	Data systems	$30 m	Bangladesh, Burkina Faso, Côte d'Ivoire, DRC, Indonesia, Malawi, Mozambique, Myanmar, Pakistan, Tanzania, Togo, Ukraine

Source: The Global Fund

Notes:

1. The amounts in the above table add up to $313 million. According to the Global Fund website, an additional $33 million will be made available as Matching Funds for malaria, to catalyze market entry of new generation long-lasting insecticide-treated bed nets.
2. That brings total Matching Funds to $346 million, which is $10 million less that the $356 million originally budgeted for this type of funding. The difference is explained by the fact that RSSH: Data systems, shown in the above table at $30 million, was originally budgeted at $40 million.

There is a spreadsheet on the Global Fund website that contains information on the "Available Matching Funds" for each country listed in the above table. The information is available here. Look for "Catalytic Investments: Available Matching Funds" in the orange bar at the bottom of the page.

Multi-Country Approaches

Multi-Country Approaches replaces regional programs from the previous funding cycle. For regional programs, the Fund issued open calls for expressions of interest, and then invited the strongest applicants to develop full proposals. In contrast, most programs funded under Multi-Country Approaches are "pre-shaped" – i.e. they are programs developed by the Fund and its partners. Multi-Country Approaches can be either existing regional programs or new ones. These pre-shaped programs will be supplemented by a limited call for proposals.

Funding for Multi-Country Approaches is allocated to four components and to priority areas within each component, as follows:

- **Malaria**: $145 million for malaria elimination in 48 low-burden countries with greatest elimination prospects in Southern Africa, Mesoamerica, and the Greater Mekong Region in Southeast Asia.
- **TB**: $65 million for TB in mining settings, and in migrant and mobile populations; for regional laboratory initiatives; and for multi-drug-resistant TB (MDR-TB) policies – all with the goal of finding missing cases.
- **HIV**: $50 million for sustainability of services for key populations in middle-income countries facing transition.
- **RSSH**: $12 million for building national and regional expertise on procurement and supply chain management.

The Global Fund is currently engaged in a process to determine whether existing regional programs will be continued, refocused or discontinued. This evaluation considers how well programs align with Board-approved multi-country priorities as well as their potential for impact. The outcome of the evaluation is expected to be announced by the Fund in June, at which time GFO will update readers.

Strategic Initiatives

The Strategic Initiatives stream is a re-branding and expansion of the Special Initiatives from the 2014-2016 allocation period. Fourteen Strategic Initiatives (up from six) are spread across RSSH, TB, malaria, and "broader strategic areas."

More than half of Strategic Initiative funding ($96 million) is allocated to seven RSSH initiatives, as follows:

- **Sustainability, Transition and Efficiency** ($15 million) will, among other things, (a) support sustainability activities in a wide range of countries; and (b) support transition planning and increased technical and allocative efficiency in other high impact select countries preparing for transition. Roll out of this financing will begin in May 2017.

- **Technical Support, South-to-South Collaboration, Peer Review and Learning** ($14 million) will involve providing technical support during the grant cycle; capacity strengthening; and activities such as "mock technical review panels." Expected outcomes include improved quality of funding requests and improved programmatic outcomes. Likely recipients of this funding include the World Health Organization (WHO), Roll Back Malaria, and UNICEF. Implementation is expected to begin after June 2017.

- **Data systems, Data Generation and Use for Programmatic Action and Quality Improvement** ($10 million) will support improved monitoring and evaluation (M&E) plans and strengthened capacity for data generation and analysis. Requests for proposals will be published in April 2017.

- **Procurement & Supply Management (Diagnosis & Planning)** ($20 million) – These funds will mostly be awarded to technical experts to support improved country diagnosis and planning of supply chain strategies in certain countries, leading to improved availability of medicines and health products. Country selection was to begin in March 2017.

- **Procurement & Supply Management (Innovation Challenge Fund)** ($10 million) will support technical experts to develop new procurement and supply management models, supply chain technology and associated tools. A strategy is expected to be announced during the second quarter of 2017.

- **Procurement & Supply Management (Pre-qualification of medicines and in vitro diagnostics)** ($12 million) will be allocated to the WHO for the pre-qualification of medicines and in vitro diagnostics which are procured through Global Fund grants.

- **Community, Rights and Gender** ($15 million) is largely a continuation of the existing CRG initiative, which includes technical assistance for key populations and civil society; support for global networks of key populations and TB/malaria networks (through the Robert Carr Civil Society Networks Fund); and six Regional Communication and Coordination Platforms, which support civil society and key populations to engage with Global Fund across the grant cycle. This work is currently underway.

Another $24 million is earmarked for three malaria initiatives: (a) malaria elimination in 21 low burden countries; (b) catalyzing market entry of new long-lasting insecticide-treated nets; and (c) piloting of the new RTS,S malaria vaccine in Ghana, Kenya and Malawi.

In addition, $10 million is targeted to TB programs across two strategic initiatives which generally align with the priorities of TB multi-country approaches, i.e. finding missing TB cases.

The remaining $42 million is allocated to two broader strategic areas – (a) $22 million for Technical Evaluation Reference Group (TERG) evaluations on the impact of Global Fund grants; and (b) $20 million for the Emergency Fund, which aims to prevent disruption in essential services related to the three diseases during emergency situations.

Editor's note: This article was modified on 16 May 2017 to correct an error concerning the source of funding from the applicant to match the Matching Funds provided by the Global Fund.

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8. NEWS: More operational and implementation research initiatives should be included in funding proposals: Study

Secretariat, technical partners and countries all have a role to play

David Garmaise 19 April 2017

More needs to be done to promote the inclusion of operational and implementation research (OR/IR) initiatives in funding requests to the Global Fund. The Secretariat, technical partners and countries all have a role to play in making this happen.

This was the central message of a situational analysis of OR/IR and the Global Fund conducted by researchers affiliated with the Swiss Tropical and Public Health Institute; the University of Basel, Switzerland; and the Special Programme for Research and Training in Tropical Diseases at the World Health Organization. A report on their research was published recently in the journal *Globalization and Health*.

The goal of the research was to deepen the understanding of the extent to which OR/IR activities are included in Global Fund grants, and of the factors that influence this. Several methods were used, including a review of relevant documents; a review of grant proposals in six countries – Congo DR, Ethiopia, Zimbabwe, India, Indonesia and Myanmar; interviews with the fund portfolio managers or the country teams in each country; and interviews with Global Fund Secretariat staff and in-country key informants from different stakeholder groups.

The situational analysis focused on malaria and TB; HIV was excluded.

The researchers said that a number of proven standard interventions for controlling diseases in low- and middle-income countries exist – for example, large-scale distribution of insecticide-treated bed nets and ambulatory treatment of TB. However, they said, the effective implementation of these interventions requires adapting to specific contexts, which is where OR/IR comes in.

The Global Fund began promoting the inclusion of OR/IR in the programs it supports in 2008, when guidance documents and toolkits were developed. Subsequently, however, according to the researchers, attention to OR/IR waned and, today, the extent to which countries currently request Global Fund support for this research "remains unclear."

Under the new funding model, the Global Fund provided guidelines on proven priority interventions eligible for support in its Applicant Handbook. However, the researchers said, there is hardly any reference to OR/IR – or to the role research may play in addressing context-specific implementation problems – in the handbook.

The researchers said that they observed considerable variations from one country to another and between programs with regards to need, demand, absorption capacity and funding for OR/IR. Although OR/IR was mentioned in more than 90% of the 49 grant proposals reviewed for this study, most references were to epidemiological and behavioral studies, the

researchers said. One-third of the references were too broad to be categorized. And there was only one mention of a national research agenda.

Efforts to disseminate OR/IR findings were generally weak, the researchers said, and the Global Fund does not maintain a central OR/IR database.

The study identified perceived barriers to applying for OR/IR funding. They included limited overall funding; lack of a well-defined research agenda; lack of research capacity; and limited involvement of academia during concept note development.

Key informants told the researchers that it was often not clear to stakeholders whether the Global Fund was really interested in funding OR/IR. In addition, the study found that the inclusion of OR/IR in proposals and budgets is usually not actively promoted by the Global Fund.

The key informants interviewed for this study generally agreed that earmarking a fixed percentage of the budget for OR/IR was not a solution. Nevertheless, they said, more budget flexibility would encourage countries to apply for more OR/IR. For instance, it was repeatedly suggested that an appropriate amount should be reserved in the budget to cover emerging OR/IR needs, thus eliminating the need for formal budget re-allocations.

Recommendations

The researchers advanced several recommendations aimed at the Global Fund Secretariat, technical partners and countries. With respect to the Secretariat, the researchers recommended:

- that the Global Fund provide specific guidance on inclusion of OR/IR in funding requests and grant budgets;
- that the Global Fund ensure the necessary flexibility to fund small-scale OR/IR studies identified only after grant signing; and
- that the Global Fund create an inventory of OR/IR studies supported by the Fund.

The researchers recommended that technical partners promote and actively support the inclusion of OR/IR in country health strategies, strategic development plans and guidance documents.

Finally, the researchers recommended that countries:

- increase awareness of the importance of OR/IR within national disease control efforts;
- include more OR/IR in funding requests;
- strengthen capacities to coordinate research; develop research agendas; and plan, conduct and oversee OR/IR; and
- disseminate OR/IR findings to relevant stakeholders in order to influence policy and improve program performance.

According to the researchers, the Global Fund is expected to issue more specific guidance on the conditions under which it supports OR/IR.

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9. ANNOUNCEMENT: Global Fund seeks feedback from participants in country dialogues and the preparation of funding requests

Aidspan Staff 16 April 2017

The Global Fund Secretariat is requesting people who were involved in country dialogues and the development of funding requests for the first window of applications for the 2017-2019 funding cycle to complete a confidential survey about their experiences. The Fund will use the results of the survey to improve the way it works.

The Secretariat said that information obtained through this survey will remain completely confidential. The deadline for completing the survey is 21 April 2017.

Respondents can complete the survey by going to www.surveymonkey.com/r/window1_eng. Or they can request and then complete a Word version of the survey by sending an email to A2Fsurvey@theglobalfund.org.

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