Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 310: 28 April 2017

GFO is an independent newsletter about the Global Fund.

GFO Live >> | Aidspan Website >> | Contact GFO >>

CONTENTS OF THIS ISSUE:

From the Editor:

GFO #310 is a special, thematic issue of Global Fund Observer. In this issue, Aidspan examines challenges that arose in three sub-Saharan African countries – Uganda, Zimbabwe and Tanzania (Zanzibar) – during the preparation of funding requests to the Global Fund for the first window of the 2017-2019 funding cycle. Zanzibar submitted a program continuation request. Uganda and Zimbabwe both submitted full review requests. We believe that applicants who have yet to submit their funding requests can learn from the experiences of these three countries. Funding requests for 93 components were submitted in Window 1. If you know of countries that have interesting stories to tell with respect to their funding requests, please let us know. We will endeavor to follow up on some of them.

– David Garmaise

interventions that were included in the request; and (2) A group of donors criticized the process for developing the funding request and the outcome.

3. ANALYSIS: In a Window 1 application to the Global Fund, Zanzibar grapples with limited data and tensions affecting key populations

BY GEMMA OBERTH

On 20 March 2017, Zanzibar submitted a TB/HIV program continuation request for $6.4 million. Several challenges were experienced during the process, including planning in the absence of new data, fostering dialogue despite limited space for programmatic adjustments, and prioritizing key populations amid tensions affecting service provision for these groups**.**

TOP

ARTICLES:

1. ANALYSIS: Uganda CCM and the Global Fund at odds over funding request

Proposed program split and stand-alone RSSH component turned down

David Garmaise 27 April 2017

On 20 March 2017, the deadline for applications in Window 1 of the current funding cycle, the Uganda country coordinating mechanism (CCM) submitted a funding request containing three components: TB/HIV, malaria and RSSH (resilient and sustainable systems for health). The CCM also submitted a proposed program split for its 2017-2019 allocation.

The Global Fund Secretariat turned down the proposed program split. In so doing, the Secretariat effectively told Uganda that it could not use a portion of its allocation for a stand-alone RSSH component. The CCM was unhappy with the position taken by the Secretariat.

In this article, we take an in-depth look at what happened.

The story starts with the announcement in December 2016 that Uganda was allocated $465 million for 2017-2019. In the allocation letter that it sent to the Uganda CCM, the Secretariat said that the $465 million was “for HIV, TB, malaria and building resilient and sustainable systems for health.” In the letter, the Fund provided the following indicative program split:

HIV – $255.6 million
TB – $21.1 million
Malaria – $188.3 million

Total – $465.0 million

The indicative program split did not specify any amount for RSSH. This was not unusual; this is how it works in all countries. While the Global Fund encourages investment in RSSH that will improve treatment and prevention for HIV, TB or malaria, it does not specify a separate amount for RSSH in the indicative program splits. Instead, the Fund encourages countries to use some of the funds shown for HIV, TB and malaria in the indicative program split if they want to finance RSSH activities.

In its allocation letter, the Global Fund said that it "strongly encouraged" a joint application including two or more disease components and RSSH investments. It added, "Should you decide to submit separate disease component applications, we request that all cross-cutting RSSH interventions [be] included in one funding request, ideally the first one.... The funding designated to cross-cutting RSSH interventions does not need to be documented in the program split unless a stand-alone RSSH funding request is planned."

The allocation letter said, "As part of the principle of country ownership, it is up to the CCM to assess the best use of funds across eligible disease components…. Applicants can either accept the Global Fund program split between components or propose a revised split, which will be reviewed by the Global Fund."

The Uganda CCM proposed a revised program split that included $21.3 million for a stand-alone RSSH component. To arrive at this amount, the CCM proposed to reduce the TB portion of its indicative program split by $1.3 million and the malaria portion by $20.0 million. This produced the following proposed program split:

HIV – $255.6 million
TB – $19.8 million
Malaria – $168.3 million
RSSH – $21.3 million

Total – $465.0 million

Stand-alone RSSH component

There are currently two principal recipients (PRs) for Uganda's HIV, TB, malaria and HSS grants: the Ministry of Finance, Planning and Economic Development (MoFPED) and the AIDS Support Organization (TASO). The CCM secretariat told Aidspan that the CCM proposed adding a third PR to manage the HIV, TB and malaria grants and proposed RSSH initiatives.

According to the CCM, the RSSH component of its funding request contained six modules and related interventions (see Table 1 for details).

Table 1: Modules and interventions included in Uganda's RSSH funding request

Module	Interventions
Strengthen financial management and oversight	Strengthening the audit function for Global Fund grants in the Office of the Auditor General.
	Strengthening internal audit and oversight processes for Global Fund grants in the project management unit of MoFPED.
	Supporting an annual physical verification of assets procured through the Global Fund.
Strengthen in-country procurement and supply chain systems	Expanding storage capacity at the national medical stores and at a regional JMS warehouse.
	Strengthening the logistics management information systems at health facilities.
Strengthen data systems	Strengthening the capacity of health management information systems (HMIS) to include data for HIV, TB and malaria indicators, and analyzing and using the data.
	Expanding, integrating and harmonizing logistic management information systems (LMIS), electronic medical records and the Human Resource Information System with HMIS.
	Improving routine HMIS data collection, reporting, analysis and use.
	Conducting assessments of health facilities.
Strengthen and align to national strategic plans	Building the capacity of the Ministry of Health (MOH) to do modelling for HIV, TB and malaria programming.
	Supporting oversight and monitoring meetings of civil society organizations' and PLWHIV groups' SCEs (self-coordinating entities).
	Strengthening the capacity for integrated regional performance monitoring and supporting supervision of HIV, TB and malaria activities.
	Supporting (a) integrated regional HIV/TB, malaria and sector review meetings; (b) MOH supervision visits to districts and 14 regional referral hospitals; and (c) quarterly supervision and mentoring to health facilities by performance monitoring teams.
Community responses and systems	Strengthening and scaling up community-based mechanisms for ongoing monitoring of health policies, performance and quality of service.
	Strengthening community-led advocacy initiatives and developing leadership skills, supporting participation in community, national and international events, and engaging "duty-bearers" for practice and policy reform in HIV, TB, malaria, sexual and gender-based violence, and human rights in 25 districts.
	Strengthening coordination between district disease-specific networks to address bottlenecks related to access, care and retention in HIV, TB, malaria and reproductive, maternal and child health services.
	Supporting mobilization and institutional capacity building for networks of people living with the diseases and other vulnerable groups.
Program management	Grant management.
	PR2 administrative costs for RSSH, HIV/TB and malaria grants.

Rejection of proposed program split

In an email sent to Vinand Nantulya, the chair of the CCM, on 23 March 2017, the fund portfolio manager for Uganda, Dumitru Laticevschi, said, “In the situation when vital TB and Malaria commodities remain un-budgeted, we do not accept (a) the reduction of the TB allocation by US$1,266,115; (b) of the malaria allocation – by US$20,000,000 and (c) the creation of a stand-alone RSSH allocation of US$21,266,115, mainly covering higher-risk activities.”

In a separate letter the same day, Laticevschi elaborated on the Fund’s reasons for rejecting the proposed revised program split. “Our review indicates that mission-critical interventions remain unfunded,” Laticevschi said. “LLINs [long-lasting insecticide-treated bed nets] are budgeted at 52% of the need; GeneXpert at 40%.”

Laticevschi said that the $21.3 million that the CCM proposed for the stand-alone RSSH component would fund interventions “which either belong to the disease allocations, or are outside the immediate focus of the portfolio.”

“The RHSS funding request includes alarmingly large budgets for high-risk activities, without evident links to the desired systemic and disease outcomes,” Laticevschi said. “The high administrative costs ($3M), HR ($2.25M) and travel-related costs ($6.7 million) cannot be justified. The value of communications materials (budgeted at $1.88 million) is questionable, and we do not support the dilution of the Global Fund’s focus by the proposed expansion into the private pharmaceutical sector ($1.18M).”

Laticevschi said that “on the basis of the inefficient allocation, we have rejected the proposed disease split [sic]. To enable the progression to the TRP review, we request that before the 31st March 2017, the program split is reversed to the one communicated by the Global Fund on 15 December 2016.” Laticevschi added: “We discourage the stand-alone design of systems strengthening grants.”

Reaction of the CCM secretariat

In an email to CCM members dated 23 March 2017, the CCM secretariat said that with Uganda's standalone cross-cutting RSSH grant being scrapped, the country was left with a huge gap in funding to cover the PRs’ grant management costs as well as administrative and human resources costs for the cross-cutting interventions, coordination and oversight components.

The CCM secretariat described additional repercussions of not approving a program split that contained funds for a stand-alone RSSH component: “The Global Fund will not invest in strengthening Uganda's Procurement and Supply Chain Management systems, specifically – strengthening the country's warehousing and storage capacity.”

The CCM secretariat explained that Uganda’s health system comprises both the public sector and the private sector (which includes the not-for-profit and private for-profit sectors). In the RSSH funding request, $1.2 million had been allocated to strengthening supply chain infrastructure – specifically for the design, construction, installation, equipping and

commissioning of a new warehouse for JMS (Joint Medical Stores), which is a private, not-for-profit warehouse.

The CCM secretariat said that the non-public sector PR, TASO, currently stores and distributes all the health and pharmaceutical products it procures with Global Fund grants through JMS warehouses. Despite JMS being a private sector warehouse, it handles, stores and distributes Global Fund-supported commodities procured by TASO and distributes these to various health facilities including not-for-profit (faith-based) health care facilities and hospitals where a significant proportion of Ugandans access healthcare services.

In addition, the CCM secretariat said, in the RSSH funding request, $5.7 million had been allocated to the completion of the national medical stores (NMS) new warehouse. “Scrapping the standalone cross-cutting RSSH grant will mean that the Global Fund will not invest any more funds in strengthening and expanding the country's current warehousing, storage and distribution capacity.”

Yet, the CCM secretariat said, Uganda's Global Fund grants are heavily commoditized, with significant funding already allocated to, or invested in, the procurement of essential medicines, health care and pharmaceutical products. “Stopping investments in strengthening warehousing and storage capacity may not be a sustainable approach given Uganda's commodity-heavy Global Fund grant portfolio,” the CCM secretariat stated.

Revised funding request

An emergency meeting of the Uganda CCM Board was held on 29 March to discuss the situation. At that meeting, the CCM decided that in view of the position taken by the Global Fund, it had no choice but to abandon its plans for submitting a stand-alone RSSH component.

The CCM asked the Global Fund Secretariat for an extension to 6 April 2017 to revise and resubmit its funding request. It was granted an extension to 4 April. This allowed Uganda two days to respond to any items that the Global Fund Secretariat flagged for clarification ahead of the 6 April deadline for forwarding all funding requests to the Technical Review Panel (TRP). The CCM submitted its revised funding request on 4 April.

In its revised request, the CCM took the amount it had budgeted for the stand-alone RSSH component and re-allocated it to the other components, as shown in Table 2.

Table 2: Re-allocation of Uganda funding request

Redistribution of the $21.3 million previously allocated to the stand-alone RSSH component of the funding request		
1.	Malaria component of the funding request	$18.4 m
2.	TB component of the funding request	$2.5 m
3.	HIV component of the funding request	$0.3 m
	TOTAL	**$21.2 m**

Note: Discrepancy in the total due to rounding.

Of the $18.4 million re-allocated to the malaria component of the funding request, $17.6 million was to cover LLINs and related program activities. Of the $2.5 million re-allocated to the TB component, $1.3 million was for GeneXpert equipment, accessories and TB-specific community activities related to finding TB cases; and $1.2 million was for strengthening community responses and systems.

When it submitted the revised funding request to the Global Fund on 4 April, the CCM also submitted a revised program split, as follows:

HIV – $256.0 million
TB – $22.4 million
Malaria – $186.7 million

Total – $465.1 million

This program split was accepted and the funding request has been sent to the TRP.

The CCM has also asked the Government of Uganda to fund RSSH interventions totalling $4.6 million, and it has asked in-country development partners to fund $0.5 million.

Additional feedback from the Global Fund Secretariat

In light of what happened with the Uganda funding request, when we were preparing this article we posed several questions to Seth Faison, the Global Fund's Director of Communications. Here are three of those questions along with Faison's responses:

1. Question: Does the Fund encourage countries to create stand-alone cross-cutting RSSH components?

Answer: The Global Fund strongly encourages countries to invest in strengthening systems for health that will improve treatment and prevention of HIV, TB or malaria. We encourage stand-alone RSSH components, if and when they make sense. We oppose setting up separate RSSH components for their own sake. In many situations, it makes more sense to invest in disease programs that include elements of systems strengthening. In all cases, each application for funding has to be compelling, taking into account country context.

2. Question: How can the Fund, on the one hand, encourage countries to divert funds from their HIV, TB and malaria allocations in order to come up with enough money for a stand-alone cross-cutting RSSH component – and then, on the other hand, criticize countries for "weakening" their response to the diseases in the process? Where else can a country come up with money for an RSSH component except by taking it from the HIV, TB and malaria components?

Answer: We do not encourage countries to divert funds from HIV, TB and malaria allocations; we encourage countries to do so only where it makes sense. In this instance in Uganda, the proposed RSSH element did not have a clear link to how the expected systems would benefit the disease component. More important, it would have reduced funding for essential treatment, where essential treatment is urgent and significant. Funding for RSSH

should never get in the way of procuring or acquiring indispensable commodities such as ARVs or mosquito nets.

3. Question: Does not at least some of the feedback and guidance provided to Uganda by the Secretariat fall within the purview of the TRP? The way this has evolved, Uganda developed an RSSH funding request with six modules and numerous interventions, but the request won't ever be reviewed by the TRP.

Answer: The Global Fund Secretariat can and should make basic determinations before a proposal goes to the TRP. In this case, the funding request did not make sense. It was going to be a new initiative funded under a new PR, implying extra administrative costs, while essential treatment would have to be cut.

> *Editor's Note: Regarding this last answer from Faison, as noted above, the CCM secretariat clarified to Aidspan that the proposed third PR would manage the HIV, TB and malaria grants as well as the RSSH initiatives.*

The letters and emails referred to in this article are on file with the author.

TOP

---

2. ANALYSIS: Zimbabwe's TB/HIV funding request to the Global Fund: "Not much room to manoeuver"

Group of donors express concern about the process for developing the funding request and the outcome; the CCM responds

David Garmaise 27 April 2017

As GFO reported a few weeks ago, Zimbabwe submitted a TB/HIV funding request for $629 million in Window 1 of the current funding cycle. The $629 million request consisted of $432 million that was within Zimbabwe's allocation, and $197 million for a prioritized above-allocation request (PAAR).

In this article, we examine two challenges that arose during the development of the funding request: (1) the applicant did not have much room to maneuver with respect to the program interventions it could include in the request; and (2) a group of donors criticized the process and the outcome.

Challenge: Too little room to manoeuver

As we explained in our earlier article, despite the size of the funding request, there was little money available for programmatic activities. About 70% of Zimbabwe's allocation had to be dedicated to the procurement of essential medicines and health products, and a further 20% had to go towards retaining critical human resources for health and program management.

Despite this limitation, the Zimbabwe CCM managed to include in the funding request cross-cutting activities to strengthen resilient and sustainable systems for health as well as a clear emphasis on key and vulnerable populations. The problem was that the CCM was not able to devote as much money to these interventions as it would have liked.

In an effort to "make everyone happy," the CCM tried to come up with a funding request that was "balanced" between prevention and health systems strengthening, on the one hand, and treatment on the other. But the amounts budgeted in an initial draft of the funding request for prevention and health systems strengthening had to be scaled back when a team from the Global Fund Secretariat pointed out that the proposal would create a treatment gap – a gap that reached 100% in Year 3. The team said that not only would this not be acceptable to the TRP, but it would of course also not be in the best interests of the country.

So the proposal had to be re-shuffled to ensure there was no treatment gap. Hard choices had to be made. The RSSH interventions were reduced by about 50%, from representing 16% of the total budget to representing 8%.

The CCM opted to prioritize HIV prevention for adolescent girls and young women, sex workers and men who have sex with men by including interventions targeting these groups in the within-allocation portion of the final proposal. HIV prevention for the general population, prisoners, transgender people and people with disabilities was moved to the PAAR portion of the proposal. No activities were removed completely during the reshuffle.

Another reason for putting HIV prevention for the general population in the PAAR portion was that PEPFAR invests large sums in condoms as well as voluntary medical male circumcision. In other words, the gaps for these interventions were not all that large, compared to the gaps for the key populations that were prioritized.

Challenge: Group of donors criticize the process and the outcome

In a letter sent to the Chairperson of the CCM, a group of European Union (EU) and Swiss donors expressed concern about the "unsatisfactory process leading up to the finalization of the funding request." The letter, dated 30 March 2017, also raised concerns about the outcome.

The letter was signed by representatives of the embassies of France, Ireland and Sweden; by representatives of bilateral development agencies in Switzerland and the U.K.; and by the Ambassador and Head of the EU delegation in Zimbabwe. Technical representatives of all six countries either sit on the Zimbabwe CCM or at least regularly attend meetings of the CCM.

The donors sent copies of their letter to Mark Edington, Head of the Global Fund's Grant Management Division, and Dumitru Laticevschi, the fund portfolio manager for Zimbabwe.

In the letter, the donors said that the original funding request was developed through a detailed and comprehensive process which involved specialists from a range of fields and organizations, as well as representatives from civil society and beneficiary groups.

“This process was consultative, collaborative and country-led,” the letter stated. “However, these efforts were undermined by a last-minute intervention by a team from Global Fund headquarters that visited Zimbabwe towards the very end of the drafting process. On the basis of information shared at their exit meeting, the proposal-writing team made significant changes to the budget allocations resulting in a greatly increased focus on treatment at the expense of health systems strengthening, preventative programmes and work with key at risk population groups.”

The donors said that the final proposal differed significantly from earlier drafts and was submitted to the Global Fund “despite not being subject to the proper scrutiny or formal approval through the CCM or the Oversight Committee.”

“The significance of the change is considerable,” the donors said. “Within the overall picture of an increasingly fragile economy in Zimbabwe, the health sector is itself faced with funding challenges that threaten the integrity of the health system at a time when it is still recovering from the economic shocks and collapse of the last decade. There is real concern that without proper investment, there is a real risk of further rapid decline, which would adversely affect all health outcomes, including targets around the treatment and care of patients with HIV.”

On 19 April, the Chairperson and Vice-Chairperson of the CCM responded. The CCM leadership took issue with some of the statements in the donors’ letter. The CCM is of the opinion that the process for developing the fund request was “very satisfactory, transparent, consultative and very inclusive” they said. “The reprioritization was done on very practical and ethical grounds to at least continue availing uninterrupted treatment to those already on treatment and the CCM is in agreement with the writing team on this.”

The CCM leadership said that all of the priorities approved by the CCM are in the funding request. “However, due to the size of resource envelope available to us, some of the activities on RSSH and prevention were put in the PAAR and this was endorsed procedurally,” they said.

The Global Fund’s guidance was very consistent, the CCM leadership said. “In their exit interview with the Chairperson they indicated that they had discussed the issue of the ARV gap with the partners on 14 March 2017.… It would be rather unfair therefore to say that the country team undermined our process, and we feel that they, in fact, enriched it. This was a CCM-led process and the CCM takes full responsibility for the decisions taken.”

“Your letter came as a surprise to us as we would have expected your technical representatives … to bring up the issues as we developed and concluded our application as per CCM procedures and practice,” the CCM leadership said.

The CCM leadership added that the letter from the donors – which, they said, was widely circulated, including to the Technical Review Panel – “despite the good intentions the letter might have had, puts our funding request at risk and in a way undermines the very reputation of the Zimbabwe CCM.”

The CCM leaders also copied Mr Edington and Mr Laticevschi on their response.

TOP

3. ANALYSIS: In a Window 1 application to the Global Fund, Zanzibar grapples with limited data and tensions affecting key populations

Lessons from Zanzibar may help countries applying in subsequent windows

Gemma Oberth 27 April 2017

On 20 March 2017, Zanzibar submitted a TB/HIV program continuation request for $6.4 million. Of this amount, just over $0.5 million was a prioritized above allocation request (PAAR), details of which will be presented only during the grant-making stage. The Ministry of Health is the sole principal recipient.

While Zanzibar maintains a political union with Tanzania, it is considered a semi-autonomous territory. For Global Fund investments, Zanzibar has its own allocation and a country coordinating mechanism that operates completely separately from the one on the mainland.

Zanzibar's funding request prioritized several strategic improvements to the current program, including index testing for HIV key populations (where health workers visit the households of existing HIV-positive clients to target and test other household members); and greater involvement of TB community-based organizations to do active detection and referral of cases.

However, several challenges were experienced during the funding request development process. With a new funding cycle, and several changes to the funding model, this is bound to happen. Since Zanzibar is among the countries submitting funding requests in the first wave of the 2017-2019 cycle, it's experience may be a useful one for other countries to learn from. This article presents three challenges which the country experienced: (1) planning in the absence of new data, (2) fostering dialogue despite limited space for programmatic adjustments, and (3) prioritizing key populations amid tensions regarding service provision for these groups.

Challenge #1 – No new data

The funding request states that since the last Global Fund application, no new epidemiological studies have been conducted to inform a change in Zanzibar's HIV and TB programs. Though the request states that program performance and epidemiological models indicate stabilization of HIV and TB trends, the absence of recent data poses a challenge for the country's response.

Zanzibar's last two funding requests to the Global Fund rely on epidemiological data from two surveys conducted as far back as 2011-2012. At that time, HIV prevalence was found to be 1% in the general population, 11.3% among people who inject drugs, 19.3% among sex workers and 2.6% among men who have sex with men (MSM).

Several years after these surveys, VOA news reported that researchers and community health organizations in a number of sub-Saharan Africa countries have begun to document an increase in HIV prevalence among drug users. According to Rick Lines, head of Harm Reduction International, there are "new and emerging patterns of injecting drug use" in such places as Tanzania, Zanzibar, Uganda, Senegal and Kenya.

"There's also a critical gap in terms of gender-sensitive data," says Faye Richardson, a Zanzibar-based consultant who has been providing support to key populations and civil society during the process. "The data we have is not age- and sex-disaggregated, so you don't know how people are being affected by the diseases or which interventions to focus on," says Richardson.

In the absence of new survey data, Zanzibar's funding request elevates the importance of program data and epidemiological modelling to inform decisions. This is a useful lesson learned for other countries that may be facing similar challenges with evidence and data.

Challenge #2 – Limited space for programmatic changes

Under the Global Fund's new differentiated application process, Zanzibar was invited to submit a program continuation request. Program continuation dramatically simplifies the funding request process, requiring a brief self-assessment in order to continue the current program without any material changes.

The opening paragraph of the funding request states that in the absence of new data, "no programmatic adjustments are required at goal, strategic objective or programmatic intervention level."

"The process was much easier compared to the previous funding cycle" says Benedicta Maganga, Coordinator of the Zanzibar Global Fund Country Coordinating Mechanism (ZGFCCM). "Roll Back Malaria came in December 2016 to do an orientation around changes to the funding model, and the Global Fund country team visited in February 2017 to provide helpful inputs and clarifications," she said. Maganga said this support made the entire process much smoother than in the past.

The program continuation request template – which is not available on the Global Fund's website – is a short one requiring a 2800-word response. The applicant is asked to outline any epidemiological or policy updates; and explain how the current program aligns with the Global Fund's new Strategy for 2017-2022, and how sustainability, transition and co-financing aspects will be taken into account.

While a program continuation request is beneficial in that it can save time and resources, it also has the potential to limit space for meaningful interrogation of strategies and approaches. Zanzibar's stakeholder priorities report presents several issues that civil society, key populations and other stakeholders would like to see changed or improved. The report was produced during country dialogue meetings, supported by ICASO and EANNASO, and was attached to Zanzibar's application as an annex.

For example, the priorities report states that "data shows almost 60% of [the] 7,229 people with HIV in Zanzibar are female between 15-24 years, yet little else is known about them. Most interventions (prevention and care) are targeting small groups with high prevalence (sex workers, drug users or MSM) or the general public. Specific interventions for these young women need to be a priority." Though the funding request states that there will be adjustment of some activities to make them friendlier to youth, the nature of a program continuation request means that material changes to more significantly prioritize adolescent girls and young women may not be possible.

That said, the funding request states that "as part of the assessment for program continuation, we understand that opportunities for programmatic adjustments should be identified for reprogramming as appropriate, and that reprogramming of grants can take place at any time throughout the grant cycle to ensure that the program is on track to deliver results and achieve highest impact." For this reason, while there may have been limited space for strategic changes to the program during the funding request development stage, opportunities for stakeholders to push for changes or new approaches may be created later on.

"We ensured that critical wording on stakeholder priorities was included in the proposal so it has to be addressed during the grant-making stage," says Richardson. As a result, Richardson emphasized, there needs to be ongoing key population involvement and input throughout the funding model to continue advocating for their priorities – not only during the development of funding request.

Thus, for other countries submitting program continuation requests, there is an important lesson from Zanzibar's application, and that is that opportunities for influencing programmatic adjustments may arise at a later stage. This underscores the importance of an ongoing country dialogue and continued meaningful engagement.

Challenge #3 – Tensions around key populations

In March 2017, Aidspan reported that several Global Fund-supported programs had been suspended in Tanzania amid tensions around service provision for the lesbian, gay, bisexual and transgender (LGBT) community (see GFO story). This has had ramifications for other key populations, too, with sex workers and drug users also suffering a recent surge in human rights abuses and noticeably fewer health services available.

According to stakeholders in Zanzibar, the crackdown on key populations is not isolated to Tanzania's mainland. "It's affecting the whole community," said a young gay-identifying man from Zanzibar, who wished to remain anonymous. "Now, people are afraid to go for services." This young man told Aidspan that there are no measures to help this situation in the Global Fund application. "Removing barriers to access needed to be in there," he said. "Legal support is needed."

When asked if key populations groups were consulted as part of country dialogue, the young man confirmed that there was indeed an open and inclusive process for the funding request development. However, the voices of key populations are sometimes muted. "You can say these things and raise issues, but because of the cultural and religious situation, you are not always heard," he said.

Further, the young man emphasized that the availability of lubricants is a particularly acute issue for his community in Zanzibar, as it is in the mainland. In Tanzania, the government has banned the distribution of lubricants as part of the country's Global Fund program, claiming it promotes homosexuality.

A ripple effect from Tanzania's embargo on Global Fund-procured lubricants is being felt in neighboring countries. In a recent article published in Uganda's Daily Monitor, stakeholders reacted to finding out that Global Fund money is being used to procure lubricants there too. "We have never approved any such lubricants or any such commodities to be brought into this country," Sarah Achieng Opendi is quoted as saying. Opendi is the State Minister of Health for General Duties in the Ugandan cabinet. "Homosexuality remains an illegally [sic] activity, according to our laws and, therefore, as Ministry of Health, we cannot be seen doing the opposite…. The Global Fund money is supposed to help in the fight against malaria and other diseases not buying lubricants for homosexuals."

The experience of tensions affecting key populations in Zanzibar, Tanzania and Uganda highlight the importance of including activities under the removing legal barriers module in funding requests. As a lesson for other countries facing similar challenges, including funding under this module may help ensure that key populations are able to access essential health commodities procured with Global Fund resources.

TOP

This is issue #310 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Editor at david.garmaise@aidspan.org. To subscribe to GFO, go to www.aidspan.org.

GFO Newsletter is a free and independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org).

Aidspan (www.aidspan.org) is a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, aiming to benefit all countries wishing to obtain

and make effective use of Global Fund resources. Aidspan finances its work through grants from foundations and bilateral donors. Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products. The Board and staff of the Fund have no influence on, and bear no responsibility for, the content of GFO or of any other Aidspan publication.

GFO Newsletter is now available in English and French.

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

TOP