Global Fund Observer

NEWSLETTER

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4. NEWS: [Five AMAs to address the findings of an OIG audit into the Global Fund's management of grants in high-risk environments](#)

BY DAVID GARMAISE

When the Office of the Inspector General published a report on its audit of grant management in high-risk environments in January of this year, we reported on the audit findings and we undertook to provide information in a separate article on five agreed management actions that the Secretariat committed to implement to address the findings. This article contains details on the AMAs.

5. NEWS: [E-learning portal for Russian speaking CSOs and communities is launched by a regional platform supported by the Global Fund](#)

BY TINATIN ZARDIASHVILI

A regional platform supported by the Global Fund has developed an innovative, educational, e-learning portal to educate Russian-speaking stakeholders. The portal has just completed beta-testing of the first course on the role of CSOs and communities in responding to HIV and TB epidemics.

6. NEWS: [PR Network asks Global Fund to strengthen role of civil society in dual-track financing](#)

BY CHRISTIAN GLADEL

The annual meeting of the Civil Society Principal Recipients Network was the forum for a dialogue between civil society principal recipients and Global Fund officials on ways to strengthen dual-track financing and the role of the PRs in grant management.

7. NEWS: [TRP review of Global Fund Window 1 funding requests: Technical lessons learned for malaria, TB and HIV](#)

BY DAVID GARMAISE

In the second of three articles based on the review of Window 1 funding requests by the Technical Review Panel, we provide information on the technical lessons learned for the three diseases. One such lesson was that TB funding requests did not convey a sense of boldness, innovation or ambition.

8. [NEWS: TRP review of Global Fund Window 1 funding requests: Human rights and gender, and RSSH](#)

BY DAVID GARMAISE

In the last of three articles based on the review of Window 1 funding requests by the Technical Review Panel, we provide information on lessons learned in two priority areas: human rights and gender, and resilient and sustainable systems for health. One such lesson learned was that non-traditional vulnerable populations were overlooked in the requests or, if they were mentioned at all, there was a limited understanding of their needs.

9. NEWS: [Global Fund and Pink Ribbon Red Ribbon will collaborate on cervical cancer prevention](#)

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ARTICLES:

1. NEWS: Review of Global Fund Window 1 funding requests reveals resurgence of malaria in Central and Eastern Africa, TRP says

Other lessons learned from Window 1 are identified

David Garmaise   16 May 2017

The Technical Review Panel (TRP) says that based on its review of the funding requests in Window 1 of the current funding cycle, it believes there has been a resurgence of malaria in Central and Eastern Africa and that a change in approach is required.

The TRP said that it had observed poor outcomes in malaria in these regions and that it was concerned that the countries involved had not yet understood the reason for the significant change in the epi situation. The TRP said that an "urgent operational investigation" is needed to understand the root causes of the lack of success in region, and to propose a new way forward. "A concerted effort may be needed, in addition to a national response." The TRP noted that several countries reported that the usage of bed nets is declining. It said that it had observed this even in low transmission settings.

This information is contained in a TRP debriefing document which Aidspan has obtained from the Secretariat. The document describes the outcomes of the TRP's review of the Window 1 funding requests as well the lessons learned from these requests. The TRP is

planning to produce a report for public release but not until after it has also reviewed the requests from Window 2, for which the deadline for applications is 23 May 2017.

The TRP has prepared similar reports in the past for each round of funding under the rounds-based system and for the first cycle of funding under the new funding model.

This is one of three articles Aidspan has prepared based on the TRP debriefing document. In this article, we report on (a) the outcomes of the TRP's review of Window 1 funding requests (including requests for Matching Funds); and on (b) the general lessons learned from the review. In a second article in this issue, we provide information on the technical lessons learned for malaria, TB and HIV. And in a third article in this issue, we report on the lessons learned in two priority areas: sustainable systems for health (RSSH), and gender and human rights.

Outcomes of Window 1

In Window 1, 91 funding requests were reviewed, of which 39 were for malaria, 21 for HIV, 14 for TB, and 14 for TB/HIV jointly. In addition, two funding requests were fully integrated (i.e. the requests included TB, HIV, malaria and cross-cutting RSSH components) and one was for stand-alone RSSH.

> **The Secretariat** should expect a significant increase in reprogramming requests because the program continuation approach did not allow for any material changes to the program; the Secretariat should plan accordingly.

In terms of the type of funding requests, the 91 applications break down as follows: 72 were program continuation, 12 were full review and seven were tailored review.

Of the 91 applications, 95% were recommended for grant-making, which means that only 5% were sent back for iteration. Of the 19 full review and tailored applications, 11% were returned for iteration. This compares to a 23% iteration rate for funding requests in the 2014-2016 funding cycle.

The applications recommended for grant-making represent $4.6 billion in allocation funding, which is 45% of the $10.3 billion allocated for 2017-2019. The applications also included $921 million in prioritized above-allocation requests (PAARs).

The country teams in the Secretariat estimate that another 58 requests will be submitted in Window 2 (deadline: 23 May 2017), and 19 in Window 3 (deadline: 28 August 2017).

Of the 17 TRP members who participated in a survey on the quality of Window 1 applications, 94% agreed or strongly agreed with the statement that the majority of funding requests were considered good or very good quality. The survey also showed that:

- 71% agreed or strongly agreed that the requests demonstrated a strategic focus on RSSH;
- 53% agreed or strongly agreed that the requests addressed gender-related barriers to services; and

- only 29% agreed or strongly agreed that the requests addressed human rights barriers to services.

General lessons learned

In its debriefing document, the TRP commented on overall program quality; the use of differentiated applications; and whether sustainability was adequately addressed.

Program quality

The TRP said that overall, the quality of the funding requests was good. It said they were shorter and more focused than the requests from the 2014-2016 cycle, and that there was better awareness of key populations across all three diseases. The TRP said that improvements were still needed in the following areas:

- disaggregation of data on age and gender, and at the sub-national level;

- analysis of the HIV treatment cascade, and using this analysis to improve program design;

- deeper analysis of the reasons behind poor outcomes (the TRP said applicants should avoid defaulting to "business as usual"); and

- sustainability planning (see below).

The TRP also said that countries should think more about the populations who are at greater risk and who have less access to services – beyond what the TRP called the "traditional" key populations.

The TRP said that it is difficult to assess if cross-cutting health systems investments are sufficiently strong when a disease component application is submitted prior to an RSSH application. A spokesperson for the Secretariat told Aidspan that the TRP is essentially saying that it is difficult, if not impossible, to understand the health system context and planned investment when it does not have a complete picture. The TRP would prefer that all components were submitted at the same time.

The spokesperson said that for the 2017-2019 funding cycle, the Global Fund has requested that, when possible, countries include their cross-cutting RSSH investments in one application (either with a disease request or in a stand-alone RSSH funding application), ensuring that it covers the needs of all eligible diseases. Ideally, the spokesperson said, the request for RSSH initiatives would be submitted with the first funding request submitted by the applicant.

Differentiated applications

The TRP said that program continuation was "broadly successful as an application approach" and that the amount of information was usually sufficient to make decisions. But the TRP added that it missed having modular-level budgets, especially when the allocation for the component had been significantly reduced.

The TRP recommended that in future the program continuation approach not be used for applicants whose allocations were significantly reduced (unless government takeover of activities is well underway). The TRP explained that when there has been a significant reduction in the allocation, reprogramming and new budgeting will be required and the TRP will need to see what will be cut. In these situations, the TRP said, applications should use the tailored-to-material-change approach instead.

> **Sustainability is** still not being sufficiently addressed in the funding requests…
> "Sustainability should encompass programmatic, systems, equity and financing considerations."

The TRP said that program continuation was most appropriate for those countries that have just started to implement a program; but that, compared to the full review approach, program continuation did not lend itself to innovative thinking. (For an example of what the TRP was talking about, see Gemma Oberth's GFO article on Zanzibar's TB/HIV funding request.)

The TRP said that the Secretariat should expect a significant increase in reprogramming requests because the program continuation approach did not allow for any material changes to the program; and that the Secretariat should plan accordingly. The TRP recommended that reprogramming be a simple process "so as not to distract from implementation."

The TRP said that the tailored reviews seemed to go well, but it acknowledged that the Window 1 sample size (seven) was small. In its debriefing document, the TRP did not say anything about the full reviews, of which there were 12. However, the full reviews closely resembled the reviews carried out on all funding requests in the last cycle, so the approach was not new.

Sustainability

The TRP said that sustainability is still not being sufficiently addressed in the funding requests. The goal is for impact to be sustainable, the TRP said. "Sustainability should encompass programmatic, systems, equity and financing considerations," it added. "Applicants [are] not yet considering sustainability in all program approaches."

The TRP believes that the programs at biggest risk of not being sustainable are the large-scale ones such as the treatment of multiple-drug-resistant TB, the provision of antiretrovirals and mass distribution of bed nets. One strategy to promote sustainability is to link disease control to Universal Health Coverage and national governance and economic development strategies, the TRP said.

Better guidance is needed on all dimensions of sustainability, the TRP concluded.

Matching Funds

In addition to reviewing 91 funding requests, the TRP also assessed 14 requests for Matching Funds from seven countries. Matching Funds are designed to inspire innovation and ambitious programming approaches driven by evidence, in order to maximize impact in specific strategic priority areas.

The TRP recommended that 11 of the requests for Matching Funds proceed to review by the Grant Approvals Committee (GAC). The 11 requests totaled $66 million, which is 18% of the $356 million Matching Funds budget for 2017-2019.

See the table below for a list of the 14 requests for Matching Funds. In its debriefing document, the TRP did not indicate which 11 of these requests were recommended to proceed to the GAC for further review.

Table: Requests received in Window 1 for Matching Funds, by priority area

Priority area	Country	Funding ceiling ($ million)
HIV (key populations impact)	Zimbabwe	9.9 m
HIV (removing human rights gender barriers)	Philippines	1.0 m
	Sierra Leone	1.8 m
	Uganda	4.4 m
HIV (adolescent girls and young women)	Malawi	7.0 m
	Uganda	5.0 m
	Zimbabwe	8.0 m
TB (finding missing cases)	Bangladesh	12.0 m
	DRC	10.0 m
	Philippines	10.0 m
RSSH (integrated services delivery)	Sierra Leone	2.9 m
RSSH (data systems)	Bangladesh	1.0 m
	Malawi	3.0 m
	Sierra Leone	2.0 m

The funding ceilings and the list of eligible countries were established by the Secretariat. In its debriefing document, the TRP did not say whether the countries had applied for the full amounts.

The TRP said that Matching Funds are a significant opportunity for applicants because of their catalytic effect and their potential for innovation. Where it sent applications back for iteration, the TRP said, it was because the request was not evidence-based or because the applicant did not adequately make the case that what was being proposed was innovative; and/or because the applicant's portion of the Matching Funds were not identified in the application or were placed in the PAAR instead of in the base allocation request.

The TRP recommended that applicants submit requests for Matching Funds as soon as possible in this funding cycle to maximize potential impact. The TRP also recommended that applicants identify larger investments in fewer activities as opposed to smaller investments in a larger number of activities, to enable better quality evaluation and to maximize the potential for impact.

The TRP further recommended that applicants cite existing evidence to justify the activities being proposed or, where that is not possible, that applicants propose a pilot designed to be scaled up based on findings.

Finally, the TRP recommended that applicants plan for a simple evaluation of the activities implemented with Matching Funds.

The TRP's debriefing document on Window 1 funding requests is on file with the author. The TRP is scheduled to review Window 2 funding requests from 19-28 June 2017.

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2. NEWS: Advancing the fight against TB with the expertise of the Global Fund Advocates Network

The goal is to build political momentum ahead of next year's U.N. High-Level Meeting on TB

Andrew Green   16 May 2017

Working through the Global Fund Advocates Network (GFAN), tuberculosis (TB) advocates are looking to strategically advance efforts to combat the disease and take advantage of several key international meetings over the coming 15 months. Advocates are in the process of coordinating an initiative, tentatively known as the TB Working Group, through which GFAN members will offer advice on steps they should take leading up to those meetings to build political momentum and, ultimately, ensure high-level commitments toward ending the TB epidemic.

The meetings include the G20 Summit in Hamburg in July, where the host German government has made fighting anti-microbial resistance – including multidrug-resistant tuberculosis (MDR-TB) – a centerpiece of its health agenda; and a Global Ministerial Conference on TB in Moscow in November. The schedule culminates next year in New York with a United Nations General Assembly High-Level Meeting on the fight against TB.

"This is a big breakthrough for the world of TB," said Aaron Oxley, the executive director of RESULTS UK, a grassroots advocacy organization focused on ending global poverty. The organization's portfolio includes a significant anti-TB program. "There's a recognition that these are opportunities for the TB community that we've never had before."

GFAN, Oxley said, could be instrumental in enabling TB advocates to make the most of those opportunities.

RESULTS is one of more than 140 members of GFAN, a coalition of civil society organizations primarily dedicated to advocating for full funding of the Global Fund. But GFAN has also organized other high-level campaigns, including around the 2016 U.N. High-Level Meeting on Ending AIDS. Oxley, who is helping to coordinate the TB initiative through GFAN, is hoping his community can tap into that expertise. "We need GFAN

members to recognize this opportunity with us," he said. "HIV groups have fought this fight and understand the mechanisms. The TB community, we haven't. I think there are so many ways to do it wrong, but we want to make sure we do it right."

Starting as soon as possible, TB advocates plan to enlist GFAN's help in crafting their strategy and achieve defined commitments designed to contribute to bringing an end to TB.

"I think it's important for GFAN, which has got such a huge platform, to really translate the lessons and best practices from HIV into TB," said Blessi Kumar, CEO of the Global Coalition of TB Activists.

For Oxley, that begins with practical advice on how to most effectively organize an agenda and schedule key meetings with the officials who are organizing the global summits, to ensure that advocates are well positioned to secure commitments and establish future accountability mechanisms.

Oxley said the working group is also looking to GFAN for guidance on lobbying efforts and on how to establish a closer relationship with the office of the president of the U.N. General Assembly. "GFAN has an excellent track record of facilitation," he said. "They bring people together from all over the world and work through what they want to do to have maximum impact."

Oxley hopes that the interaction with GFAN, in addition to providing tactical advice, will help the TB community to consider its universe of demands and refine them to distinct, achievable results. "We need everything and the kitchen sink," he said, while highlighting a few items – new drugs, better implementation of existing tools, and increased psychosocial support for patients. "But what we really want as high-level commitments out of Moscow and New York is something that still needs to be determined. We've got to focus down on a small amount of doable things."

Kumar said she is looking to GFAN to tap into its network and help produce more civil society voices to participate in the discussions leading up to Hamburg, Moscow and, especially, New York. That includes calls for a civil society "hearing" at least five months ahead of the High-Level Meeting on TB, to help inform the agenda that ultimately guides that discussion.

"When the affected community holds people accountable – ministers, elected members of parliament, heads of state – it's so much more powerful, because it's a question of life and death," Kumar said. "But the voice of the affected community has been missing. We've only taken a medicalized approach to TB."

The GFAN initiative is currently in its early stages. An official first call was held in April; and GFAN will announce upcoming meetings shortly that will set a firm path forward.

Meanwhile, officials involved in concurrent efforts to prepare for the upcoming meetings in Hamburg, Moscow and New York are eager to coordinate with the initiative. The Global TB Caucus, a network of more than 2,300 parliamentarians committed to helping end the TB

epidemic, is working to generate high-level political pledges ahead of the upcoming meetings. Matt Oliver, who heads the Caucus secretariat, told Aidspan that "we have to work closely with civil society, to make sure that what we're doing aligns with what everyone else is doing and that there's no slippage."

The advocates said that, given some worrying global TB trends, there is additional pressure to ensure that the meetings generate significant commitments.

Responsible for 1.8 million deaths in 2015 (according to the World Health Organization), TB is currently the leading infectious killer in the world. Drug-resistant strains of the disease, which are more expensive and time-consuming to treat, are on the rise. New research published this month in *The Lancet* predicted that MDR-TB could account for 32.5% of all cases in Russia by 2040 and 12.4% in India.

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3. NEWS: Global Fund's in-country supply chain processes are ineffective: OIG

Initiatives to address supply chain problems fail to get at the root causes

Fund is developing a supply chain strategy

David Garmaise   16 May 2017

According to the Office of the Inspector General (OIG), in-country supply chain mechanisms are neither adequate nor effective in ensuring that the right products are delivered in the correct quantities and condition, at the right place and time, and for the best value cost.

This is the central conclusion of an audit of the Global Fund's in-country supply chain processes. A report on the audit was released on 28 April 2017. Fifteen countries in Asia and Africa were selected for the audit: Cambodia, Democratic Republic of Congo, Ghana, India, Indonesia, Kenya, Malawi, Nigeria, Pakistan, Rwanda, Sudan, Tanzania, Uganda, Zambia and Zimbabwe. These countries represented 49% of the Global Fund's allocation to countries for 2014-2016. The audit did not involve any in-country visits, but rather drew on recent OIG country audits, as well as the work undertaken by different assurance providers and development partners.

The audit focussed on three areas:

- the adequacy and effectiveness of Secretariat interventions in addressing root causes of supply chain issues;

- the adequacy of Global Fund structures, systems, processes and resources to mitigate in-country supply chain challenges; and

- the adequacy and effectiveness of the design of the assurance framework in supporting the identification and mitigation of supply chain–related risks.

The OIG rated all three areas as "needs significant improvement." This is the second lowest rating in the OIG's four-tier rating scheme. The four tiers are effective; partially effective; needs significant improvement; and ineffective.

We provide more information on the audit findings for each of these three areas right after the section on background information (see "Detailed findings").

Background information

Procurement and supply chain management of health products represent the Global Fund's biggest investments in its grant portfolio (estimated at 40% but as high as 90% for some grants). An estimated 40% (about $10 billion) of the Global Fund's total disbursements have gone towards health commodities since the Fund was founded in 2002.

Reviews of the Global Fund over the past decade have consistently identified procurement and supply chain management challenges as key impediments to funded programs. The Global Fund has implemented several measures to strengthen procurement – e.g. Pooled Procurement Mechanism, the wambo.org marketplace – but these interventions primarily target getting the health commodities into the country, the OIG said. They do not address the challenges of getting products to patients once the products are in-country, nor do they address the improvements required in quantification and forecasting.

In-country supply chains remain sub-optimal, the OIG said. Many in-country supply chain management systems were designed over 40 years ago. The pressure on already fragile supply chain systems has increased significantly in recent years as programs scale up and new initiatives are rolled out. These have led to increased volumes which have not always been accompanied by commensurate systems strengthening.

The OIG said that several pervasive supply chain problems were identified in its recent audits, including the following:

- there have been stock outs across the grant portfolio, especially at the facility level, mainly for antiretroviral and antimalarial medicines as well as test kits;

- plans for in-country quality monitoring of health commodities have not been effectively implemented;

- expiries and damages have been consistently reported across the grant portfolio; and

- stock has gone unaccounted for, especially with respect to malaria-related products.

In addition, there have been instances where health commodities were not used appropriately, threatening access to these commodities by the intended beneficiaries. These include the treatment of patients without proper diagnosis or regardless of diagnosis, especially for malaria; health commodities being used to treat other diseases; and the use of health products for other purposes – e.g. as animal feeds, fishing nets.

The Secretariat has taken steps to address supply chain management issues at the country level. The steps include the following:

- the development of a supply chain strategy (currently underway);
- the creation of a Supply Chain Department within the Grant Management Division, and the appointment of a Head of Supply Chain in August 2016;
- the development of a procurement and supply chain assurance framework; and
- implementation of a supply chain transformation project in Nigeria, with similar projects expected to start in Ghana and Malawi.

Detailed findings

In this section, we take a deeper look at the three areas that were the focus of the audit.

Adequacy and effectiveness of Secretariat interventions in addressing root causes of supply chain issues

According to the OIG, the Global Fund invested almost $130 million in supply chain–related activities and processes in the 15 countries reviewed in the audit in the 2014-2016 allocation period. The funds have primarily supported the storage and distribution of health products "to the last mile" and have strengthened specific in-country supply chain processes, especially those related to quantification and forecasting.

The audit found that these mitigating actions – as well as recommendations from various assurance providers (including the OIG) – have not comprehensively addressed supply chain issues. In 11 out of the 15 countries reviewed, the OIG said, assurance providers have identified the same supply chain issues in subsequent audits and reviews. The OIG attributes this to the fact that the actions and recommendations have targeted the symptoms presented by specific process and system deficiencies, rather than the root causes which tend to be related to the underlying health systems.

The OIG said that its analysis of best practices and root causes of supply chain challenges in the 15 countries has identified four main barriers to supply chain management:

- **country ownership and governance** structures in 14 out of the 15 countries are not fully effective in driving a meaningful resolution of supply chain interventions;
- almost all the supply chain systems in the 15 countries reviewed had challenges in providing accurate and **reliable data** to support decision-making for key processes;
- supply chains are dependent on having sufficient **human resources** in the right places with the right skills and
- all the countries reviewed in this audit cite inadequate **funding** as an impediment to transforming their supply chain systems.

All four factors are health system–related, the OIG said, and so are more challenging and costlier to address effectively. "Although these issues cannot be solved by the Global Fund in

isolation, progress cannot be made without tackling these systemic issues," the OIG stated. Below, we look at each of the four factors.

Country ownership and governance. Country ownership and governance structures in 14 out of the 15 countries were not fully effective in driving a meaningful resolution of supply chain interventions, the OIG said. For example: there is a lack of functional country strategies to guide the prioritization of interventions designed to address supply chain issues beyond ad hoc donor driven requirements and initiatives; there is sub-optimal coordination of supply chain activities among multiple stakeholders; and there is inadequate in-country oversight and accountability over supply chain matters. In 14 of the 15 countries included in the audit, the OIG said, the responsibility and accountability for supply chain activities were fragmented across different parties and across different levels of government.

In 10 of the countries reviewed, the OIG said, the Global Fund and other donors have often had to by-pass country systems. "The resulting parallel systems are not only unsustainable but have in some cases proven to be inefficient, uneconomical and not always effective in getting products to intended beneficiaries." The OIG said that 11 of the countries included in the audit had developed supply chain strategies, but that only four were in the process of implementing them at the time of the audit. In addition, the Secretariat has limited visibility of supply chain activities in 14 of the 15 countries because these activities are undertaken at the SR level.

> **Actions and** recommendations have targeted the symptoms presented by specific process and system deficiencies, rather than the root causes which tend to be related to the underlying health systems.

Reliable data. Because of the challenges in providing accurate and reliable data to support decision-making, planning decisions resulted in over- or under-stocking of commodities, treatment disruptions and drug expiries in all 15 countries reviewed, the audit found. The lack of data also affected the ability of stakeholders (including the Secretariat) to respond in a timely manner to avert supply chain crises that occur from time to time, and to prevent, detect and respond to the risk of theft of health products, the OIG said.

Investments in information systems at the country level have prioritized program data over consumption data, the OIG explained. The Global Fund and other partners have deployed electronic solutions to strengthen data collection and reporting in nine of the countries reviewed, the OIG said; however, this has not fully addressed the problem due to other interconnected factors such as inadequate human resource capacity (especially at lower levels), weak underlying manual processes and a lack of infrastructure.

Human resources. According to the OIG, the World Health Organization estimates that countries face supply chain–related vacancy rates of up to 71% in public sector posts. Where staff shortages were noted with regard to supply chain management, the OIG said, countries resorted to deploying unqualified staff with limited training. This, coupled with heavy workloads, means that workforces were unable to perform key tasks such as maintaining key stock records, the OIG stated. "This has impacted stock levels, the availability of data and the ability to account for commodities, resulting in expiries, losses, damages and stock-outs of health commodities."

The OIG said that the Secretariat has supported in-service staff training tied to specific performance targets. The audit found that while this is effective in the short-term, staff shortages and heavy workloads remain largely unaddressed. Although the investment of grant funds in supporting human resources is generally discouraged, the OIG noted, direct support has often been provided at the central level, rather than at facility level where there is a greater need. Although it is well acknowledged that governments should take a lead in finding lasting solutions to human resource problems, the OIG said that in only one of the 15 countries did it see evidence that the Secretariat had actively engaged with governments on this matter.

Funding. More than a third of the countries reviewed in this audit were unable to meet the operational costs to run their own supply chain. Given limited internal and external resources, the OIG said, supply chain management is often de-prioritized in light of more pressing program needs, such as treatment. Supply chain–related interventions have mainly been included in the above-allocation portion of requests for funding, the OIG said, and, as a result, rarely get funded. The OIG also said that the Secretariat has not effectively followed up on government commitments to provide counterpart funding for supply chain initiatives.

Adequacy of Global Fund structures, systems, processes and resources to mitigate in-country supply chain challenges

> **"Parallel systems** are not only unsustainable but have in some cases proven to be inefficient, uneconomical and not always effective in getting products to intended beneficiaries."

Although the supply chain has been identified as an area of strategic importance to the achievement of Global Fund objectives, the OIG noted, there has been limited oversight of supply chain matters at the Board and Management Executive Committee levels. A supply chain department was established in 2016; however, the OIG said, because the Global Fund is conceived as a funding mechanism rather than an implementing agency, the scope of its mandate may limit the options available to the Secretariat in tackling systemic supply chain issues. In addition, the OIG said, the Board will need to guide the Secretariat on the trade-offs between the importance of getting products to beneficiaries versus building sustainable country systems.

The OIG stated that although the Global Fund has established [corporate] key performance indicators for procurement and supply chain management, they need to be translated into operational key performance indicators to measure the organization's progress in this area.

In terms of structure, the OIG said, the Secretariat has adopted a silo approach to procurement and supply chain management, with responsibilities spread across two divisions and five departments, all of which have different objectives, priorities and performance measures.

The OIG also noted that ongoing Secretariat projects have not been fully leveraged to find solutions for supply chain management challenges. For example, the Risk and Assurance project has been implemented in six of the countries reviewed for the audit, but this has not

translated into any material changes to in-country supply chain–related assurance mechanisms.

Adequacy and effectiveness of the design of the assurance framework in supporting the identification and mitigation of supply chain related risks

The Secretariat has not allocated sufficient resources to gain assurance over procurement and supply chain management activities, both at the country team level and local fund agent (LFA) level, the OIG said. For example, only 12% of the LFA budget has been allocated to procurement and supply chain management, although an estimated 68% of grant disbursements in the 15 countries reviewed relate to these areas. Information collected by LFAs is often limited to reporting stock outs at the central level, the OIG noted, without relevant insights on conditions at the facility level. The OIG considers this information to be of limited value since it is often too late to act by the time these stock outs are reported to the Secretariat.

The OIG said that at the time of the audit, the Secretariat had embarked on a process to revamp the in-country supply chain assurance framework, but that measures put in place so far do not adequately address well-acknowledged weaknesses.

Supply chain management and health systems

As we indicated above, the OIG believes that challenges in the overall health systems are the main barrier to having effective supply chains. There is no quick fix to supply chain issues, the OIG said. The Secretariat acknowledges that strong health systems underpin effective service delivery, the OIG added; this includes getting quality commodities to beneficiaries on time. "However, supply chain related issues will, by their nature, be more challenging to address given the funding and timing required to resolve them whereas the Global Fund has limited funding and its grants are time-bound over relatively short implementation cycles."

The OIG said that there are tensions between program activities and health systems. Strengthening procurement and supply chain management is one of the seven sub-objectives of building resilient and sustainable systems for health in the Fund's 2017-2022 Strategy, the OIG explained. "However, delivering on this sub-objective may require a major shift away from the current funding approach, which tends to prioritize treatment, towards more of a health systems–centric approach."

The report on the audit cites another report, this one from the Technical Review Panel (TRP), which observed that health system strengthening, including supply chain, has been insufficiently resourced. (Source: *TRP observations on the 2014-2016 allocation-based funding model*, 2016, Document [GF-B35-15](#).) According to the OIG, a TRP proposal to the Board to earmark funding for health system strengthening [presumably, as part of the allocations] was not approved. Instead, the Board made funding available for health systems strengthening for 2017-2019 in the amount of $264 million (part of $800 million set aside for catalytic investments).

Finally, the OIG noted that funding is provided on a three-year cycle, but that health systems strengthening requires longer-term investments.

Agreed management actions

The Secretariat agreed to implement four management actions in response to the audit findings. They are described in the table.

Table of agreed management actions (AMAs), OIG audit on the supply chain

#1	Category: Supply chain strategy
AMA: The Secretariat shall develop a comprehensive strategy that addresses all the significant supply chain health system issues identified in the in-country supply chain audit. In particular, the strategy will define the Global Fund's scope of responsibility, oversight, and necessary initiatives that must be taken to support the resolution of in-country supply chain challenges. This strategy will take into account proposals detailed in the building resilient systems for health strategy that aims to strengthen and expand the capacity of health systems to address health issues in a sustainable, equitable and effective manner.	
#2	**Category: Strengthening in-country supply chain systems**
AMA: The Secretariat will conduct in-country supply chain diagnostic studies in 12 prioritized countries and use these to develop specific plans on how their supply chain systems will be strengthened. Each country plan will include plans detailing: (i) the creation or strengthening of effective country governance structures with the support of a partner-financier group in order to strengthen in-country supply chain accountability and coordination as well as the establishment or reinforcement of a costed country supply chain strategy; (ii) identification and implementation of mechanisms to support the collection of key supply chain data required by the Secretariat for decision making; (iii) establish baseline on in-country supply chain capacity and identify suitable programs to close capacity gaps; and (iv) a plan on how funds for country supply chain transformation will be mobilized. The Secretariat will also develop a plan for conducting in-country supply chain diagnostic studies for the rest of the relevant portfolios.	
#3	**Category: Organization of the procurement and supply chain management structure**
AMA: The Secretariat will: (i) agree a plan to structure both the Supply Chain and the Procurement teams and implement an improved structure and related systems and processes that clarifies roles, responsibilities and accountabilities and ensures the effective use of available procurement and supply chain management resources; and (ii) define oversight arrangements for procurement and supply chain management at Secretariat level to ensure increased visibility and accountabilities over this function.	
#4	**Category: Supply chain assurance framework**
AMA: The Secretariat will develop a procurement and supply chain management–specific assurance framework that lays out principles that will guide country specific assurance under the differentiated approach. The assurance plan will be linked to the Secretariat's broader assurance framework to avoid fragmentation in approach. Assurance plans will be developed for the 12 priority countries.	

Most of the AMAs in this report are linked to the supply chain strategy that the Secretariat is already developing. If the strategy is well designed and effectively implemented, the OIG said, it would bring a more strategic discipline to the Global Fund's management of supply chain risks in its programs and, accordingly, help to mitigate many of the risks highlighted in this report.

Conclusion

Program results over the years demonstrate that the majority of health products successfully reach their intended beneficiaries, the OIG said. "However, reports of stock-outs, expiries,

unaccounted for stocks and quality issues show that challenges remain with in-country supply chains."

While the audit highlighted several shortcomings in the Global Fund's approach, the OIG said, the pervasiveness of supply chain issues must also be evaluated in the broader context of country ownership, mandate constraints and limitations in the partnership model. "Supply chain systems first and foremost belong to the countries," the OIG stated. Unlike procurement, which can be centralized to some extent with processes such as the Pooled Procurement Mechanism, the OIG said, most supply chain processes are necessarily local by definition. "As such," the OIG stated, "significant factors include the degree of country ownership and political will, the prioritization of national investments in this area, and the overall national infrastructure quality."

The OIG believes that the extent to which the Global Fund can effectively tackle the challenge also hinges significantly on the degree of consensus – including at the Board level – on both the scope of its mandate and the level of resources the organization can commit to address systemic in-country supply chain issues. Although it is clear that the Global Fund cannot succeed in its fight against the three diseases without a supply chain that can effectively and efficiently deliver drugs and services to patients, the OIG said, the resource-constrained environment imposes real trade-offs (both political and financial) on program focus and investment choices. "Lastly, noted gaps in supply chain also often extend well beyond the Global Fund and reflect, in many cases, ineffective partnerships that have resulted in poor coordination of interventions and the inefficient development of parallel systems in-country."

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4. NEWS: Five AMAs to address the findings of an OIG audit into the Global Fund's management of grants in high-risk environments

David Garmaise   16 May 2017

Earlier this year, the Office of the Inspector General released a report on a thematic audit into grant management in high-risk environments. On 31 January, we reported on the findings of this audit. We indicated at the time that, in a separate article, we would provide information on the agreed management actions (AMAs) that the Secretariat committed to implement to address the findings. We provide this information below, right after our summary of the audit findings.

At the time of the audit, the Global Fund had classified 47 countries as high-risk or very high-risk. In April 2016, the Fund identified 24 of these 47 countries as "challenging operating environments (COEs)." These environments are characterized by weak governance and man-made or natural crises.

From the inception of its new funding model to the time of the audit, the Global Fund had signed grants amounting to $5.7 billion with the 47 countries. Due to the unique risks and

capacity challenges in these countries, 61% of   grants are managed by U.N. agencies and NGOs.

Two of the tools the Fund employs to manage grants in high-risk environments are the Additional Safeguard Policy (ASP) and the use of fiscal agents. The ASP, which is designed to be temporary, is used when the Fund determines additional measures are required to ensure the security of Fund financing. Often, grants managed under the ASP are subject to a "zero cash" policy, whereby sub-recipients do not receive lump-sum disbursements in advance. Instead, disbursement is made (a) on a reimbursement basis against submission of appropriate documentation; or (b) directly to the suppliers by the principal recipients (PRs).

At the time of the audit, fiscal agents had been put in place in 23 countries, of which 15 were high-risk and very high-risk countries. The Global Fund may appoint a fiscal agent to act as an enhanced control function within the implementers to oversee and verify expenditures of grant funds through a pre-expenditure review and sign-off process. They are also appointed to build the financial management capacity of the principal recipient (PR) or sub-recipients.

Summary of audit findings

The OIG audit focused on two aspects of grant management in high-risk countries: (1) whether existing measures are adequately designed to ensure impact; and (2) whether existing measures are effectively implemented and monitored.

With respect to the design of existing measures, the OIG audit found that:

- there are inadequate early warning mechanisms to identify and monitor risk levels of grants to allow for a timely response;

- while country teams are flexible in managing grants in high-risk countries, the absence of a defined risk appetite and minimum verifications required for grants in these environments have affected the ability of the teams to take measured risks;

- emergency preparedness has not been consistently incorporated in grant management in high-risk environments.

The OIG was of the opinion that these design gaps were due to the absence of an overarching framework to support grant management in high risk environments.

With respect to implementation and monitoring, the OIG audit found that:

- the measures being employed to manage grants in high-risk environments have not always addressed the risks they were intended to address. For example, the OIG said that there were gaps in the quality of assurance services provided by fiscal agents;

- although there has been progress on financial risk mitigation, supply chain and programmatic mitigations have not shown equivalent progress and are not effectively addressed in 10 countries that are under the ASP;

- monitoring has been less than optimal. Eleven of the 19 high-risk countries have been under the ASP for at least five years without a reassessment of its effectiveness.

Contrary to what its own operational policy note calls for, the Secretariat has never presented a report of the status of the ASP countries to the Audit and Finance Committee (or its predecessor committee);

- while fiscal agents are required to be assessed every year, the necessary tools and systems have not been developed; and

- the Secretariat has not analyzed and defined thresholds for the costs of doing business in high-risk environments.

The OIG noted that to respect the Global Fund's country ownership principle, additional safeguards are supposed to be short-term measures. However, the OIG said, a clear strategy to phase out short-term measures has not been consistently agreed and implemented with in-country stakeholders. The audit found that 13 of the 19 countries that are under the ASP did not have exit strategies. Only two countries have transitioned from the ASP since 2004.

Agreed management actions

To address these findings, the Secretariat agreed to implement five AMAs. They are described in the table.

Table: List of AMAs from OIG audit of grant management in high-risk environments

AMA #1: The Secretariat will develop: (a) an operational policy note for challenging operating environments (COEs) that clarifies the process for classification of countries as COEs including further sub-classifications and the flexibilities available to the countries and how such flexibilities are approved; and (b) guidance for contingency planning for countries facing crisis and emergencies.	
Owner: Head of Grant Management	**Target Date:** 30 June 2017
AMA #2: The Secretariat will: (a) develop a system to track countries under the Additional Safeguard Policy (ASP) through its Grant Operational System; and (b) update the operational policy note on ASP to clarify the processes for regular monitoring and review of countries under the Policy and revoke it where appropriate.	
Owner: Head of Grant Management	**Target Date:** 31 December 2017
AMA #3: The Secretariat will: (a) develop financial risk management guidelines that outline the: (i) main financial risk management tools, (ii) roles of the fiscal agent, (iii) triggers for use of fiscal agents and the process for appointment and removal of fiscal agents, (iv) processes for management of conflict of interest in the roles of the fiscal agents, and (v) metrics to measure performance of the agents; and (b) centralize annual performance assessments for fiscal agents.	
Owner: Head of Finance, IT, Sourcing and Administration Division	**Target Date:** 31 March 2017
AMA #4: The Secretariat will develop an automated fiscal agents management system which will include need assessment, contract management and performance assessment modules.	
Owner: Head of Finance, IT, Sourcing and Administration Division	**Target Date:** 31 December 2017
AMA #5: The Secretariat will conduct an analysis of cost categories across different types of PRs in COEs and a sample of non-COE high-risk countries for comparison. This will then be leveraged as appropriate during grant making.	
Owner: Head of Finance, IT, Sourcing and Administration Division	**Target Date:** 30 June 2017

All AMAs are on track with the exception of AMA #3. The Secretariat has informed Aidspan that AMA #3 is progressing well but won't be completed until 30 June 2017.

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5. NEWS: E-learning portal for Russian speaking CSOs and communities is launched by a regional platform supported by the Global Fund

Two courses are ready, more will be added soon

Tinatin Zardiashvili   16 May 2017

An innovative, educational, e-learning portal has been launched to help civil society organizations (CSOs) and communities (i.e. key populations) enhance their knowledge of the responses to HIV and TB. The main focus will be on building the capacity of communities to enable them to become meaningfully involved in the national response to HIV and TB.

The e-learning portal was created by the Regional Civil Society and Community Support, Coordination and Communication Platform, a regional program supported by the Global Fund as part of its special initiatives. The platform, which is hosted by the Alliance for Public Health, from Ukraine, developed a website in 2016 to provide information and training resources for Russian-speaking communities and CSOs (see GFO article). The portal is located on the same website.

Since 2014, the capacity building of communities has become a strategic priority of most programs and organizations in Eastern Europe and Central Asia (EECA) because communities are considered as main players in planning for and executing transitions. In a region where most countries are either transitioning from Global Fund support, or preparing to transition, the Fund has encouraged communities to play a leading role in national advocacy efforts to ensure that services continue to be provided even after the Fund withdraws.

However, it has become apparent that the involvement of communities in different decision-making forums is often not effective because the representatives of these communities often lack the basic knowledge and skills required to participate in discussions and influence national policy decisions (see GFO article).

Despite the focus on communities, the potential audience for the e-learning portal is quite broad and includes the social and outreach workers, volunteers, activists, students, experts in other professional fields, medical professionals and government representatives who work with CSOs in the responses to HIV and TB – and who seek to learn "the basics" easily without having to spend a lot of time researching.

According to Kateryna Maksymenko, manager of the platform, "Online education is becoming a valuable technology and resource in the context of gradually reduced funding in

the region, where live regional gatherings, trainings and discussions might soon become unaffordable."

The content of the courses on the e-leaning portal is based on a thorough analysis of the capacity building needs assessment conducted by the platform. The topic of the first course, which was successfully beta-tested by 20 participants between February and April, is the "Role of Civil Society and Communities in Responding to HIV and TB Epidemics."

The course consists of 11 lessons covering the following topics: the current HIV and TB situation in the EECA and worldwide; the types of HIV epidemics; who are the most at-risk key populations and why; the role of key populations in national responses, including in program development, implementation, coordination and monitoring; and transitioning to domestic financing, including how communities can contribute to this process.

The course lessons, which can be viewed online, can also be downloaded as PDF files. The language is very clear, simple and easy to grasp for non-professionals. Illustrations and figures help to visualize the information provided in the text. Some content is also available as a video. There is a test in the end of each lesson, so participants can check how well they have absorbed the information. Each participant can take the course at his or her own pace, but it is estimated that the course requires 15-30 hours of time commitment.

All participants who pass the final exam online and answer 70 % of the test questions accurately can claim a certificate of completion. Twenty participants have already completed the first course as part of a beta-testing process. They have provided valuable feedback that allowed the developers to improve the content of the course.

Each course will provide space for participants to get to know each other and discuss different issues (through online forums). A system of evaluation has been integrated into the portal. It allows developers to monitor the courses and to modify the content as required. Maksymenko explained that the portal has the technical capability "to track the general statistics of participation – i.e. the number of registered participants, their progress through the course, and the percentage of those who have completed the course and received a certificate."

During the beta-testing of the first course, feedback was given in the form of letters with suggestions. In future, a course evaluation form will be e-mailed to participants.

Aidspan talked with one the participants in the beta-testing of the first course, Vitali Lavruk. He is a representative of HIV-positive community, and a seasoned activist who has provided peer voluntary support and consultancies to different communities. Lavruk said that he was motivated to participate because he wanted to test his own knowledge and learn more about the role of civil society and communities in responding to the HIV and TB epidemics.

"I enjoyed the course, as it is very easy to follow, and the language is simple and concise. I got short and to-the-point answers to all my questions," Lavruk said. "The course gave me updated statistical figures and other facts that are not easy to track down independently for a practitioner like me. The course helped to organize, refresh and broaden my knowledge."

Each course on the portal comes with an introduction that spells out the objectives of the course and the potential target audiences.

A second course on Harm Reduction Lessons is being added to the e-learning portal. This course had been developed earlier by the Alliance for Public Health. The course provides HIV/AIDS prevention and harm reduction basics. It is a popular and well-tested course specifically developed for the EECA context. It has already been used in several countries, including Belarus, Moldova, Kyrgyzstan, Kazakhstan and Poland.

The next course which the developers are planning to add is about the Basics of Technical Assistance. The target audience for this course are representatives of communities who already possess good knowledge of the epidemics and who intend to provide peer-support and consultancies within their communities.

The platform plans to launch more courses in coming months.

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6. NEWS: PR Network asks Global Fund to strengthen role of civil society in dual-track financing

Fund officials participate in CSPRN annual meeting

Christian Gladel   16 May 2017

At the annual meeting of the Civil Society Principal Recipients Network (CSPRN), civil society principal recipients (PRs) and the Global Fund examined ways to establish more effective systems and guidelines for dual-track financing and to strengthen the role of civil society within this framework. Civil society PRs also suggested ideas to improve access to funding, human rights programing and the inclusion of key populations in Global Fund processes.

The CSPRN annual meeting was held in Geneva from 28-30 March 2017. CSPRN is a collaboration that was formed in 2008 to provide a forum for civil society PRs managing Global Fund grants to share best practices and lessons learned around grant implementation. CSPRN also provides a platform for the network to communicate with the Global Fund Secretariat to improve procedures and systems in support of better quality grant management and increased impact. Since 2014, CSPRN has been recognized as the "CSPRN Advisory Group" by the Global Fund, with regular exchanges with Secretariat teams on all operational aspects of programs financed by the Global Fund.

Twenty-nine delegates from national and international NGO's attended the 3-day meeting representing 40 PRs from all regions. The first two days were dedicated to internal discussions covering issues such as the role of PRs in access to funding, risk management, strengthening human rights and gender equity, and dual-track financing. The participants also had the chance to learn about each other's best practices in terms of managing grants and finding solutions to problems as they arise. The third day of the meeting was used for a

dialogue between civil society PRs and the Global Fund Secretariat which was represented at the meeting by officials from the Grant Management Division as well as from the Community, Rights and Gender (CRG), Risk Management and Access to Funding teams.

Dual-track financing

Discussions about dual-track financing were inspired by experiences with this mechanism by civil society PRs in Bolivia and Guatemala (HIVOS), Malawi (World Vision) and South Africa (Right to Care). Government and civil society PRs work together in many countries and the practice is well established, but it has both advantages and drawbacks. At the meeting, participants highlighted key benefits of dual track financing, including increased absorption capacity (taking full advantage of the implementation capacity of all domestic sectors, both governmental and non-governmental); accelerated implementation and performance of grants; and strengthening of the implementation capacity of weaker sectors.

The participants from HIVOS said that some of the strategies that had enabled the organization's success in dual-track financing included clear agreements with co-actors spelling out the separation of technical aspects from administrative issues, while ensuring respect for each organization's institutional role, structures and procedures. In addition, participants from HIVOS, World Vision and Right to Care emphasized the need for continuous advocacy and close collaboration with government PR representatives, especially concerning joint planning, program implementation and supervision of activities.

> **A lack of** political commitment to human rights issues slows implementation of Global Fund grants – for example, when governments do not prioritize key populations that are the focus for the civil society PR grants.

To further improve the relationship between government and civil society PRs, participants recommended that civil society PRs be visible and active in country-level activities and mechanisms – by, for example, participating in their country's technical working groups; attending program implementation committee meetings organized by the Ministry of Health (MOH); and sharing their implementation challenges with both the country coordinating mechanism (CCM) and the MOH while working with other national actors to create impact.

The civil society PRs reiterated the added value of their role in dual-track financing and asked the Global Fund to further strengthen its role by addressing the following issues:

- A lack of political commitment to human rights issues slows implementation of Global Fund grants – for example, when governments do not prioritize key populations that are the focus for the civil society PR grants.

- A lack of clarity in the delineation of roles between civil society PRs and government PRs hinders constructive collaboration. The Global Fund needs to confirm roles of civil society PRs and collaboration mechanisms before starting dual-track financing in any country.

- Low performance of one PR affects the progress report rating of the other PR when their indicator targets are linked and dependent.

The participants from the Global Fund said that dual-track financing has proved a pragmatic approach for contexts in which governments are reluctant to take on human rights and gender issues. However, they added, having too many PRs in one country is not efficient.

The Fund participants said that coordination was effective in countries such as Gambia and Zambia where civil society PRs focused on getting commodities "to the last mile." They emphasized that the value added of civil society PRs was to mobilize constituencies and communities to ensure reach and impact; bring insight on effective implementation and barriers to access; get more impact with less resources; and ensure that sub-recipient (SR) capacity building is included in the planning and funding of proposals.

Emphasizing the need for close coordination between civil society and government PRs, Mark Eddington, Director of the Fund's Grant Management Division, said: "We have a different situation than 10 or 15 years ago when we operated in an emergency response mode. Nowadays, national coverage levels are much higher and we need close collaboration between civil society and government PRs to ensure good alignment and best possible impact."

Preparation of funding requests and SR selection

CSPRN delegates also discussed the pros and cons of the Global Fund's new funding model. One of the main points of discussion was the involvement of civil society PRs in the preparation of proposals. Civil society PRs reported that in some countries they were invited to participate in the planning and writing of funding requests. This was the case in the Democratic Republic of Congo (DRC) and South Africa, for example, as reported by Population Services International (PSI) and NACOSA, respectively. In other cases, the CCM has been reluctant to involve the PRs, fearing a conflict of interest. This is the case in Haiti and Madagascar, as reported by PSI.

Concerning SR selection, meeting participants reported that, often, CCMs choose to heavily influence or exclude the PR from SR selection even though SR selection is a task clearly assigned to the PR. This is a problem well acknowledged by the Global Fund, as stated by a representative from the Access to Funding team: "We do recognize that some CCMs are over-involved in SR selection. The ideal situation is when the SR selection is conducted by the PR with constructive input by the CCM."

Exclusion of the PR from the funding request process can create an awkward situation for the PR if it has to defend budget cuts – during grant-making or during implementation of the grant – to other civil society organizations even though the PR was not involved in the original budget creation.

In general, participants said, the interventions included in the grant will be more practical and relevant if the PR is involved in the grant design. "When PRs are not involved from the

beginning in the funding request writing, the final programming and budgeting becomes unnecessarily complicated," says Marieta de Vos, Programme Director of NACOSA.

A related issue is the considerable costs that civil society PRs incur when they contribute to the funding request and to negotiating grants in the grant-making phase. Civil society participants at the meeting said that although they acknowledge that expenses related to the preparation of proposals are not allowable, expenses related to grant-making should be approved by the Global Fund expeditiously, if requested by civil society PRs.

Another issue civil society representatives brought up was that some guidance documents were unrealistic. One example is the application form to build resilient and sustainable systems for health (RSSH): The request that RSSH should be in one of the disease applications can prevent RSSH from being integrated across diseases.

Civil society representatives commended the Global Fund for having come up with an overall much-improved funding process. Said Catherine Mulikita, from the Churches Health Association of Zambia (CHAZ): "The new funding cycle is easier to understand and better to navigate than the earlier rounds of funding." In terms of other tangible advances, the participants highlighted the generally sound and helpful involvement of the Global Fund country teams; the option to choose different modalities for the funding request, such as program continuation or tailored review; improved inclusivity of key populations in the country dialogues; and a smooth PR identification process in many countries.

> **"We do recognize** that some CCMs are over-involved in SR selection. The ideal situation is when the SR selection is conducted by the PR with constructive input by the CCM."

The CSPRN advanced several recommendations to the Global Fund regarding access to funding, including the following:

- Strengthen guidance for all countries to facilitate civil society PRs' participation in the country dialogue and funding request.

- Include, as a standard practice in all grants, a budget provision to support costs incurred by civil society PRs during grant-making.

- Clarify the role of PRs and CCMs in SR selection.

Limited liability concerns

A recurring concern for civil society PRs is the lack of limited liability clauses ("force majeure") in agreements for grants they are implementing. Limited liability clauses relieve the PRs of liability in case of losses due to events beyond their control. Not having limited liability clauses leaves the PRs with a heightened financial risk for losses they are not responsible for, such as looting of grant commodities. While sometimes civil society PRs manage to negotiate these clauses into their individual grant agreements, there is no blanket recognition by the Global Fund that this lopsided responsibility should be alleviated by limited liability clauses. CSPRN continues to press for a formal, standard policy from the Secretariat to include limited liability clauses in all grant agreements.

Mark Eddington said that civil society PRs and the Global Fund Secretariat "are getting closer on this issue." However, he stressed the PRs' responsibility and said that his division takes a reasonable approach to assess if the NGO did everything possible first to file an insurance claim, in which case the Global Fund would cover deductibles. Mr. Eddington encouraged civil society PRs to continue to dialogue with the Grant Management Division on this issue.

Human rights and gender

Addressing the issue of human rights and gender in Global Fund grants, CSPRN members underlined that civil society PRs are the ones who most often take the lead with respect to human rights, key populations and community strengthening approaches in grant implementation. Mirjam Musch, Senior Strategist, HIV and Human Rights for HIVOS said, "Civil society continues to have a crucial role in reaching key populations at country level. Our expertise in reaching neglected populations and monitoring public policies and investments is needed as governments often fail to provide key populations–friendly services."

CSPRN members face many challenges in this area. Three CSPRN members, HIVOS (with grants in Bolivia and Guatemala), Kimirina (Ecuador) and NACOSA (South Africa) presented their project achievements and challenges. HIVOS has three HIV grants in Latin America as well as three regional grants (in Southeast Asia, Latin America and the Caribbean, and Southern Africa) focusing on human rights and key populations. It is critical to partner with key population organizations and networks even though often their capacity for Global Fund grant management is quite weak, HIVOS said, so organizational strengthening is most essential. CSPRN asked the Global Fund to allocate more resources for capacity building on human rights and gender and to allow scale-up for key populations programming in all countries and not only in so-called "hot spots."

Discussing the latest crackdown on the LGBT community in Tanzania (see GFO article), Global Fund staff from the CRG team assured the CSPRN delegates that the Global Fund Secretariat is doing a lot of "behind the scenes work" to alleviate the effects of such human rights infringements and to remind the governments of their human rights commitments. Said Kate Thomson, Chief of CRG: "We are working closely with civil society in Tanzania to find the right solutions to deal with this incident. Local civil society needs to be in the driver's seat when we think of the right reaction to human rights infringements in countries with Global Fund grants."

In summary, the CSPRN meeting affirmed the crucial role of civil society in implementing Global Fund grants; the necessity to support civil society PRs to address their specific implementation and political challenges; and the added value of a close collaboration among civil society, governments and the Global Fund Secretariat in Global Fund grant implementation.

Christian Gladel is Global Fund Advisor at PSI Europe and Co-Chair of CSPRN.

7. NEWS: TRP review of Global Fund Window 1 funding requests: Technical lessons learned for malaria, TB and HIV

TB funding requests lacked a sense of boldness, innovation and ambition

David Garmaise   16 May 2017

TB funding requests did not convey a sense of boldness, innovation or ambition in the setting of targets or in the design of interventions, to quickly "move the needle." This was one of many technical lessons learned identified by the Technical Review Panel (TRP) in a debriefing document which describes the outcomes of its review of funding requests from Window 1 of the current funding cycle.

Aidspan obtained a copy of the debriefing document from the Secretariat. The TRP is planning to produce a report for public release but not until after it has also reviewed the requests from Window 2, for which the deadline for applications is 23 May 2017.

This is the second of three articles Aidspan has prepared based on the TRP debriefing document. In this article, we report on the technical lessons learned for malaria, TB and HIV.

[In the first article, also in this issue, we provide information on (a) the outcomes of the TRP's review (including requests for matching funds); and on (b) the general lessons learned from the review. And in a third article, also in this issue, we report on the lessons learned in two priority areas: resilient and sustainable systems for health (RSSH), and gender and human rights.]

Please note: (1) The TRP debriefing document was in the form of a slide deck, which means there were lots of bullet points and very few complete sentences. In this summary, we have done our best to correctly interpret the meaning of the TRP's findings and recommendations. (2) For space reasons, we have had to be selective in terms of which findings and recommendations we include in this article.

MALARIA

Cross-border issues

Findings: Few countries identified cross-border issues as a critical bottleneck to malaria elimination. Funding requests provided only limited information on how to address service provision among different key populations in border areas. The TRP said that there is no "one size fits all" approach for dealing with cross-border issues, and that each country needs to develop an appropriate response based on its context.

Recommendations: Applicants should engage in strategic partnerships to address cross-border issues. | The Secretariat and partners should (a) support countries and (b) identify opportunities in regional projects to address malaria in border areas.

Data use for decision-making

Findings: Few applicants used empirical data to justify how they prioritized proposed interventions.

Recommendations: Applicants should increase in-country collaboration in order to analyze and use the latest empirical data not only to prioritize interventions but also to continuously update sub-national epidemiological profiles, and to identify the most affected key populations.

Role of private sector in service provision

Findings: Although many countries identified the delivery of malaria case management through the private sector as an important goal, the funding requests contained no specific strategies or financial resources to make this happen.

Recommendations: Applicants should ensure that strategies and financial resources to increase the contribution of the private sector are included in their base allocation requests. Applicants should engage the private sector in the fight against the use of monotherapies and counterfeit drugs. | Partners should support countries to identify the best approaches to address the role of the private sector.

> **While malaria** funding requests generally identified the key populations that needed to be reached with services, they were far less likely to describe how to provide services to these groups.

Services provision and linkages with RMNCAH activities

Findings: While funding requests generally identified the key populations that needed to be reached with services, they were far less likely to describe how to provide services to these groups. | Linkages between malaria programs and RMNCAH services are weak (RMNCAH = reproductive, maternal, newborn, child and adolescent health). The TRP described this as a missed opportunity.

Recommendations: Applicants should utilize opportunities for leveraging with RMNCAH services. | Partners should provide technical assistance on integrating RMNCAH into disease programs, and integrating gender into human resources for health and RSSH initiatives.

Quality assurance

Findings: Many countries are including quality assurance of commodities in their funding requests, but without providing specific strategies or a rationale.

Recommendations: The Secretariat should provide countries with clear guidance on how to ensure quality assurance of commodities.

TUBERCULOSIS

Diagnostics: GeneXpert machines and digital radiography

Findings: While every country is scaling up the use of GeneXpert machines, there is considerable room for improvement in how the machines are used. Current machines are under-utilized, and the funding requests do not describe where and how countries will use new machines. | Funding requests often lack descriptions of clinical and diagnostic capacity, including diagnostic algorithms. Meeting the diagnostic needs of hard-to-reach populations, such as nomads, has been challenging. | The funding requests contained little information on how countries will operationalize the use of digital x-rays. | Specimen transport systems need to be improved.

Recommendations: Applicants should develop diagnostic capacity plans with clear indications of the number of GeneXpert machines, and should link the plans to outcomes. Applicants should adapt existing clinical management algorithms to incorporate new diagnostic tests; and should include activities related to developing clinical management capacity in future applications. With respect to specimen transport, applicants should consider linking with other programs that already have transport systems in place, such as other health programs or initiatives in the private sector. | Partners should work with countries to better define the needs related to the use of GeneXpert machines.

MDR-TB program expansion

Findings: Countries are moving too slowly on MDR-TB diagnosis: For the most part, case finding targets are not being achieved. | Most countries are moving to a shortened regimen for treating MDR-TB, but they are moving at different speeds due to capacity issues related to SLD–DST (second-line drugs – drug susceptibility testing).

Recommendations: Applicants should accelerate detection of MDR-TB cases and ensure all diagnosed patients are treated as soon as possible. Applicants should prioritize the use of short-course regimens as capacity for SLD–DST is built. (This will lead to treatment optimization and better patient outcomes, the TRP said). | Partners should provide support to countries to build capacity to enable rapid implementation of short-course regimens.

> **Countries are** moving too slowly on MDR-TB diagnosis: For the most part, case finding targets are not being achieved.

Missing cases

Findings: TB prevalence surveys confirm that there is a large proportion of missing TB cases in many settings. Funding requests mention interventions to find these cases, but lack sufficient detail – such as geographic location of the missing cases, specific interventions to diagnose them, and especially, how active TB case finding will be intensified. | Funding requests did not convey a sense of boldness, innovation or ambition in the setting of targets or in the design of interventions, to quickly "move the needle." | Key populations are described "lightly." The TRP warned that countries are not going to close the gap without a more detailed understanding of how to reach key populations.

Recommendations: Applicants should learn from TB REACH projects. Applicants should strengthen role of communities and information technology for case finding, retention in care, and contact management. Applicants should research and re-apply strategies that worked for finding missing cases. | Partners should support countries to better understand country survey and epi data, identify vulnerable populations and design enhanced and sustainable interventions to find "missed" cases.

Human rights and gender

Findings: Generally speaking, human rights and gender are not well addressed in TB funding requests. Issues such miners' right to free diagnosis and treatment, and access to care by migrants, were missing from the requests.

Recommendations: Applicants should consider human rights and gender in programming prioritization decisions. | The World Health Organization should revise its reporting tool to include age- and gender-disaggregated outcomes.

TB-HIV collaboration

Findings: Countries with large burdens of TB and HIV are making tremendous progress in bi-directional testing and antiretroviral coverage. However, implementation of TB/HIV collaborative activities remains weak in low burden countries.

Recommendations: Applicants should continue to promote TB-HIV collaborative activities, and should offer one-stop shopping.

HIV/AIDS

Prevention

Findings: There is a lack of innovation: Many applicants did not propose any novel prevention activities despite changes in context, but relied instead on "tried and true" methods. Few applicants recognized the need for differentiated approaches for prevention within groups. | There is a lack of use of data, both epidemiological and qualitative, for targeting prevention programs. This includes both key and general populations. For example, disaggregation by gender, age and key populations was not used for prioritization. | There is limited data on the cascade in the funding requests, starting from prevention – i.e. how prevention outreach helps with finding undiagnosed cases for testing. | While more funding requests sought to implement PreP, several requests lacked an understanding of the normative guidance and how it applied to their countries' epidemic and context. | Some programs are again allocating funding for condom programming – which the TRP viewed as a positive development – but this is not happening at the levels needed. There should be less focus on social marketing, more on free condom distribution.

> **The TRP noted** what it called an "increasingly restrictive environment" for key populations: Legal, political, cultural barriers in accessing key populations with evidence-based interventions were becoming more severe in many countries, putting programs at risk.

Recommendations: Applicants should find ways to better use epidemiologic and program data, and to tailor guidance recommendations to local situations. Applicants should develop innovative strategies to reach different segments of the population, considering age, risk, use of new social networking technologies and products, and changes in local country situations. | Partners should provide support to countries in using available disaggregated data and qualitative research to inform the choice of strategic priorities and to address bottlenecks in linking prevention to the treatment cascade. Partners should provide better support for differentiated approaches for prevention.

Key populations

Findings: There is greater prioritization of key populations in all applications, compared to the previous funding cycle. All countries are working to identify these populations, estimate their size and address their needs. | The TRP noted what it called an "increasingly restrictive environment" for key populations: Legal, political, cultural barriers in accessing key populations with evidence-based interventions were becoming more severe in many countries, putting programs at risk. | Interventions to address bottlenecks are still more of the same – i.e. trainings to decrease stigma. | Generally speaking, there was a lack of national ownership and political commitment for funding, contracting and managing CSO-led key population programs.

Recommendations: Applicants should provide increased domestic contribution and commitments for key population programming. | Partners should provide more support to countries with restrictive environments for key populations.

The first 90 – HIV testing and linkage to care and treatment

Findings: Differentiated testing strategies are needed for better HIV case finding. This concept has been increasingly used in funding request narratives, but without implementation details. Countries presented low-yield results; they need more emphasis on higher risk targeting and case finding. | Insufficient attention is paid in the funding requests to test quality and lab and supply chain issues. This is identified as a key bottleneck in many funding requests, but initiatives to address the bottlenecks were lacking in both narratives and budgets. | Early infant diagnosis still lags behind; the TRP noted alarmingly low rates in West Africa. | Finally, the links between testing and treatment received insufficient focus in the funding requests.

Recommendations: Applicants should develop innovative strategies to reach hard-to-reach populations (e.g. community-based testing, self-testing) and to reach segments with low coverage (e.g. infants, men). Applicants should use data to develop the appropriate case finding strategies. | Partners should support implementation of test and start and other policies that improve case finding and linkage. Partners should support countries in adopting a feasible phased approach in the 90-90-90 context that would maintain both the gains of prevention programs and manage the risks, while maintaining the ambition to reach the goals.

The second 90 – antiretroviral treatment

<u>Findings:</u> Differentiated service delivery models are increasingly reflected in the funding requests, which the TRP considers a positive trend. | In the program continuation requests, it was difficult to discern the degree of program scale-up. | Access to affordable and quality drugs is a major challenge, especially in upper-middle-income countries with 80-90% domestic coverage of HIV programs. Some countries face barriers in access to international markets and procurement mechanisms. | Pediatric treatment coverage remains low in some regions, particularly in West Africa.

<u>Recommendations:</u> Applicants should provide clear data on treatment scale-up plans, including for children. | Partners should support applicants to maintain scale-up to reach 90. Partners should provide technical support to government-led ARV procurement.

The third 90 – treatment retention and viral load suppression

<u>Findings:</u> There are insufficient data on 12-month retention; the quality of the third 90 and cohort monitoring varies across continents. | Adherence and resistance monitoring is low: Few funding requests discussed adherence to drugs, and interventions to address low adherence rates. | Differentiated care models: countries have not picked that up yet. | Viral load availability remains low in several countries; yet existing viral load platforms and GeneXpert machines are underutilized.

<u>Recommendations:</u> Applicants should include in their funding requests support for data systems for cohort monitoring; and should address PSM and sample transport. | Partners should help applicants to undertake strategic planning of laboratory investments. Partners should provide support to countries in improving systems for cohort monitoring and antiretroviral treatment outcome analysis.

The TRP's debriefing document on Window 1 funding requests is on file with the author. The TRP is scheduled to review Window 2 funding requests from 19-28 June 2017.

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8. NEWS: TRP review of Global Fund Window 1 funding requests: Human rights and gender, and RSSH

David Garmaise   16 May 2017

When people think about key populations in the context of the Global Fund, they tend to think about the ones that are mentioned most often – such as sex workers, transgender people, people who inject drugs, and men who have sex with men. When it reviewed the funding requests from Window 1 of the current funding cycle, the Technical Review Panel (TRP) said that other vulnerable populations were overlooked or, if they were mentioned at all, there was a limited understanding of their needs. The TRP said that these other vulnerable populations

included: people with a disability; miners; indigenous populations; and mobile populations (i.e. migrants, internally displaced persons and refugees).

This was just one of many findings contained in a debriefing document prepared by the TRP which describes the outcomes of its review of the funding requests as well as lessons learned from these requests. Aidspan obtained a copy of the debriefing document from the Secretariat. The TRP is planning to produce a report for public release but not until after it has also reviewed the requests from Window 2, for which the deadline for applications is 23 May 2017.

This is the last of three articles that Aidspan has prepared on the contents of the TRP's debriefing document. In this article, we report on the lessons learned in two priority areas: human rights and gender, and resilient and sustainable systems for health (RSSH).

[In the first article, also in this issue, we provide information on (a) the outcomes of the TRP's review (including requests for matching funds); and on (b) the general lessons learned from the review. And in the second article, also in this issue, we report on the technical lessons learned from the Window 1 funding requests for malaria, TB and HIV.]

Please note: (1) The TRP debriefing document was in the form of a slide deck, which means there were lots of bullet points and very few complete sentences. In this summary, we have done our best to correctly interpret the meaning of the TRP's many findings and recommendations. (2) For space reasons, we have had to be selective in terms of which findings and recommendations we include in this article.

HUMAN RIGHTS AND GENDER (HRG)

Using data to prioritize people, places and programs

Findings: Compared to previous proposals, the Window 1 funding requests contained more information on sex-disaggregated data and data on key populations as well as the use of this data to help design interventions. Nevertheless, there was a lack of: (a) population size estimates for key and vulnerable populations; (b) data on geographically delineated populations; (c) quantitative indicators for human rights and gender; and (d) sex-disaggregated data in critical areas, and also across the HIV treatment cascade. | Sex- and age-disaggregated data is largely missing in target setting and in reporting. | In general, RMNCAH data is missing outside of prevention of mother-to-child transmission of HIV and antenatal care. (RMNCAH = reproductive, maternal, newborn, child and adolescent health.)

> **There was an** "absence of discussion" of gender in initiatives related to human resources for health (HRH) and health systems strengthening (HSS)… This is a missed opportunity for improving women's access to health services.

Recommendations: Applicants should conduct population size estimates; should include RMNCAH data in funding requests; and should strengthen targets and progress reporting using sex- and age-disaggregation. | Partners should provide technical assistance and support to strengthen collection and reporting of sex- and age-disaggregation in funding requests.

Partners should support countries to strengthen outcome measures for reporting HRG, and should consider aligning with some of the PEPFAR indicators.

Gender, women and girls

Findings: TB and malaria funding requests contained increased discussion of gender. | There are gaps in gender analysis across all three diseases, and gaps in understanding gender v. sex. | In HIV proposals, there was little discussion of women and girls, particularly in concentrated and low generalized epidemics. | There are weak linkages with RMNCAH in all three disease programs. | Women's organizations were generally not included in descriptions of country coordinating mechanism and consultative processes. | There was an "absence of discussion" of gender in initiatives related to human resources for health (HRH) and health systems strengthening (HSS). The TRP said this is a missed opportunity for improving women's access to health services. The TRP cited the example of one country where 80% of the maternal and child health workforce is male.

Recommendations: Applicants should include women's organizations in governance structures. | Partners should provide technical assistance on the integration of RMNCAH in disease programs and the integration of gender in HRH/HSS.

Women's and girls' empowerment

Findings: The TRP said that it observed increased attention to gender-based violence (GBV) in HIV funding requests, but that there was limited or no discussion of GBV in TB and malaria requests. | The scale of the response to GBV and to violence against women and children was very limited. | There was limited discussion of harmful practices – such as

> **Applicants should** prepare a separate assessment for transgendered persons, and should propose transgender-specific interventions where appropriate.

FGMC (female genital mutilation/cutting), child marriage and widow cleansing – and their impact, where relevant, including for countries that have conducted a gender assessment that identified these issues. Some funding requests did include discussion of harmful practices, but no discussion of interventions. | There were limited interventions to address critical drivers of gender-equality measures that impact improved long-term outcomes – i.e. social norm change; working with men and boys; economic empowerment; and cash transfers for school retentions.

Recommendations: Applicants should strengthen programming for GBV, integrated with disease programs. Applicants should consider including interventions that focus on social norm change and economic empowerment, especially for matching funds. | Partners should strengthen technical assistance in gender programming and GBV. Partners should consider stronger GBV indicators such as post-rape care and empowerment (aligned with PEPFAR indicators).

Stigma, discrimination and community systems strengthening (CSS)

Findings: The funding requests recognized the lack of adequate community involvement as one of the reasons for poor case detection and treatment outcomes in TB. | CSS interventions

tend to be conflated with service provision. | Communities are rarely engaged as equal and valued partners in the response, particularly for TB and malaria. | Funding requests tend to conflate stigma and discrimination with human rights. In many cases, the sole proposed human rights intervention is behavior change communication and training to reduce stigma. | There was a lack of data on stigma and discrimination.

Recommendations: Applicants should expand community engagement in the response. Applicants should use the UNAIDS Stigma Index for HIV and build on this data to develop appropriate responses. | Partners should support countries, especially for TB and malaria, to incorporate community systems in the response. Partners should build country capacity to use the UNAIDS Stigma Index to identify gaps and inform interventions.

Under-identified key and vulnerable populations

Findings: For all three diseases, there is a lack of data and comprehensive evidence-based interventions for people (including women) in closed settings – including jails and pre-trial detention. | Interventions for transgender women are absent from most funding requests, though some countries provided good-practice examples. | There was very limited discussion of age-appropriate interventions for children in general and orphans and vulnerable children in particular, for all three diseases. | Other vulnerable populations that were overlooked, or for which there was a limited understanding of their needs, included: people with a disability; miners; indigenous populations; and mobile populations (migrants, internally displaced persons, refugees).

Recommendations: Applicants should prepare a separate assessment for transgendered persons, and should propose transgender-specific interventions where appropriate. For overlooked vulnerable populations, applicants should develop an evidence base, and systematically describe and assess needs. Applicants should include interventions for ministries of justice and police within proposals for people who inject drugs and people in closed settings. | Partners should support countries to develop interventions for transgendered persons. Partners should extend technical support to countries to identify vulnerable populations and develop specific interventions. Partners should support countries to develop and implement comprehensive evidence-based interventions for people in closed settings.

Finance and sustainability

Findings: Some funding requests discussed mechanisms for sustainable financial and programmatic support for community-based organizations (CBOs) working with key and vulnerable populations, including social contracting. | Where there were evidence-based interventions supported by CBOs, they tended to be under-resourced. | Cuts in country allocations tended to correlate with cuts in interventions for key and vulnerable populations. | It was difficult to determine from the funding requests what the budgets were for human rights and gender initiatives. | Sustainability planning for countries nearing transition did not systematically include plans for funding CBOs/NGOs following transition.

RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH (RSSH)

Procurement and supply chain management

Findings: The funding requests reveal continued weakness in supply chain management. While the "center" of the supply chain may be improved, problems persist at the periphery. | Equipment maintenance and repair functions are rarely mentioned in funding requests. | GeneXpert and other medical equipment have been introduced without attention to the demands they place on system support (maintenance, transport of specimens, capacity development, etc.) | Large countries procuring domestically has had an impact on global supply prices. | Evaluations of value for money and quality assurance are needed in context of decentralization and moves towards local procurement.

Recommendations: Applicants should do a careful readiness assessment before introducing new equipment or decentralizing laboratories. The Global Fund should examine its shrinking market share and the declining leverage of its Pooled Procurement Mechanism. Applicants and the Secretariat should consider the use of non-public sector contracting to handle supply chain and equipment maintenance functions.

Human Resources for Health (HRH)

Findings: Regarding public sector employment, the numbers, management, retention and integration of supportive supervision are all inadequate. | In almost all cases, the occupational health and safety of community health workers (CHWs) was not considered. | Using project funding to compensate CHWs is not sustainable. | The use of task shifting (moving down the chain) is increasing; this may require legal justification. | Few countries are assuming responsibility for salary costs. | The multiple responsibilities of CHWs continue to increase with service integration; there is a risk that CHWs may become ineffective as a result of overloading. | A lack of human resources remains a key bottleneck to accessing services and to sustainability in most settings.

> **The funding requests** reveal continued weakness in supply chain management. While the "center" of the supply chain may be improved, problems persist at the periphery.

Recommendations: Support provided by the Global Fund should be within the Fund's HRH strategy. | The Secretariat should consider documenting innovative initiatives, such as PPMs (public-private mixes) in urban services for TB.

Decentralization and governance

Findings: Decentralization is growing in all regions. Decentralization may threaten program quality and impact if its implications are not addressed. | There are challenges with fund flow and supervision in many decentralized systems. The funding requests made no reference to democratic oversight of decentralized structures. | There was a lack of attention in the funding requests to improving quality and standards in cases where the private sector is delivering key services. | CCMs don't usually have RSSH expertise. | The influence of key populations is often weak even when they are represented on CCMs.

Recommendations: Weak CCMs should be strengthened, particularly in countries where there are no PRs from the non-government sector. CCMs should be better linked to governance bodies, including central ministries such as Finance and Planning. The composition of CCMs should take into account "special considerations" such as refugees and migrants. | Countries should seek technical advice from the World Health Organization (and possibly UNDP) on the implications of decentralization with relation to fund flow, potential integration of services, devolution of data responsibility, procurement, accountability, etc. Alternatively, applicants and/or the Secretariat could make the case for continuing verticalization (such as for malaria programs whose goal is pre-elimination).

Community system strengthening

Findings: Many countries use CHWs. | There was virtually no reference in the funding requests to using CSS to enable the communities to perform as partners in putting in place resilient health systems. | Few countries have social contracting mechanisms to enable governments to support key civil society organizations (CSOs) when the Global Fund exits.

Recommendations: Applicants should support CSOs to ensure that the communities play a role in oversight and support for CHWs, and for local health initiatives. Applicants should develop social contracting mechanisms.

The TRP's debriefing document on Window 1 funding requests is on file with the author. The TRP is scheduled to review Window 2 funding requests from 19-28 June 2017.

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9. NEWS: Global Fund and Pink Ribbon Red Ribbon will collaborate on cervical cancer prevention

David Garmaise   16 May 2017

On 6 April 2017, the Global Fund announced that it had signed an agreement with Pink Ribbon Red Ribbon to collaborate on programming to prevent cervical cancer. Pink Ribbon Red Ribbon is an independent public-private partnership dedicated to the delivery of services for the prevention and treatment of cervical and breast cancer.

"Pink Ribbon Red Ribbon and its partners will work with the Global Fund to take advantage of opportunities to include initiatives that address cervical cancer," Pink Ribbon Red Ribbon Chief Executive Officer Celina Schocken told Aidspan. "The idea is to work with members of country coordinating mechanisms (CCMs) – such as UNAIDS, the World Health Organization and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) – to provide technical assistance to CCMs so they understand that Global Fund grants can be programmed (or reprogrammed) to address cervical cancer, and to encourage them to do this."

"More women die every year from cervical cancer than die in childbirth, so the problem is a large one. Cervical cancer programs can be inexpensively integrated into HIV programs," Schocken said.

No new money is involved in this initiative.

 "Collaborating with Pink Ribbon Red Ribbon makes sense, Marijke Wijnroks, Chief of Staff of the Global Fund, said in a news release, "because they are already succeeding at saving the lives of women and girls from cancer in low-resource settings. Together we can leverage our expertise and resources to tackle the increased risk and negative impact of cervical cancer for women living with HIV/AIDS."

HIV-positive women are up to five times more likely than other women to develop cervical cancer. Screening and treatment for cervical pre-cancer is a cost-effective intervention, costing less than $25 per woman.

Schocken said that Pink Ribbon Red Ribbon is working most closely with a group of countries that have identified unused money for 2017 that can be reprogrammed to address cervical cancer. "The main focus is on Zambia, Zimbabwe, Namibia, Tanzania, Botswana, Ethiopia and Malawi," Schocken said, "but other countries can get assistance if they want it." (To obtain assistance, countries should write to info@pinkribbonredribbon.org, or contact their national UNAIDS office.)

PEPFAR funds are also being used to combat cervical cancer.

For more information on Pink Ribbon Red Ribbon, visit their website.

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10. ERRATUM: Other highlights in the 2016 Annual Financial Report

Aidspan Staff   16 May 2017

An article in GFO #311 on decisions made by the Global Fund Board at its meeting on 3-4 May 2017 in Kigali, Rwanda, contained an error in the section of the article on the 2016 Annual Financial Report.

The article stated, in error:

> "Other highlights: Disbursements were $3.55 billion, 11% higher than 2015. Operating expenditures were $282.2 billion, a 5.5% savings over the budget of $305 million."

This passage should have read as follows:

> "Other highlights: Grant disbursements were $3.59 billion, 8% higher than 2015. Operating expenditures were $277 million, compared to $298 million in 2015, a 7% decrease."

The online version of the article has been corrected, as have the Word and PDF versions. We regret any inconvenience this error may have caused.

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11. ERRATUM: Matching Funds

Aidspan Staff   16 May 2017

In our article, "More information on catalytic investments," published on 17 April 2017 in GFO 309, we erroneously said that in order to access Matching Funds, a component of catalytic investments, countries must commit domestic funds equal to the matching amount requested. We wrote: "In addition, they must "match the Matching Funds" – i.e. commit to allocating towards the achievement of the targets an amount of funding from the national budget that is at least equal to the Matching Funds for which they are eligible." This is incorrect; Matching Funds have no relationship with domestic financing. Rather, matching funds are meant to incentivize countries to direct funds from their Global Fund allocation towards designated priority areas, as described in their allocation letters.

This is explained in the following passage from the Global Fund website:

> "To meet the conditions for matching funds, an applicant must show:
>
> - An increase in the allocation amount designated to relevant catalytic investment priority areas, compared to the 2014-2016 allocation period. At minimum, this designated amount for priority areas should equal (or be more than) the amount of requested matching funds….
>
> - An increase in programmatic targets and coverage as a result of the increased use of country allocations and use of matching funds. These increases must be included in the performance framework."

The online version of the article has been corrected, as have the Word and PDF versions. We apologize for any inconvenience this error may have caused, and thank the readers who brought it to our attention.

This is issue #312 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.

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