Independent observer of the Global Fund

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NEWSLETTER

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CONTENTS OF THIS ISSUE:

4. NEWS: TRP report on Windows 1 and 2 stresses importance of reaching key populations in funding requests to the Global Fund

BY DAVID GARMAISE

The Technical Review Panel's report on 2017-2019 funding requests submitted in Windows 1 and 2 includes observations on a number of topics. This article focuses on what the TRP said concerning the importance of reaching key and other high-prevalence populations. It also provides a "table of contents" for Part Two of the report (technical observations).

5. NEWS: Extracts from report of the Global Fund's TRP on Windows 1 and 2 funding requests

BY AIDSPAN STAFF

This article contains several brief extracts from Part Two of the report of the Technical Review Panel on the funding requests it reviewed in Windows 1 and 2 of the 2017-2019 allocation period.

6. NEWS: Work continues on many fronts to implement the Global Fund's Strategy on building resilient and sustainable systems for health

BY KATAISEE RICHARDSON

Although there have been some delays, steady progress has been made in implementing activities related to the second objective of the Global Fund Strategy 2017-2022 (building resilient and sustainable systems for health). Some challenges have been encountered, especially in operationalizing strategic initiatives.

7. NEWS: Steady progress on human rights and gender activities in the Global Fund's Strategy, but there have been delays

BY KATAISEE RICHARDSON

Work to implement the third objective of the Global Fund Strategy 2017-2022 – Promote and protect human rights and gender equality – is progressing well, although there have been what the Fund calls "minor issues and delays." These issues can be attributed in part to a lack of resources and insufficient internal capacity on human rights issues.

8. NEWS: Sands give the Global Fund a stronger focus on economic aspects of the diseases, editor of *The Lancet* says

BY DAVID GARMAISE

In a commentary in *The Lancet*, editor Richard Horton says that Peter Sands "looks likely to re-engineer the Global Fund to take more seriously the economic aspects of infectious disease threats."

9. NEWS: OIG reports good progress in implementing Global Fund grants to Ethiopia, but several problems remain

BY DAVID GARMAISE

An audit conducted by the Office of the Inspector General reveals solid progress in implementing HIV, TB, malaria and HSS grants to Ethiopia – but also inefficiencies in grant management, absorption, quality of services, and procurement and the supply chain. The audit covered the period from July 2015 to March 2017.

10. NEWS: Audit of Global Fund grants to Mali reveals significant progress in financial management and quality of services

BY DAVID GARMAISE

Despite functioning in a challenging operating environment, Global Fund grants have helped Mali achieve significant progress against the three diseases, according to an audit conducted by the Office of the Inspector General. However, there are problems with drug expiries and stockouts, delays in the supply chain, and delays in, or non-provision of, testing and treatment.

11. NEWS: Consultation held on TOR for Global Fund multi-country HIV grants in the EECA

BY IVAN VARENTSOV

On 13-14 November, a consultation took place in Minsk, Belarus on the terms of reference for next round of multi-country HIV projects for Eastern Europe and Central Asia financed by the Global Fund. As part of catalytic funding for 2017-2019, $13 million has been set aside to promote the sustainability of HIV services for key populations in the EECA region. The Secretariat is expected to issue a request for proposals in mid-December.

12. NEWS: Paper presents options for future selection process for Global Fund Board chair and vice-chair

BY DAVID GARMAISE

Board members have expressed some dissatisfaction with the current process for selecting the Board chair and vice-chair. A paper describing options was prepared for the Board meeting in Geneva on 14-15 November. The Board is expected to decide at its next meeting in May 2018 whether changes are required.

TOP

ARTICLES:

1. NEWS: Global Fund Board approves a second batch of grants for 2017-2019

Twenty funding requests yielded 32 grants

David Garmaise 28 November 2017

On 17 November 2017, the Global Fund Board approved grants worth $1.25 billion from the 2017-2019 allocations. The Board approved funding for 32 grants emanating from 20 funding requests submitted by 15 countries. Of the 20 funding requests, 14 were submitted in Window 1 (20 March) and four in Window 2 (23 May). The other two – from Myanmar – were labelled "early applicant" on the Global Fund's Funding Request Status Tracker. (Myanmar was an early applicant for the 2014-2016 allocations.)

The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC).

This was the second batch of funding approvals in the 2017-2019 funding cycle. The $1.25 billion included five matching funds requests valued at $22.9 million. Interventions totaling $147.2 million were added to the Unfunded Quality Demand (UQD) Register. Domestic contributions to the programs represented by the approved grants amounted to $1.20 billion.

See the table for details.

As is customary, the approved financing is subject to availability of funding and will be committed in annual tranches. Where more than one grant has been approved for a component, the Secretariat has the authority to redistribute the approved amounts among the grants (except that any material change must be validated by the TRP).

Of the 20 funding requests, 13 were of the program continuation variety; five were full review and two were tailored.

The GAC said that the grants approved by the Board were found to be disbursement-ready by the Secretariat after a thorough review process and in consultation with partners. During grant-making, the GAC said, each applicant refined the grant documents, addressed issues raised by the TRP and GAC, and sought efficiencies where possible. The GAC endorsed the reinvestment of efficiencies in one of the following: (a) the same grant, in areas recommended by the TRP; (b) other disease components of the same applicant – where the TRP did not recommend reinvesting in the same grant; or (c) the general funding pool.

Table: Grants approved from the 2017-2019 allocations – Second batch ($US)

Applicant	Com-ponent	Grant name	Principal recipient	Amount	UQD	Domestic commitment
Congo (DR)	TB/HIV	COD-C-CORDAID	CORDAID	140,371,747	51,793,684	53,942,910
	HIV	COD-H-MOH	Ministry of Health	22,777,439		53,892,320
	TB	COD-T-MOH	Ministry of Health	16,186,215		50,590
	Malaria	COD-M-MOH	Ministry of Health	46,639,215		1,058,201
		COD-M-PSI	Pop. Serv. Intl.	166,827,623		
		COD-M-SANRU	SANRU	134,184,185		
Ethiopia	Malaria	ETH-M-FMOH	Fed. Min. of Health	111,849,218		69,092,004
Indonesia	Malaria	IDN-M-MOH	Ministry of Health	44,574,010	4,550,000	64,810,579
		IDN-M-PERDHAK	PERDHAKI	9,070,896		
Iran	HIV	IRN-H-UNDP	UNDP	10,687,693		392,953,533
Moldova	TB/HIV	MDA-C-PCIMU	Coord. Impl. & Mon. Unit	14,075,737		50,309,813
	TB	MDA-T-PAS	C. for H. Pol./Studies	4,672,343		36,052,388
Mongolia	TB	MNG-T-MOH	Ministry of Health	7,244,359	758,604	15,817,213
Myanmar	HIV	MMR-H-SCF	Save the Children	52,943,765	50,163,664	53,800,000
		MMR-H-UNOPS	UNOPS	77,067,074		
	TB	MMR-T-SCF	Save the Children	16,760,483		60,800,000
		MMR-T-UNOPS	UNOPS	77,281,372		
Niger	HIV	NER-H-CISLS	Coord.I-Sect. Lutte SIDA	15,802,629		14,766,633
Sénégal	HIV	SEN-H-ANCS	All. Nat. Comm. Santé	7,229,757		15,243,200
		SEN-H-CNLS	Cons. Nat. Lutte SIDA	18,568,268		
Sierra Leone	HIV	SLE-H-NAS	Nat. AIDS Sect.	31,799,803		6,641,126
Sudan	HIV	SDN-H-UNDP	UNDP	16,578,954		9,547,285
	TB	SDN-T-UNDP	UNDP	12,262,049		6,778,619
Timor Leste	TB	TLS-T-MOH	Ministry of Health	4,800,000		1,457,443
Togo	HIV	TGO-H-PMT	Min. of Finance	32,439,871		13,448,580
	TB	TGO-T-PMT	AIDS Support Org.	1,934,000		943,760
	Malaria	TGO-M-PMT	Min. of Finance	33,575,911		103,814
Viet Nam	HIV	VNM-H-VAAC	VN Auth. H/A Control	53,207,476	13,600,987	163,316,912
		VNM-H-VUSTA	VN U. Sc. & Tech. Assoc.	6,499,966		
	TB	VNM-T-NTP	Nat. TB Program	47,281,094	26,336,648	110,313,281
Zanzibar	TB/HIV	QNB-C-MOH	Ministry of Health	5,859,163		217,713
	Malaria	QNB-M-MOH	Ministry of Health	5,134,807		71,892

Notes:

1. Amounts shown are upper ceilings.

2. For countries using euros, the amounts were converted to U.S. dollars at a rate of 1.1797 euros to the dollar.

3. Four components were also awarded matching funds (included in the amounts shown in Column 5): Myanmar HIV $3,509,098 (SCF) and $3,399,278 (UNOPS); Myanmar TB $11,094,352; Sierra Leone HIV $1,800,000; and Viet Nam HIV $3,070,833. Note that the amounts for Myanmar include RSSH matching funds in the amount of $1,702,728.

4. Final amounts for domestic commitments for Congo (DR), Niger and Sénégal are subject to confirmation.

Most, if not all, of the approved grants had proposed start dates of 1 January 2018. As we reported in our article on the first batch of funding for 2017-2019, in the last funding cycle the average length of time from Board approval to first disbursement was about two months, although there was considerable variability: For some countries, the process took only a few weeks, while for others it took longer than two months. In some instances, therefore, it may be necessary for current grants that have end dates of 31 December 2017 to be extended.

More to come

There were 46 grants reviewed in the first batch of approvals, and 32 grants in this batch. At its meeting on 31 October – 1 November, the GAC was slated to review another 65 grants. A Board decision on these grants is expected on 1 December. The GAC met again on 21-22 November, where it was slated to review 22 grants; a decision on these grants is expected on 13 December. The GAC will meet one more time in 2017, on 6-7 December, where it is scheduled to review 14 grants; a decision on these grants is expected on 12 January 2018.

The grants that will be reviewed at these meetings will be from Windows 1, 2 and 3. Three more windows have been scheduled for 2018, as follows (with the TRP meeting dates shown in parentheses):

Window 4 – 7 February (TRP: 19-29 March)
Window 5 – 30 April (TRP: 3-11 June)
Window 6 – 6 August (TRP: 9-21 September)

GAC comments on individual grants

This section provides highlights from the GAC's comments on selected components. See also a separate article in this issue on the GAC's comments concerning the TB/HIV and malaria grants from the Democratic Republic of Congo.

Myanmar HIV and TB

The GAC acknowledged the progress accomplished through Myanmar's HIV and TB programs in the last six years, as well as the ambitious targets set for the upcoming grants, including the potential achievement of universal antiretroviral (ARV) coverage by 2020. The GAC also acknowledged the progress in coordinating harm reduction activities in Kachin state, where HIV prevalence remains high, as well as in the states of Shan, Mon and Kayin.

The GAC discussed the complex political context affecting Rakhine state, particularly impacting the Rohingya population. The Global Fund does have access to the state of Rakhine and, over the years, has provided substantial funding through partners, including the central government. Given the higher TB burden and HIV prevalence documented in the conflict areas, the Secretariat has put in place mechanisms and partnerships with civil society and local authorities to ensure that the TB and HIV programs will continue to function in this complex operating environment.

Sénégal HIV

To meet its co-financing requirements, the Government of Sénégal needs to invest an additional € 13.0 million over and above what it spent in 2014-2016. The GAC said that the Secretariat has not yet received a letter of commitment from the appropriate ministers, and that the "indicative commitments" provided by the government fall short of the minimum required. This is partially due to the 8 September 2017 change in government, the GAC said. As a mitigation measure, the Secretariat will "efficiently and systematically" track domestic contributions.

Sudan HIV and TB

According to the GAC, the Global Fund–supported HIV program will focus on increasing the proportion of sex workers reporting the use of a condom with their most recent client from 34.9% in 2015 to 75% in 2020; increasing the proportion of people living with HIV who are screened for TB in HIV care or treatment settings from 96.6% in 2016 to 100% in 2020; and increasing the proportion of adults and children with HIV known to be on treatment 12 months after initiation of ARV therapy from 68.6% in 2015 to 90% by 2020.

Concerning TB, the GAC said the Sudan TB program aims to decrease the TB burden in line with the global End TB Strategy. The program plans to utilize community settings, NGOs and civil society organizations to improve the detection of TB cases and treatment outcomes; and plans to expand TB service provision to encompass a public-private mix.

The GAC noted that there will be a gradual transition away from the UNDP as the principal recipient (PR) towards national entity PR(s). The transition process will start in 2018 with the malaria grant and then continue with the TB grant during grant implementation. The TB and HIV grants were submitted individually in order to facilitate staggered transition from UNDP, building on lessons learned. The GAC said Global Fund grant funds should not be used to cover severance payments for UNDP employees.

The GAC recognized that the ongoing influx of refugees and the cross-border population dynamics may risk over-extending Sudan's health system, and could impact the country's TB disease profile. Although ongoing programmatic needs emerging from hosting refugees have been addressed through reprogramming of the grants from the 2014-2016 allocation, the GAC acknowledged that there is limited fiscal space in the grants from the 2017-2019 allocation to cover demand from this source. The GAC said that it welcomed Sudan's plans to submit a prioritized above allocation request (PAAR), and it recommended that the Secretariat work with Sudan to explore the possibility of using emergency funding and other funding sources to address gaps.

Togo TB and HIV

While applauding the achievements of the existing TB grant, the GAC noted the persistent challenges with TB detection. In this regard, the GAC welcomed the strategies that Togo has introduced, including expansion of the use of the GeneXpert machines and increased community involvement aiming at contributing to active case funding.

The GAC also noted that the current level of funding will allow the existing number of people on ARV treatment to be maintained at its current level (60%, or 60,000 patients). Acknowledging the highly commoditized nature of the program (80% of the budget is allocated to health products), the GAC recognized challenges associated with the limited fiscal space for the scale up of ARV treatment. Togo plans to submit a PAAR outlining funding required to finance ARV scale-up for 18,691 people over the three years, to reach 67,031 patients in 2018, 73,112 in 2019, and 78,691 in 2020 (79% coverage).

Viet Nam HIV and TB

The HIV epidemic in Viet Nam is concentrated among people who inject drugs, men who have sex with men, and female sex workers and their sexual partners. The Global Fund's HIV investments will strategically focus on providing prevention programs for key populations in 33 high- and moderate-burden provinces and cities; on strengthening community systems; and on removing legal barriers for access to services for key populations.

Global Fund–supported TB programs will invest in ensuring universal access to high quality diagnosis and treatment services by maintaining high levels of routine diagnosis and care, complemented by intensified and active case finding and appropriate treatment in risk groups and under-served populations; by providing routine diagnosis and effective treatment of latent TB infection for vulnerable and recently infected individuals; and by scaling-up access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant TB, making optimal use of new tools, drugs and regimens, and patient support.

Concerning matching funds: Viet Nam was eligible for $3.1 million in matching funds for HIV key populations impact, and the country complied with the conditions for matching within the 2017-2019 allocation. However, due to overall paced reductions in the allocation and resulting budget constraints, the program was not able to demonstrate an increase in absolute terms in the amounts invested in key population programs in 2017-2019 compared to the 2014-2016 allocation period. (In order to qualify for the matching funds, countries have meet two conditions: (a) they have to devote in their allocated funding for 2017-2019 an amount at least equal to the amount of the matching funds award for the same priority area; and (b) they have to demonstrate that they are investing more in the relevant priority area in 2017-2019 compared to 2014-2016.) Nevertheless, the GAC said that Togo's investment would achieve a catalytic effect given that it is covering the costs of health insurance for the most vulnerable HIV key populations with no access to services, as well as financing co-payments of ARVs. The GAC recommended that Togo receive the $3.1 million in matching funds (and the Board approved).

The GAC also noted the strong collaboration between the Global Fund–supported programs and the government, and coordination with in-country partners, especially with respect to ensuring the smooth transition of the programs supported by the U.S. Government. (PEPFAR is phasing out its support for HIV programs in Viet Nam; the PEPFAR programs are being absorbed by Viet Nam's Social Health Insurance scheme.) The GAC cited the coordination as an example of best practice.

Most of the information for this article was taken from Board Document GF-B37-ER05, Report of the Secretariat's Grant Approvals Committee. This document is not available on the Global Fund website.

TOP

2. NEWS: DRC may not meet its Global Fund co-financing requirements, GAC says

Secretariat will increase monitoring of the DRC's progress towards meeting its co-financing commitments

GAC also concerned about gap in the DRC's LLIN coverage

David Garmaise 28 November 2017

The Grant Approvals Committee says that there is a risk that the Democratic Republic of Congo (DRC) will not able to meet its 2017-2019 co-financing requirements. The GAC made this statement in a report to the Board in which it recommended a number of grants for approval (see separate article in this issue) including a TB/HIV grant, an HIV grant, a TB grant and three malaria grants to the DRC.

In order to fully access the co-financing component of the DRC's 2017-2019 allocation, the government needs to invest $39.5 million more than the amount it spent for the previous allocation cycle. However, the government has not yet formalized its commitments for the 2017-2019 allocation period. Given the DRC's economic constraints, the GAC stated, there is a risk of non-compliance with the co-financing commitments. There will be a requirement in the grant agreement that the DRC provide a formal commitment regarding the co-financing investment. In addition, the Secretariat will attempt to mitigate the risk of non-compliance by increasing its monitoring of progress towards meeting the commitment.

TB and HIV grants

The principal recipient (PR) for the joint TB/HIV grant will be the Catholic Organization for Relief and Development Aid (CORDAID). The Ministry of Health will manage the separate TB and HIV grants. These are the same PRs that currently manage the DRC's TB and HIV grants.

The TB/HIV, TB and HIV grants will focus on 14 provinces identified as high priority and will use a differentiated approach for care and treatment – including implementation of a "one-stop shop," intensification of community activities, gradual HIV testing for all TB patients, and the deployment of GeneXpert machines. Key strategies include outreach for key populations to provide a minimum package of screening and treatment services as well as close monitoring where necessary and referral to a nearby treatment site; gradually extending HIV testing of TB patients to additional TB health zones; and improving the TB/HIV results through the implementation of the one-stop shop model.

The DRC is eligible for matching funds for programs to find missing TB cases ($10 million); for programs to remove human rights–related barriers to health services ($3 million); and for data systems, data generation and data use ($10 million). It appears that the matching funds requests were submitted after the TB/HIV and malaria funding requests, given that the matching funds requests were still in grant-making at the time of the GAC meeting that resulted in the TB/HIV and malaria funding requests being recommended for approval to the Board.

The GAC noted that some challenges remain with respect to TB missing case detection and notification, and it expressed concern that these challenges might stall the achievement of the ambitious program targets. Secretariat staff pointed out that enhanced strategies for finding missing TB cases – including increasing laboratory capacity and supporting civil society – are part of the matching funds application. The matching funds detailed budget and work plan are being finalized, staff said, and will be submitted to the Board for approval and incorporated into the grants during implementation.

Partner organizations at the GAC meeting expressed concern about the lack of access to HIV testing for TB patients in some regions, and encouraged the Secretariat to work with partners and other stakeholders to reverse this trend. The GAC said that considering the financial constraints, there will be only a gradual undertaking of HIV testing of TB patients in hard-to-reach areas in collaboration with the government.

Malaria grants

The PRs for the malaria grants are the Ministry of Health (MOH), Population Services International (PSI), and Soins de Santé Primaires en Milieu Rural (SANRU). These three PRs are managing the DRC's current malaria grants.

The GAC said the DRC has made significant programmatic progress, including achieving universal LLIN (long-lasting insecticidal net) coverage during the 2014-2016 allocation period. The new grant will build on the results achieved by focusing on high-impact interventions such as: (a) prevention through the mass distribution of LLINs, maintaining a rolling three-year distribution cycle complemented with routine distribution; (b) ensuring availability of malaria commodities at all health structures, and further scaling up diagnosis and treatment at the community level; and (c) reinforcing surveillance through further investment in health information and infectious disease surveillance systems.

The GAC expressed concern about a gap of funding for 20.9 million LLINs for a 2020 mass campaign in eight provinces. It said that the gap may threaten coverage achieved in the 2014-2016 allocation period. The GAC encouraged partners to work with the Government of the DRC to mobilize additional investments to close the funding gap. A provision in the grant agreement allows for the reprogramming of funds towards additional distribution costs, should LLIN funding become available from other sources.

The SANRU malaria budget includes $10 million to support a performance-based funding (PBF) program. The current grant ending 31 December 2017 supports an investment in a joint PBF project with the World Bank which is aimed at improving utilization and quality of

maternal, newborn and child health (MNCH) services delivery and governance – as well as strengthening health administration directorates and health policy capacities. The $10 million may be used for a possible launch of the PBF program in the province of Kongo Central, to be co-financed with domestic funds or by renewing the current partnership with the World Bank. An assessment of the World Bank PBF project is planned in the first quarter of 2018.

Additional funding of the PBF program by the Global Fund, in partnership with the World Bank, is subject to approval by the Board – or, alternatively, putting in place implementation arrangements which provide the Office of the Inspector General (OIG) with the access and audit rights necessary to fulfil its mandate. This was a sticking point when in May 2017 the Board authorized the Secretariat to enter into an Administration Agreement with the World Bank regarding the PBF program. The agreement was required to allow the Fund to make a $10.5 million investment to co-finance PBF payments. In (reluctantly) authorizing the Secretariat to sign the agreement, the Board was essentially accepting that the OIG would not have right of access to the project's books, records, personnel or sites. (See GFO article.)

TOP

3. NEWS: Six Regional Platforms for Communication and Coordination begin work as part of the Global Fund's CRG Strategic Initiative

The platforms will support communities to engage in all aspects of Global Fund grant processes, and to access technical assistance

Charlie Baran 28 November 2017

The Global Fund first established six Regional Platforms for Communication and Coordination under the Community, Rights and Gender (CRG) Special Initiative, which ran from 2014 to 2016. As reported by Aidspan, in November 2016 the Board approved $15 million in continued investments for the initiative, renaming it the Community, Rights and Gender *Strategic* Initiative (CRG-SI) for the period 2017-2019. This next phase of the CRG-SI will continue to be implemented through three components: the Short-Term Technical Assistance Program; the Regional Platforms for Communication and Coordination; and the Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations.

The CRG Department recently hired a new Community Engagement Lead, Noah Metheny, to manage the Strategic Initiative. Metheny told Aidspan he "was excited to start this new position at the Fund to build on the successes and lessons learned under the Special Initiative to further align, leverage and synergize the work of the Strategic Initiative to ensure, increase and catalyze the meaningful engagement of communities."

The platforms are hosted by civil society organizations (CSOs) in six geo-lingual regions (see table). All six platforms will contract with the Fund and begin implementing their work before the end of 2017, with their contracts running for 2.5 years.

Table: Regional platform hosts

Region	Platform host
Anglophone Africa	Eastern Africa National Networks of AIDS Service Organizations (EANNASO) *Arusha, Tanzania*
Asia-Pacific	APCASO *Bangkok, Thailand*
Eastern Europe & Central Asia	Eurasian Harm Reduction Association (EHRA) *Vilnius, Lithuania*
Francophone Africa	Réseau Accès aux Médicaments Essentiels (RAME) *Ouagadougou, Burkina Faso*
Latin America & the Caribbean	Vía Libre *Lima, Peru*
Middle East & North Africa	International Treatment Preparedness Coalition-MENA (ITPC-MENA) *Marrakech, Morocco*

The platforms were selected through an open and competitive application process in the second and third quarters of 2017, which resulted in five of the six selected platforms being hosted by the same organizations as previously. The EECA platform is the only one with a new host organization: the Eurasian Harm Reduction Association (EHRA). While the EHRA is a relatively new organization, many of its technical staff members were part of the consortium that managed that EECA platform under the CRG Special Initiative. The continuity of hosting should be an asset to each individual platform, and to the CRG-SI as a whole, according to several people familiar with the program.

The CRG team has been very busy over the past six months. In addition to re-bidding the platforms for the 2017-2019 period and onboarding Metheny, the department recently hired a new part-time consultant to coordinate the platforms: former GFO correspondent and advisor to the Anglophone Africa Platform under the Special Initiative, Dr. Gemma Oberth. Oberth reflected on her appointment, telling Aidspan: “It’s exciting, having worked directly with one of the platforms in the past, and now getting to step back and see the bigger picture of how all six of them can work together.” She said that her personal goal for the program is to help make the interactions between the regional platforms and the country teams within the Global Fund’s Grant Management Division (GMD) more routine.

“I want to support the platforms to engage more regularly with GMD,” Oberth said. “A core function of the platforms’ work is to help make the Global Fund’s country-level investments more effective through meaningful community engagement, so GMD buy-in is important.” Given that Oberth has served as the lead writer for a host of country and regional funding requests in recent years, she should be well-positioned to strengthen the CRG-GMD bond.

How the regional platforms work

The work of the regional platforms is guided by four objectives, as follows:

- further the meaningful engagement of civil society and communities in Global Fund processes through bi-direction communication and the provision of accurate and accessible information;
- improve the overall impact of Global Fund programs and interventions through strengthened engagement of civil society and communities affected by HIV, TB and malaria;
- expand access to technical assistance (TA) for civil society and communities through greater coordination with the CRG-SI short-term TA component, as well as other TA providers and opportunities; and
- support strategic civil society and community capacity development initiatives through fostering spaces for engagement and collective participation in key decision-making processes, in particular as they relate to community, rights and gender.

Platforms work to achieve these objectives in a variety of ways. One of the most common platform activities is assisting CSOs in accessing and applying for technical assistance through the CRG-SI, or from external providers such as Expertise France, WHO, UNAIDS and others. The platforms are expected to be well acquainted with the available TA in their region, and can therefore play a sort of "matchmaker" function with those in need of the TA. Identifying TA needs and generating demand are critical steps in this process, as TA – from the Fund and others – has often gone underutilized by CSOs, despite the widespread need. Platform personnel may often support CSOs in developing TA requests, ensuring that they are in alignment with the TA available, are complete and are prepared in an appropriate language.

According to Metheny, "The Platforms can facilitate a bi-directional feedback loop – as a conduit of information and support to community groups, while also sharing needs, challenges, gaps and other feedback from community groups with the Fund." This facilitator function is at the core of how the platforms implement their work. The platforms have demonstrated community reach, credibility and communication effectiveness among civil society stakeholders – such that they are able to identify needs (informational, TA-related) and provide quality support to communities within the context of Global Fund processes and disease responses.

Another common activity of the platforms is the development of tools and guidance documents for communities and CSOs. For example, the Anglophone Africa Platform, hosted by EANNASO, developed a collection of "community guides" on various topics that are relevant for CSOs and communities, but that are often shrouded in mystery, jargon and perceptions of irrelevance. The nine-piece series covers densely technical topics such as the Fund's Key Populations Action Plan, its allocation methodology, and its Sustainability, Transition and Co-Financing Policy. Each topic is explained in accessible language and contextualized for community audiences. Importantly, each guide is visually attractive, concise and easy to digest. One example of synergy among the platforms in the previous

round was the MENA platform's translation of some of these English-language community guides into the predominant languages in its region: Arabic and French.

Speaking to how the work of the Anglophone Africa platform is expected to evolve over the next period, EANNASO's Executive Director, Olive Mumba, had this to say:

> "The Anglophone platform will strengthen the voices and contributions of civil society and community groups that are currently engaged in Global Fund processes to understand and effectively carry out their roles through experience-sharing, joint-learning and documentation. This is mainly aimed at civil society and community representatives on CCMs and who are implementing Global Fund grants."

Mumba also noted that another key evolution of the platform would be to develop a calendar of national strategic plan development processes around the region, so as to be able to provide more support to communities to engage with those processes as well.

Another example of how the platforms carry out their work is through in-person workshops and consultations. Most of the platforms convene these types of meetings at least once per year, with some organizing a variety of face-to-face engagement opportunities. One such consultation was convened by the MENA platform for key population representatives from across the region in Marrakech, Morocco in December 2016 (reported by Aidspan in February 2017).

Other components of the CRG Strategic Initiative

The Regional Platforms for Communication and Coordination are one of three components of the CRG Strategic Initiative. The CRG-SI also includes a longer-term capacity development program for key and vulnerable population networks and the provision of short-term TA. The capacity development component includes intensive support to help strengthen the networks' administrative and financial capacities and to enable them to be more effective advocates for their respective communities. The component was formerly operationalized through a partnership with the Robert Carr Civil Society Networks Fund (RCNF), but will be managed internally by the Fund moving forward. However, the Fund will continue to work closely with the RCNF on this component since they share many of the same grantees.

As noted above, the regional platforms have a defined relationship with the TA component of the CRG-SI in that they are expected to help facilitate CSOs' awareness and accessing of the available TA. TA is provided by an assortment of pre-qualified NGOs, CSOs and other community and civil society partners. The Global Fund recently posted a new list of providers, along with an update of the CRG-TA webpage, and all of the online materials associated with the program, including TA request forms in Arabic, English, French, Portuguese, Russian and Spanish.

TA through this program is now available to support CSOs and community groups to engage in processes throughout the Global Fund grant life-cycle – including grant-making and grant implementation (which were not part of the previous Special Initiative). The CRG team is actively accepting and processing TA requests at this time. While the regional platforms are

available to support CSOs in accessing CRG-SI technical assistance, CSOs can also submit TA requests directly to the Global Fund by sending completed request forms to crgta@theglobalfund.org.

The author of this article, Charlie Baran, serves as a consultant technical advisor to the MENA platform, hosted by ITPC-MENA.

TOP

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4. NEWS: TRP report on Windows 1 and 2 stresses importance of reaching key populations in funding requests to the Global Fund

Funding requests contained limited discussion of HIV prevention efforts for young women and girls, TRP says

David Garmaise 28 November 2017

In October, the Technical Review Panel (TRP) prepared a report on the funding requests it reviewed in Windows 1 and 2 of the 2017-2019 allocation period. The report was divided into three parts: (a) general observations; (b) technical observations; and (c) the review process. In an article in GFO 325, we summarized Part One (general observations). In this article, we provide a summary of what the TRP said in Part Two (technical observations) concerning the importance of reaching key and other high-prevalence populations.

(What the TRP said about key and other high-prevalence populations is just a small portion of Part Two. See the last half of this article for a "table of contents" of what is included in Part Two of the TRP report. See also a separate article in this issue containing excerpts from the report.)

"The Report of the Technical Review Panel on Funding Requests Submitted in the First and Second Windows of the 2017-2019 Allocation Period" is available at https://www.theglobalfund.org/en/technical-review-panel/reports/.

REACHING KEY AND OTHER HIGH-PREVALENCE POPULATIONS

The TRP's comments fall into three areas: (a) data and data use; (b) services tailored to specific populations; and (c) the use of innovative strategies.

Data and data use

The TRP said that funding requests for all three diseases neglected to include important data concerning key populations and general populations with a high prevalence.

The TRP observed that although TB applications often listed TB key and vulnerable populations, they did not provide any contextual analysis, or estimates of the populations' size, geographic distribution and ability to access services. Interventions to find missing cases

were mentioned, but there was insufficient detail on how proposed interventions for intensified TB case-finding would be carried out. Since the health management information system for TB does not disaggregate treatment outcomes by sex, gender or age, the TRP said, applications did not present gender- and age-differentiated treatment outcomes.

Although countries are working to identify, estimate the size of, and address the needs and demands of, HIV key populations, disaggregated data for both key and general populations are still infrequently used for prioritization, the TRP stated. Furthermore, many funding requests did not consider epidemiological and qualitative data for HIV prevention programs. "Consequently, the prevention needs of groups in the general population that have higher prevalence and evidence of higher risk were likely not to have been adequately addressed," the TRP said. For both concentrated and generalized epidemics, funding requests had limited discussion of HIV prevention efforts for young women and girls, and young people at higher risk of HIV.

Some malaria applicants did not use available empirical data to identify key and vulnerable populations or to design specific activities to reach them, the TRP said. Malaria funding requests should make better use of existing data on age, sex, population mobility and demographics, the TRP stated, to facilitate identification of the most vulnerable populations, understand whether they access services, and design appropriate activities to effectively reach populations in need. "'General distribution' of long-lasting insecticide-treated nets does not mean everyone who needs a bed net necessarily has access to one," the TRP said.

The TRP cited the national TB program (NTP) of one applicant that acted on data from prevalence surveys showing men of all ages are more at risk for TB, and adapted services to better meet their specific needs.

Although case notifications are disaggregated by gender and age, treatment outcomes are not, the TRP noted.

(See recommendations for this area on the next page.)

Recommendations (data use)
For applicants: • Plan to provide services to all populations at greater risk of infection and disease, beyond key populations. • Systematically assess the needs of all key, vulnerable and at-risk populations. • Use available disaggregated information, from survey and routine data as feasible, to better identify key and at-risk populations for all three diseases.
For partners: • Provide technical assistance and support countries to strengthen collection, reporting and interpretation of sex- and age-disaggregated data. • Support countries to better analyze and use available sub-national and disaggregated data, qualitative research, and country survey and epidemiological data, to identify vulnerable and underserved populations, make an informed choice of strategic priorities, and design enhanced and sustainable interventions. • Revise data collection methods and reporting tools to include age- and gender-disaggregated treatment outcomes for TB.
For the Secretariat: • Strengthen Global Fund guidance to encourage countries to provide evidence-based services to address the needs of key, vulnerable and at-risk populations.

Tailored services

The TRP noted that some funding requests revealed better key population awareness than in the past, but it said that many others did not mention key populations or propose specific interventions to address their needs.

For HIV funding requests, these populations included men who have sex with men; transgendered people; prisoners and people in closed settings; indigenous people; lesbians, gays and bisexuals; refugees; people who inject drugs; people with a disability; mobile and internally displaced people; and the military. The TRP pointed out that statements in funding requests affirming that the whole population has access to services often misrepresent situations where specifically targeted interventions matching sub-population needs and demands are absent, denied, prohibited by law or under-funded.

Often, there was limited discussion of age-appropriate interventions for children in general, and orphans and vulnerable children in particular, the TRP observed.

Some funding requests proposed strong and equitable interventions for refugees and migrants, the TRP said, but usually they did not address needs on both sides of a conflict; international humanitarian law holds that populations on both sides of a conflict have a right to medical care.

The TRP said that few funding requests proposed interventions for the military or other uniformed personnel in conflict and post-conflict areas.

Recommendations (tailored services)
For applicants: • Provide increased domestic financial commitments for key population programming. • Include human rights and gender considerations in programming prioritization. • Provide a "service provision landscape" analysis for each key population to identify gaps in service coverage. This is particularly relevant for middle-income countries and countries in transition, where a funding request to the Global Fund is less likely to cover a full package of services for certain key populations. • Use the Global Fund's human rights baseline studies and legal environment assessments to inform analysis of the needs, demands and rights of key populations. • Place greater emphasis on the HIV test-treat-retain cascade analysis for key populations. Cascade analysis requires identifying where, along the steps of the continuum of care, programs fail to engage and retain people living with HIV in testing, care and treatment; determining the magnitude of the losses and gaps along the continuum; and identifying and analyzing the causes of the losses or gaps. Similar analyses of the pathway of diagnosis, treatment and care for relevant key population groups should inform the choice of interventions in TB and malaria programs. • In conflict areas where the government has limited or no control, or cannot reach out to affected populations, make every effort to provide access to services through alternate channels, including international UN agencies, the Red Cross, international non-governmental organizations, or agreements with non-aligned parties, to ensure hard-to-reach populations on both sides of the conflict have equal access to services. • Include sensitization and capacity-building interventions for ministries of justice and police within proposals for people who inject drugs and people in closed settings, with a budget, as per guidelines published by the World Health Organization (WHO), UNAIDS and the United Nations Office on Drugs and Crime.
For partners: • Provide more support to countries with restrictive environments for key populations to overcome political, social or religious barriers to access. • Support countries to develop specific interventions for transgender populations, distinct from men who have sex with men. • Support countries to strengthen outcome measures for reporting on human rights and gender outcomes and consider aligning these with some of the Office of the High Commissioner for Human Rights and PEPFAR indicators. • Support countries to develop and implement comprehensive evidence-based interventions for people in closed settings. Ensure that the relevant global health clusters liaise with country coordinating mechanisms to support inclusion of interventions for internally displaced populations and refugees in funding requests.

Innovative strategies

The TRP noted that innovative strategies could help to fill gaps in HIV and TB coverage.

HIV applications need more focus to prevent HIV among at-risk populations, the TRP said, and a greater focus on innovative case-finding strategies to meet the needs of hard to reach populations. TB applicants, for their part, should use the matching funds requests to test new approaches to find missing TB cases at the local level before roll-out to the national level.

Recommendations (innovative strategies)
For applicants: • Develop and implement innovative strategies to reach populations with low access to HIV prevention services, taking into account their sex, gender, age, risk, and use of new social networking technologies and products. Consider new testing approaches such as self-testing, index testing, community-based testing and sexual network testing. • Find and adapt successful examples of finding missing TB cases. • Strengthen the role of communities and the private sector, and use information technology for case finding, retention in care and contact management. • Look for new implementers to stimulate and promote innovative ideas.

TABLE OF CONTENTS FOR PART TWO

In Part Two of its report on Windows 1 and 2, the TRP presented technical observations and recommendations. Part Two, which consumed 22 of the 36 pages in the report, covers a lot of ground – far more than we can summarize in one article, or even a few articles. Below is a "table of contents" that we constructed for Part Two. (We covered Item #1 of the TOC in the first part of this article.)

Contents of Part Two of the TRP Report on Windows 1 and 2

1. Reach the key and other high-prevalence populations who need to be reached.
    a. Improve data and data use.
    b. Provide tailored services for key populations
    c. Use innovative strategies to find and serve missing populations.

2. Address structural barriers for vulnerable populations.
    a. Women's and girls' empowerment.

3. Provide appropriate, targeted and quality prevention, care and treatment services for malaria, TB, TB/HIV and HIV.
    A. Malaria
        a. Acknowledge malaria upsurges, analyze possible causes using available data, and adjust response if necessary.
        b. Develop appropriate plans for malaria elimination.
        c. Consider rationale and evidence for programmatic decisions on malaria vector-control strategy.
        d. Include essential impact indicators in funding requests.
    B. TB
        a. Set targets that are more ambitious and develop differentiated responses addressing key gaps and barriers.
        b. Optimize use of diagnostic tools.
        c. Provide material and nutritional support to patients who need it.
        d. Expand multi-drug-resistant TB programs.
        e. Prioritize childhood TB.

C. TB/HIV

   a. Strengthen implementation of TB/HIV collaborative activities

D. HIV

   a. More focus on prevention is needed.
   b. Prioritize adolescent girls and young women.
   c. Improve the implementation of differentiated service delivery models.
   d. The first 90: Improve HIV testing and linkage to care and treatment.
   e. The second 90: Increase ART coverage.
   f. The third 90: Improving treatment retention and viral load suppression.

4. Strengthen health systems

   a. Integrate the disease-specific national strategic plan and national health plans.
   b. Strengthen information systems.
   c. Strengthen procurement and supply chain management.
   d. Carry out quality assurance and pharmacovigilance to limit circulation of counterfeit drugs and other sub-standard medicines.
   e. Strengthen human resources for health.
   f. Improve service provision with health systems strengthening and links to reproductive, maternal, newborn, child and adolescent health.
   g. Strengthen community systems.
   h. Involve the private sector in the health response.
   i. Strengthen governance and management of decentralization.

5. Plan for sustainability

"The Report of the Technical Review Panel on Funding Requests Submitted in the First and Second Windows of the 2017-2019 Allocation Period" is available at https://www.theglobalfund.org/en/technical-review-panel/reports/.

TOP

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5. NEWS: Extracts from report of the Global Fund's TRP on Windows 1 and 2 funding requests

Aidspan Staff 28 November 2017

This article contains several brief extracts from the report of the Technical Review Panel (TRP) on the funding requests it reviewed in Windows 1 and 2 of the 2017-2019 allocation period. The extracts are from Part Two of the report (technical observations).

(See also a separate article in this issue on what the TRP said about the importance of reaching key and other vulnerable populations; and the article in GFO 325 summarizing Part One of the report [general observations].)

On procurement in upper-middle-income countries:

"Domestic procurement of affordable and quality HIV medicines in some upper middle-income countries is fraught with challenges, as a result of countries' lack of capacity to tap into the competitive drug pricing market at the international level. This makes the achievement of the second 90 goal more difficult."

On strengthening health systems:

"Striking a balance between investments in disease programs and in resilient and sustainable systems for health to allow disease programs to function well is challenging. The gaps and needs for resilient and sustainable systems for health are extensive in many countries and their scope largely surpasses the resources available through the Global Fund allocations."

On supply chain management:

"Supply chain management continues to be weak in many countries, partly due to the multiplicity of donors and technical agencies seeking to support countries, which leads to coordination challenges."

On community health workers:

"Community health workers' multiple responsibilities continue to increase with service integration, but often these health workers do not receive the support they need such as cash payments, continuing education, supervision, resupply of commodities and links to the formal health system, which hinders their effectiveness and retention…. Donors do not provide a standard or sufficient salary scale for non-governmental community health workers, which results in high turnover of community health workers in search of a better income.

"[We are] very concerned about the long-term sustainability of community-level health services. Many countries rely on volunteer, non-salaried community health workers to deliver services, and few funding requests propose taking over support for the vast number of community-based organizations and civil society organizations funded by the Global Fund that support the provision of community health services."

On decentralized health systems:

"Managing decentralized health systems … is challenging. Decentralization offers great opportunities for improved responsiveness and local governance, but must be carried out with careful consideration for capacity, quality, coverage and accountability if it is not to lead to serious declines in services and outcomes."

On innovative financing:

"Innovative financing approaches should be evaluated to determine whether they provide better opportunities for sustaining program interventions. This includes exploring the risks and benefits for impact and sustainability of results-based financing, cash on delivery, social impact bonds and debt buy-downs. [In addition,] a better definition and stronger guidance on

what value for money means within the Global Fund is necessary to inform such an evaluation. Throughout TRP discussions, the TRP noted value for money is best defined as a narrative rather than a number."

"The Report of the Technical Review Panel on Funding Requests Submitted in the First and Second Windows of the 2017-2019 Allocation Period" is available at https://www.theglobalfund.org/en/technical-review-panel/reports/.

TOP

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6. NEWS: Work continues on many fronts to implement the Global Fund's Strategy on building resilient and sustainable systems for health

Some delays experienced and some challenges encountered, particularly in the operationalization of strategic initiatives

Kataisee Richardson 28 November 2017

Despite some delays, steady progress has been made in implementing the many activities related to the Global Fund's strategy on building resilient and sustainable systems for health. Some challenges have been encountered, especially in operationalizing strategic initiatives. Building resilient and sustainable systems for health is the second of four objectives in the Global Fund Strategy 2017-2022.

A report presented at the Board meeting on 14-15 November in Geneva, Switzerland, provided an update on implementation of activities under the objectives and sub-objectives of the Strategy. For each sub-objective, the report described the progress achieved to date, as well as key challenges and risks, and future plans. In addition, the report identified the key performance indicator (KPI) tied to each sub-objective. In most cases, full reporting on the 2017-2022 KPI Framework will not be available until early 2018.

In an article in GFO 325, we provided a general overview of progress to date related to the first strategic objective, "Maximize impact against the diseases." In this article, we summarize the progress that has been made under the seven sub-objectives of Strategic Objective #2 (Build resilient and sustainable systems for health):

- Strengthen community responses and systems.
- Support reproductive, women's, children's and adolescent health and platforms for integrated service delivery.
- Strengthen global and in-country procurement and supply chain systems.
- Leverage critical investments in human resources for health (HRH).
- Strengthen data systems for health and countries' capacities for analysis and use.
- Strengthen and align to robust national health strategies and national disease-specific strategic plans.

- Strengthen financial management and oversight.

For space reasons, we have had to be selective about which examples we include.

(See separate article in this issue for a report on progress made against Strategic Objective #3 – Promote and Protect Human Rights and Gender Equality.)

Strengthen community responses and systems

The Community, Rights and Gender Strategic Initiative (CRG-SI) has received requests for technical assistance (TA) to implement systematic and strategic community responses to deliver services and foster accountability – by, for example, building the capacity of community representatives so that they can better perform their roles and accurately represent the demands of their constituencies. The TA program provides support to civil society and community organizations to meaningfully engage in Global Fund processes, including country dialogue, funding request development, grant-making and grant implementation. Thus far, the CRG-TA program has provided support to Kenya, Indonesia, Mozambique, Cambodia, Lao, Vietnam, Thailand, Myanmar and Southern Africa. Support is currently being provided in Sierra Leone, Nepal and Cambodia.

In addition, the Global Fund is expanding a research project to document and provide technical assistance to support community-based monitoring (CBM) in 5-10 countries (not listed in the report). An agreement has been reached with CBM implementers in the Democratic Republic of Congo and Sierra Leone to refine and scale up current CBM programming. In Sierra Leone, for example, the Global Fund has provided technical support to build the capacity of community organizations to provide feedback on the quality of services to help catalyze problem solving at the local level.

This combined operations research and technical assistance work will be conducted in the fourth quarter of 2017. There is a desire to broaden the scope of the work and increase the number of countries included in the initiative. However, this is still under discussion due to budget constraints.

Lastly, after a delayed recruitment process to hire a new advisor on community systems and responses, the position has now been filled and work is underway to define mechanisms to efficiently channel funds to community-based organizations. Given the current focus on grant-making, this work will not be completed until the first quarter of 2018.

Support reproductive, women's, children's and adolescent health

The Liverpool School of Tropical Medicine has been commissioned by the Global Fund to lead a three-year study on program quality improvement pertaining to the integration of HIV, TB and malaria into ante-natal care (ANC) and post-natal care (PNC) in a minimum of six countries (including Togo, Niger, Ghana and Afghanistan).

In Togo, memoranda of understanding have been signed with principal recipients and the University of Lomé. Core programmatic tools have been translated and adapted into national quality improvement standards; demonstration workshops have been held; and baseline data

collection has begun. In Niger, the service agreement is in the process of being finalized. In Ghana, it is expected that activities will be completed by the end of 2017. It was anticipated that by September, facility assessments, ANC/PNC demonstration workshops and quality improvement standards would have been completed. Lastly, in Afghanistan, the budget and implementation package for the Phase 1 of the project were still being negotiated.

Some countries are experiencing challenges allotting funding for Phase 2 of the project from their upcoming 2018-2020 allocation due to diminished grant allocations. Efforts are underway to address this through budget efficiencies – e.g. lowering unit costs, and better utilizing existing initiatives and resources – to free up money for this project.

Strengthen global and in-country procurement and supply chain systems

Internal risk assessments conducted by the Global Fund have identified weaknesses in supply chain processes. To address this, the Fund launched a new supply chain initiative in 2016 which includes a supply chain strategy; and, in 2017, the Fund developed a two-year supply chain implementation plan. The initiative calls for in-depth diagnostics in 12 high-risk countries to be conducted by the end of the year; and working with government and private sector partners to implement supply chain transformation projects. (See GFO article.)

At the time of the report, diagnostics in Cameroon and Burkina Faso were nearing completion and work in Liberia was well underway. The remaining nine diagnostics were at various stages of implementation. The transformation projects are expected to start in 2018, once the diagnostics are completed and the high-level partnerships are solidified. It is worth noting that finding the political will to take on the supply chain diagnostics and transformation project has been a challenge. The Global Fund is trying to address this by including a broad range of key partners and stakeholders to foster a greater sense of ownership.

Leverage critical investments in human resources for health

Three countries – Sierra Leone, Guinea and Afghanistan – had successfully applied for matching funds for human resources for health and had moved into the grant-making stage at the time of the report. Other applicants for matching funds for human resources for health include Ethiopia (applied in Window 3), Liberia (will apply in the fourth quarter) and Benin (will combine its application with its RSSH grant in January 2018). The requests include activities such as piloting support for more integrated community health services, including integrated training packages; capacity building and health worker retention; and improving workforce management systems.

A key challenge is ensuring that technical support is available during both the development of the grant applications and implementation of the ensuing grants.

Strengthen data systems for health and countries' capacities for analysis and use

Twenty health facility assessments (HFAs) and data quality reviews (DQRs) are scheduled in high impact and core countries. Of these, six have been completed, another eight will be done before the end of the year, and the remaining six will be finalized in the first quarter of 2018.

According to a slide presentation on the Global Fund's revised approach to program and data quality assessment, HFAs should be conducted every two years to assess the quality of services delivered at health facilities according to a number of metrics, including availability, readiness and quality of care. Data quality reviews are typically done annually; however, they can be completed in conjunction with the HFAs because the results of one inform the other. The slide presentation is available here.

In addition, the Global Fund has completed a framework on the use of data "for action and improvement." The high-level framework is currently being translated into detailed guidance that will be used to strengthen in-country reviews and dialogues to improve programming.

Lastly, a human rights, gender and TB key populations monitoring and evaluation framework has been finalized. UNICEF has started work on the community service delivery portion, which will be completed in the first quarter of next year. This work experienced some delays due to internal reorganization at UNICEF.

Strengthen and align to robust national health strategies and national strategic plans

Through the Impact Through Partnership (ITP) project, an in-country review and dialogue component is being designed to inform the development of national disease strategies as well as program and grant management. The ITP is a vehicle to leverage country-level partnerships to drive efforts to maximize the impact of the response to the diseases by overcoming bottlenecks in implementation.

The Global Fund has set aside $14 million for catalytic investments under the strategic initiative "Resilient and Sustainable Systems for Health: Technical Support, South to South, Peer Review and Learning." This includes funding for technical partners to support integrated planning for the three diseases.

Interestingly, the Global Fund notes that a potential conflict may arise with countries due to the perception that providing support for the development of strategic plans could lead to the providers having undue influence over the outcomes of the process.

Strengthen financial management and oversight

The Global Fund is developing comprehensive action plans to implement country- or donor-harmonized financial management systems for its grants. For example, India's Ministry of Health now tracks expenditures in 10 states using an integrated financial management information system. In Sierra Leone, the Ministry of Health and Sanitation has fully operationalized the use of a shared service/donor harmonized unit (use of a single information system, finance manual, personnel, etc.) to financially manage donor investments. The work is still in early stages in Liberia, where it is part of the International Health Partnership for Universal Health Coverage.

Cross-cutting

One activity highlighted in the report cuts across the entire objective: development of an RSSH Dashboard. After requests were received from country and regional managers, and in

collaboration with partners, 82 country profiles have been drafted and disseminated. The Global Fund is looking at how to move the tool to a better IT system and ensure linkages with other initiatives, though the further development and maintenance of the dashboard will depend on the availability of external funding.

Board document GF-B38-11 "Update on the Implementation of the 2017-2022 Strategy," should be available shortly at www.theglobalfund.org/en/board/meetings/38. See separate article in this issue for a report on progress made against Strategic Objective #3 (Promote and Protect Human Rights and Gender Equality).

TOP

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7. NEWS: Steady progress on human rights and gender activities in the Global Fund's Strategy, but there have been delays

Lack of resources and limited knowledge around human rights barriers among challenges faced by Secretariat

Kataisee Richardson 28 November 2017

Generally speaking, work to implement the third objective of the Global Fund Strategy 2017-2022 – to promote and protect human rights and gender equality – is making steady progress, although the majority of the sub-objectives have experienced what the Global Fund calls "minor issues and delays." These issues can be attributed in part to a lack of resources and insufficient internal capacity on human rights issues.

This is the third in a series of articles chronicling progress on implementing activities to achieve the objectives of the Strategy. As previously described, a report was presented at the Board meeting on 14-15 November in Geneva, Switzerland. For each sub-objective, the report described the progress achieved to date, as well as key challenges and risks, and future plans. In addition, the report identified the key performance indicator (KPI) tied to each sub-objective. In most cases, full reporting on the 2017-2022 KPI Framework will not be available until early 2018.

An article in GFO 325 provided a general overview of progress to date related to the first strategic objective, "Maximize Impact Against the Diseases." Progress towards the second objective – "Build Resilient and Sustainable Systems for Health" is described in a separate article in this issue.

Examples of progress and challenges related to the third objective are summarized below under the five corresponding sub-objectives:

- Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights.
- Invest to reduce health inequities, including gender- and age-related disparities.

- Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.
- Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes.
- Support meaningful engagement of key and vulnerable populations and networks in Global Fund related processes.

For space reasons, we have had to be selective about which examples we include.

Scale-up programs to support women and girls

Thirteen countries are eligible for matching funds for adolescent girls and young women (AGYW) (see GFO article). MOUs have been negotiated with UNICEF and the World Health Organization (WHO), whereby each organization will provide technical support to priority countries among the 13 countries. Four of the 13 AGYW countries submitted their funding requests in the first funding window (20 March 2017), which was only a few months after the start of the new Global Fund Strategy and the approval of the Community Rights and Gender Strategic Initiative (CRG-SI). There was limited time and capacity, therefore, to adequately mobilize civil society. The Global Fund has established an AGYW learning group to address bottlenecks and gaps in technical assistance.

In addition, the CRG-SI has launched a meaningful engagement fund of $500,000 for organizations led by and for women and girls in the AGYW priority countries in 2017-2018 (see GFO article). The fund will be jointly managed by the Southern African AIDS Trust and the Eastern Africa National Networks of AIDS Service Organizations, and will be supported by two AGYW Advisors recruited to the Grant Management Division.

Also, a private sector engagement campaign around HIV programs for AGYW has become the HER (HIV Epidemic Response) campaign. A collaborative initiative involving the communications, CRG and private sector engagement departments in the Secretariat, the HER campaign will include several events leading up to its official launch at the World Economic Forum 2018 in Davos.

Invest to reduce health inequities, including gender- and age-related disparities

Gender-related issues have taken on renewed importance at the Secretariat. Gender-related initiatives have been embedded into the human resources' portfolio of projects and tracked closely. For example, there are now gender components included in staff on-boarding, learning and leadership training. A comprehensive gender audit will be conducted next year.

Also, there is now a framework to conduct a global analysis of gender-related barriers and risks related to TB and TB services. At the time of the report, four gender assessments had been completed and the Stop TB Partnership had mobilized additional funds to support at least seven more before the end of 2017. The assessments are conducted by technical partners at their own pace in accordance with their capacity. It is expected that a global review of these surveys will highlight trends to inform programmatic interventions by early 2018.

The Global Fund has also developed a draft accountability framework on gender. The framework still requires further consultation with internal stakeholders before it is finalized. A first report will be shared in the first quarter of 2018.

Lastly, there are two initiatives underway to provide better analysis of incidence. A new age- and sex-disaggregated model for gender responsive programming is being proposed by Avenir Health (formerly Futures Institute). At this stage, a comprehensive review of the evidence and efforts to fill any gaps is still required for validation. Planning for country-level meetings to review incidence figures to align with the new model is also in progress. Moreover, a mapping of incidence indicators for females aged 15 to 24 is being conducted, with a grant review of AGYW programs planned for 2018.

Introduce and scale-up programs that remove human rights barriers to access

Tools have been finalized to conduct baseline studies in 20 human rights priority countries. With the exception of the study in Kenya, which has been held up due to turmoil surrounding elections, all studies will be completed before the end of 2017. However, due to delays in securing funding for baseline studies and delayed recruitment, the drafting of many five-year plans and planning for multi-stakeholder meetings has also been pushed back and will, in most cases, happen in early 2018.

Also, work has been initiated to identify challenges and opportunities to scale up and sustain programs to reduce human rights–related barriers to service in countries where transition is imminent.

Additionally, the Global Fund finalized and disseminated three technical briefs that were posted on its applicant resources web page to drive greater investment in human rights programming. A brief on HIV, gender equality and human rights was launched in collaboration with UNAIDS and shared in webinars. Further dissemination is planned.

It is worth nothing that limited knowledge and ownership of human rights at the Secretariat has been a key challenge, particularly around understanding what programmatic interventions are necessary to decrease barriers. Further training activities with country teams are planned to address this.

Integrate human rights considerations in the grant cycle and in policies and policy

Terms of reference are being developed for a comprehensive review of human rights in Global Fund policies and processes. A review of the current human rights complaints procedure is being finalized with follow-up activities planned for 2018. Again, resourcing for this work has been identified as a challenge by the Secretariat.

Support meaningful engagement of key and vulnerable populations and networks

The CRG-SI is now up and running and a three-year expenditure forecast has been completed. Consultants have been hired and suppliers have been selected for all three components of the initiative – namely: short-term technical assistance, long-term capacity

development, and the regional coordination and communication platforms. The CRG has begun supporting the deployment of technical assistance in response to country requests.

Additionally, a number of activities have targeted key and vulnerable populations. Four in-country consultations have been organized by global constituency-led key population networks – i.e. the Network of Sex Worker Projects, the MSM Global Forum, the International Network of People Who Use Drugs, the Global Network of Trans Women, and HIV/Action for Trans Equality. The consultations enabled local key population groups to have much-needed discussions on program barriers using HIV key population implementation tools as a benchmark to develop advocacy plans to scale up human rights–based services for these groups. The report highlights the need to ensure that the outcomes of these consultations actually inform grant-making.

The Global Fund has also tried to strengthen engagement through a series of actions targeted at 29 country coordinating mechanisms (CCMs) – all located in high impact and core countries – with the lowest performance scores for CCM engagement on the CCM performance appraisals. These actions have resulted in a 43% improvement in engagement among CCMs that have reported their progress to date.

Lastly, the Global Fund undertook work specifically to strengthen communities affected by TB and malaria. The TB work has centered around strengthening governance within the Global Coalition of TB Activists and supporting the network to either establish relationships with other networks or foster the establishment a regional network of people affected by TB – as well as provide capacity development activities to help communities advocate for a better TB response.

For malaria, four organizations receiving awards under a CRG-SI pilot program have completed their work. This includes the delivery of the "Malaria Matchbox: A Toolkit to Shed Light on Human Rights and Gender-related Barriers, Match Responses to Needs, and Ignite Action in the Malaria Response." An external project review has been carried out and will inform future efforts to support malaria-related activities through the CRG-SI.

Cross-cutting

The report also identifies a few issues, primarily related to training and capacity building, that do not fit neatly within the sub-objectives in the strategy but rather cut across Objective 3. The Global Fund has developed modules on community, rights and gender in multiple languages. They are available online and have been included in the CCM orientation and induction process for CCM members in several countries (see GFO article). Uptake of the online modules has been slow; there is a plan to further promote the modules before the end of the year. Due to a lack of resources and a heavy emphasis on grant-making, the CRG department has not been able to conduct full country-level pilot testing of the modules.

In addition, community, rights and gender issues have been integrated into the Secretariat's training program on sustainability and transition.

Board document GF-B38-11 "Update on the Implementation of the 2017-2022 Strategy," should be available shortly at www.theglobalfund.org/en/board/meetings/38.

TOP

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8. NEWS: Sands will give the Global Fund a stronger focus on economic aspects of the diseases, editor of *The Lancet* says

David Garmaise 28 November 2017

Peter Sands "looks likely to re-engineer the Global Fund to take more seriously the economic aspects of infectious disease threats," editor Richard Horton writes in *The Lancet*. The commentary appeared on 25 November.

Peter Sands was recently selected by the Board to be the next executive director of the Global Fund.

"For several years [Sands] has built a reputation as a thoughtful advocate for greater attention to the economic costs of infectious diseases," Horton writes. "As a former banker, he speaks directly – and with considerable credibility – to the business community about the economic impact of unexpected infectious disease shocks."

Horton writes that the centrality of infectious disease preparedness to economic security – and, therefore, to social development and political stability – has been widely neglected by the global health community. "Sands intends to replace that complacency with a commitment to change the terms of engagement with countries and international institutions," Horton says.

We recommend that readers view the full commentary (link to The Lancet *website here; download PDF file here). Peter Sands is expected to take up his position as executive director in mid-March 2018.*

TOP

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9. NEWS: OIG reports good progress in implementing Global Fund grants to Ethiopia, but several problems remain

Audit identifies inefficiencies in grant management, absorption, quality of services, and procurement and the supply chain

David Garmaise 25 November 2017

Despite political unrest and severe drought, Ethiopia has made significant progress in the fight against the three diseases. However, there are limitations in the underlying systems, and

inefficiencies in procurement and supply chain management processes. These were some of the key findings of the Office of the Inspector General (OIG) in its audit of Global Fund grants to Ethiopia. A report on the audit was released on 27 November.

The audit was conducted on four active grants – one for each disease and one for RSSH – being implemented by two principal recipients (PRs), the Federal Ministry of Health (FMOH) and the HIV/AIDS Prevention and Control Office (HAPCO). The audit covered the period from July 2015 to March 2017. The total value of the grants was $474.6 million. Ethiopia, a high impact country, is one of the largest recipients of grants from the Global Fund.

Significant progress

The OIG cited the following examples of the progress that Ethiopia has made:

- 25 million mosquito nets were distributed between 2015 and 2017;
- 280 districts are labeled mosquito-free;
- there was a 50% reduction in malaria incidence and mortality between 2010 and 2015;
- the TB program met all of the Millennium Development Goals;
- there has been a 50% decline in TB prevalence; and
- the number of people on antiretrovirals (ARVs) rose 27% from 330,000 in 2014 to 420,000 in 2016.

In addition, the OIG said, the country coordination mechanism's oversight committee regularly reviews grant performance; the Global Fund engages actively with in-country stakeholders; and Ethiopia's health extension workers program, which uses trained non-medical staff to provide primary health care in areas where access is limited, has significantly increased the availability of health services at the community level.

The table lists the four areas assessed in the audit, and the OIG's ratings and summary comments for each area.

Table: Ethiopia audit findings at-a-glance

AREA 1: Efficiency and effectiveness of the procurement and supply chain processes and systems.	**Rating:** Partially effective
OIG comments: The supply chain is able to distribute medicines to health facilities and no major stock-outs were noted at the service delivery point. However, there are limitations in the underlying systems and inefficiencies in procurement and supply chain management processes.	
AREA 2: Adequacy and effectiveness of processes and controls within funded disease programs in delivering quality services to intended beneficiaries.	**Rating:** Partially effective.
OIG comments: Challenges in the delivery of quality services to beneficiaries are well identified by the country through assessments conducted with the support of Global Fund and partners. But effective measures are still needed to address these challenges.	
AREA 3: Effectiveness of the HSS grant in supporting the funded disease programs.	**Rating:** Needs significant improvement
OIG comments: The HSS grant was not adequately planned and executed in the current implementation cycle to support resolution of the identified challenges.	
AREA 4: Adequacy of governance, oversight and assurance mechanisms within the financial management processes in supporting the disbursement and timely use and liquidation of grant funds.	**Rating:** Needs significant improvement.
OIG comments: The country continues to face significant challenges in addressing delays in disbursement of funds to implementation level and liquidation of related advances. This has resulted in about US$150 million in outstanding cash balance with just seven months to the end of the implementation period.	

The OIG has a four-tiered rating scheme, as follows: Effective; partially effective; needs significant improvement; ineffective.

Concerns

The OIG said that most of the programmatic challenges identified by the audit were already known to the Secretariat.

Procurement and supply chain

The multiplicity of manual and automated systems in procurement and in the supply chain makes it hard to trace medicines, the OIG said. In the audit sample, around 21% and 54%, respectively, of malaria and TB medicines could not be traced. The OIG said that it had also observed delays in procurement process and an accumulation of expired medicines. The OIG attributed these problems to inadequate governance and oversight by the MOH and the Pharmaceuticals Fund and Supply Agency (PFSA), which handles all procurement for the grants.

The OIG reported that the limitations in the supply chain are primarily attributable to inefficiencies in PFSA's organization and to the ineffective supervision and monitoring of its activities.

The PFSA installed a Health Commodity Inventory Management System in 2012 to improve traceability of medicines at the central level, the OIG said. However, most of the functionalities in the system were not enabled at the time of the audit; where controls have been activated in the system, the operations continue to be manual, thus circumventing the automated controls.

At the facility level, confirmation of goods received are not reviewed and signed off by management when the goods arrive, the OIG said. It takes an average of 313 days (ranging from 260 to 544 days) for facilities to review and submit the confirmations to the PFSA. The OIG observed that this limits the ability to identify and resolve discrepancies in deliveries throughout the supply chain.

Agreed management action

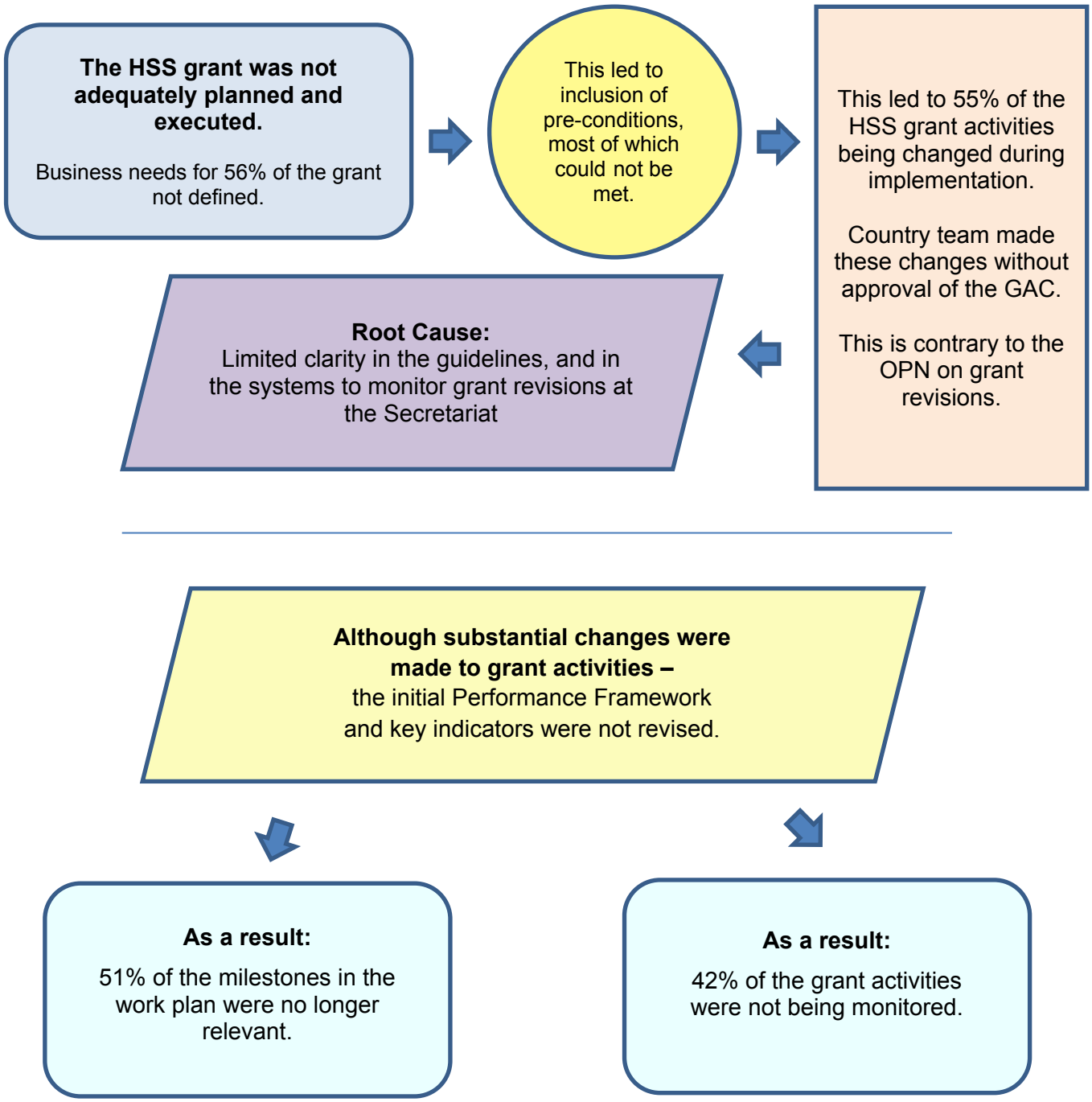
The Secretariat will support the Ministry of Health to:

- develop an oversight and implementation plan to improve inventory management systems and related controls across the procurement and supply chain;
- establish key performance indicators to track the performance of PFSA; and
- monitor reconciliation of the stock balances and resolution of the inventory differences identified in the audit.

Due date: 30 September 2018

HSS grant

The OIG said that the design and implementation of the health systems strengthening (HSS) grant was an area that needed significant improvement. *(We have used some illustrations in this section to summarize the OIG's findings.)*



Agreed management action

The Secretariat will support the Ministry of Health to develop an implementation and monitoring plan for the HSS grant; strengthen the Grant Management Unit; and define performance indicators tailored to the grant.

Due date: 30 September 2018

Absorption issues

The OIG said that 60% of the new activities cannot be completed by the end date of the grants (31 December 2017). The many changes have led to significant delays in using and liquidating funds, the OIG said, which, in turn, have affected absorption rates. As of May 2017, there was still $133.0 million awaiting disbursement from the Global Fund *plus* an in-country cash balance of $154.0 million. The difficulties in using up resources, the OIG said, were due to significant delays in Ethiopia's disbursement processes and deficiencies in its planning.

Agreed management action

The Secretariat will support the Ministry of Health to define clear key performance indicators on disbursements and liquidation of funds within the country; and implement a risk-based supportive supervision plan that addresses challenges in liquidation.

Due date: 31 December 2018

Quality of services

The OIG identified deficiencies in the quality of services in the following areas:

Challenges in implementing HIV testing services. The country has not had an approved HIV testing algorithm for four years and continuously revises its operational HIV testing algorithm to accommodate the available test kits.

Limitations in infrastructure and equipment. Health facilities collect the blood samples of HIV-exposed infants within 45 days, as per national guidelines. These samples are transported to designated laboratories. However, in the facilities visited by the OIG, it takes an average of five months for results to be transmitted to the health facilities, due to the limited availability of testing laboratories, challenges in transporting samples and a breakdown of the system for delivery of test results.

Gaps in the implementation of the Orphans and Vulnerable Children program. For example, the PR does not conduct regular spot checks of activities of the sub-recipients (SRs); and the SRs do not supervise the nine sub-sub-recipients and the more than 100 other implementers involved in the program.

Sub-optimal management of mosquito net distribution. Currently, there is limited visibility with respect to the number of nets distributed by the national malaria program. While all 25 million nets were reported to Global Fund as having been distributed in June 2016, the OIG observed that in the four regions it visited, some nets were not distributed until April 2017. At the time of the audit, the national program had yet to compile data on nets distributed across the entire country, which raises questions, the OIG said, regarding the number of nets reported to the Global Fund as distributed.

Challenges in the external quality assessments for malaria. For example, external quality assessments for malaria microscopy diagnosis had yet to be conducted in 15 of the 25 facilities visited.

Agreed management action

The Secretariat will support the Ministry of Health to develop an action plan to strengthen quality of services. The plan will include measures to improve diagnosis and laboratory services, including finalization of HIV testing algorithm; and to address challenges in the bed nets distribution.

Due date: 30 September 2018

Final word

There is a noticeable trend in OIG audits over the past few years: They have gone from being primarily focused on financial management, with some coverage of programmatic issues – to being much more focused on program implementation. The Ethiopia audit is 100% focused on programmatic issues.

TOP

10. NEWS: Audit of Global Fund grants to Mali reveals significant progress in financial management and quality of services

However, there are problems with drug expiries, stock-outs and delays in the supply chain

David Garmaise 28 November 2017

Mali has made significant progress in the fight against the three diseases despite facing a challenging operating environment. The quality of program data and services has improved. Financial systems and processes generally function effectively. However, there are problems with drug expiries and stock-outs; delays in the supply chain; data inconsistencies; non-adherence to treatment guidelines; and delays or non-provision of testing and treatment.

These are the main conclusions of an audit of Global Fund grants to Mali conducted by the Office of the Inspector General (OIG). A report on the audit was released on 20 November. The audit covered the period January 2016 to June 2017.

Mali, a low-income country with a population of 17.6 million, is one of the 25 poorest countries in the world. Due to ongoing civil wars in the northern regions, Mali is designated as a challenging operating environment by the Global Fund, and it operates under the Fund's Additional Safeguard Policy.

There are four active grants to Mali: an HIV grant managed by the UNDP; another HIV grant managed by Plan International; a malaria grant for which the principal recipient (PR) is Populations Services International (PSI); and a TB grant, managed by Catholic Relief Services. Half of the budgets of the grants goes to procurement of medicines.

The table lists the three areas assessed in the audit, and the OIG's ratings and summary comments for each area.

Achievements and good practices

Mali has made good progress in reducing disease burdens, the OIG said. Malaria deaths decreased from 20 per 100,000 in 2010 to less than 10 per 100,000 in 2015. Antiretroviral (ARV) treatment coverage increased from 40% in 2014 to 58% in 2016.

The PRs put in place for the HIV and TB grants after financial irregularities were uncovered in 2010 have generally effective financial management and procurement processes and controls, the OIG stated. This includes advances, bank reconciliations, segregation of duties, automated procurement and payment systems, and approvals on price revisions. The PRs also properly document and archive financial data. *(Editor's note: This area was rated "effective" by the OIG; we cannot remember the last time the OIG handed out an "effective" rating.)*

Table: Mali audit findings at-a-glance

AREA 1: Effectiveness of the supply chain internal control systems and assurance mechanisms to deliver and account for medicines.	**Rating:** Partially effective
OIG comments: The roll-out of automated inventory and logistics information systems, as well as supply and distribution guidelines, have improved the supply chain of drugs. However, recurring stock-outs and data inaccuracies continue to exist, contributing to emergency orders and testing and treatment disruptions. Useful information generated by the automated systems needs to be analyzed and used effectively for pre-empting supply chain issues.	
AREA 2: Effectiveness of the program supervision and other internal controls in providing accurate program data and appropriate services to the patients.	**Rating:** Partially effective.
OIG comments: The assurance and supervision mechanisms have successfully identified the issues of material inconsistences in primary data records and registers, health facilities and treatment center reports, and national disease statistics. However, due to weak follow-up of supervision findings, there is limited effectiveness in rectifying the identified weaknesses. The lack of national codification of HIV patients adds to the risk of data inaccuracies. Treatment facilities for both malaria and HIV exist at all levels, while treatment protocols and guidelines have also been developed and are widely disseminated. However, stock-outs of essential drugs or equipment breakdowns have also resulted in instances of non-adherence to treatment protocols, treatment delays or failure to treat.	
AREA 3: Design of financial controls and assurances in identifying and treating financial issues.	**Rating:** Effective.
OIG comments: Due to the change in grant implementation arrangements and the introduction of additional safeguards after 2010, financial management and procurement processes and controls for both grant recipients are generally effective, with limited operational financial issues identified during the audit, or reported through other assurance arrangements.	

The OIG has a four-tiered rating scheme, as follows: Effective; partially effective; needs significant improvement; ineffective.

Measures are underway to improve the supply chain and the quality of data and services, the OIG stated. New information systems have improved the quality and timeliness of data from health facilities and from the regions, with some gains experienced in reducing stock-outs, drug expiries, treatment disruptions and compliance with treatment guidelines. Sufficient storage capacity, cleanliness and good distribution arrangements generally exist in the supply chain, the OIG said. Also, assurance mechanisms have been generally effective in identifying challenges in programmatic data and quality of services.

Key issues and risks

The audit identified concerns mainly in two areas:

- effective follow-up and remediation are needed to address known data and service quality weaknesses; and
- further improvements are needed in the supply chain.

Data and service quality weaknesses

Material data deficiencies were identified throughout the reporting chain, the audit found, including at the national data level, and in primary health care record and monthly reports from health facilities. Due to the lack of systematic follow-up, the OIG said, supervision visits have limited effectiveness in resolving the identified data issues. The lack of (a) quality assurance on data submissions and (b) a national codification of HIV patients also contributes to data issues.

The OIG said that it had observed cases of malaria treatment without proper testing, cases of HIV treatment without CD4 or viral load testing, and instances of failure to provide treatment because testing could not be performed. Stock-outs of essential health commodities and breakdowns of testing equipment contribute to these gaps, the OIG stated.

The auditors found testing and treatment gaps for both the malaria and HIV programs. For example, in the health facility in Waferma region, 161 cases were treated with artemisinin combination therapy without rapid diagnosis tests or microscopy in February and March 2017. In a health facility in Kolebougou region, on the other hand, patients with fever were not tested or treated.

For HIV, patients from a main hospital which covers 5% of national treatment, and other care centers outside Bamako, could not carry out the CD4 and viral load tests required by the treatment protocol. Furthermore, weaknesses were found in the patient referral system. For example, patients were found to have been referred to the main hospitals, particularly in complicated and emergency cases, with a simple referral letter which did not include relevant and comprehensive patient history.

Agreed management action

The Global Fund Secretariat will work with the PRs and the national programs to develop M&E plans that describe clearly:

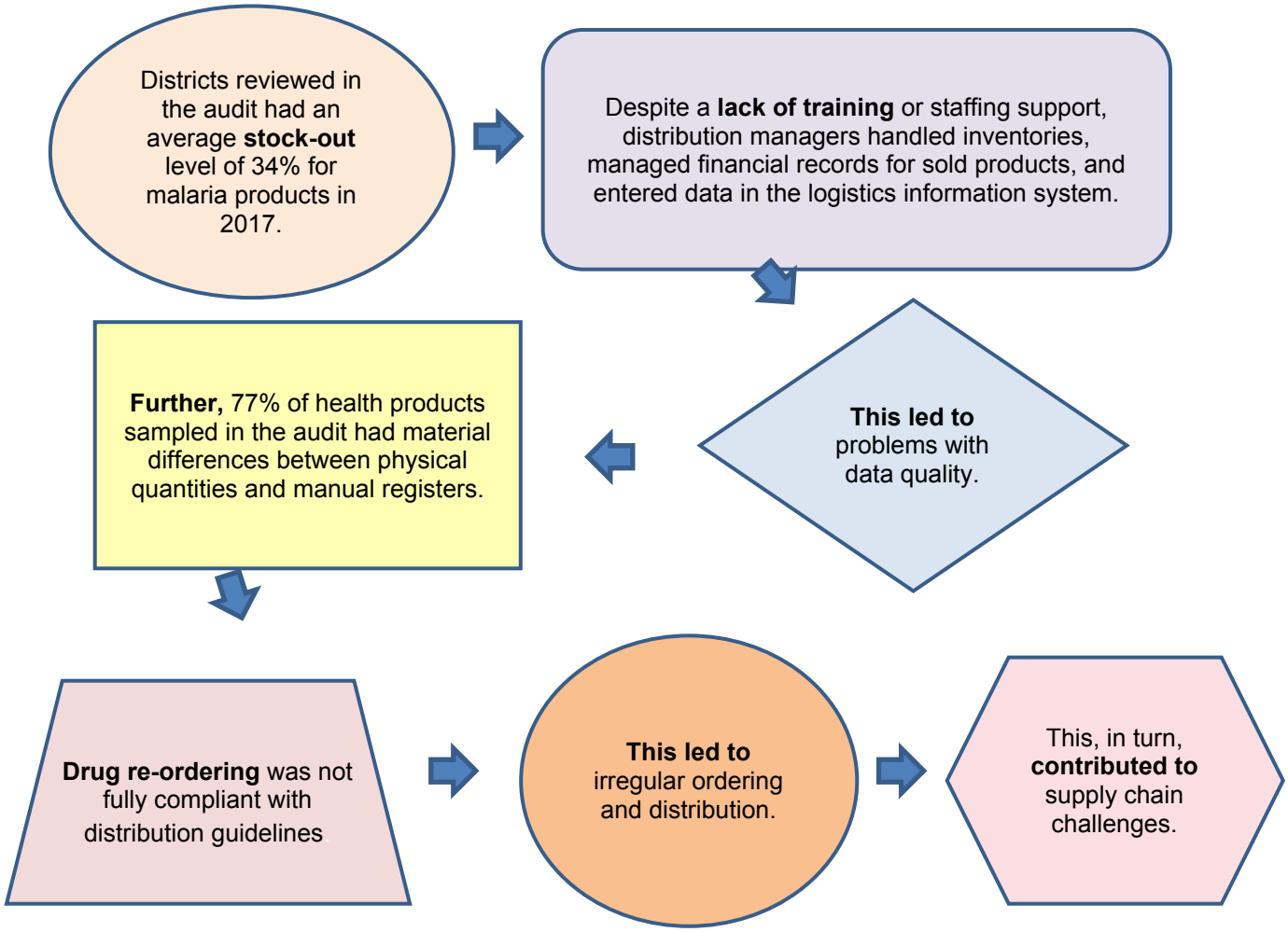
- the data quality assurance processes to be conducted prior to data reporting to next levels;
- the monitoring system that allows for prompt corrective action when data quality issues are identified; and
- the tools for tracking progress against findings and recommendations from supervision and monitoring missions.

Due date: 31January 2019

Supply chain

National quantification and forecasting for HIV drugs should be more systematic, and should include regular meetings with all stakeholders, the OIG stated. "This is necessary to avoid emergency orders of antiretroviral drugs, as noted in 2017, and to include supplies from partners like UNICEF." Furthermore, the OIG said, quantification and inventory management should include all levels, not just the central warehouses, to avoid the risk of health commodity over-stocking or over-budgeting.

(We have used illustrations to summarize some of the OIG's findings in this area:)



The automated inventory and Logistics Management Information System (LMIS), known as OSPSanté, presents a significant opportunity to address many of the issues noted above, the OIG observed. While inventory data for most malaria and some HIV commodities is already available in this system, it is not yet being aggregated into national inventory positions. "Nor is it being analyzed for effective decision-making," the OIG stated. "This could help prevent stock-outs or over-stocking."

Agreed management action

The Secretariat will work with the national programs and development partners to ensure that inventory data for key HIV and malaria drugs is migrated to the new information system, OSPSanté; and that reports generated by OSPSanté on drug consumption, inventory levels and reconciliations with patients on treatment are provided to the HIV and malaria quantification committees, PRs and the HIV monitoring and evaluation technical working groups at national and regional levels.

Due date: 31January 2019

Previously identified issues

An OIG audit of the Mali portfolio started in 2010. However, due to extensive financial irregularities, the audit was canceled and replaced by an investigation. The investigation identified banking fraud, misappropriation of funds, expenditure fraud, procurement irregularities and a lack of oversight. The OIG stated that the issues were largely attributable to weaknesses in the financial management capacities of the national disease programs, which were serving as PRs for the grants. Subsequently, new PRs were engaged, with the national programs continuing to implement the health services while functioning as sub-recipients (SRs). The Global Fund also instituted mitigation measures, such as a zero-cash policy, at the SR level. This has subsequently evolved into low cash use by SRs, the OIG said; under these arrangements, the PRs make most of the payments to suppliers.

GFO provided extensive coverage of these developments (see, for example, here, here and here).

TOP

11. NEWS: Consultation held on TOR for Global Fund multi-country HIV grants in the EECA

RFP expected to be launched in mid-December

David Garmaise 28 November 2017

On 13-14 November 2017, a consultation took place in Minsk, Belarus, co-organized by the Eastern Europe and Central Asia (EECA) team at the Global Fund Secretariat and the UNAIDS Regional Office for EECA, to discuss with regional stakeholders the terms of reference (TOR) for next round of multi-country HIV projects for the EECA region to be financed by the Global Fund.

Representatives of the main regional networks working with key and vulnerable populations as well as representatives of regional NGOs, technical hubs, technical partners and some governmental officials (about 35 people altogether) were invited to take part in the consultation.

Based on the Global Fund Board's decision in November 2016 on the Catalytic Investments for 2017-2019 (see GFO article), $13 million has been made available to address the sustainability of services for key populations in the EECA region. Up to two three-year HIV multi-country grants in the region could be supported. The goal is to accelerate progress on UNAIDS' "Fast-Track – Ending the AIDS Epidemic by 2030" and to ensure the sustainability of HIV services for key populations.

A document entitled "Multi-Country Priority Area Terms of Reference Open" (on file with the author and the GFO editor) was developed by the Secretariat with the support of the UNAIDS Regional office for the EECA, and was published on 25 October 2017 to guide the consultation on the TOR.

According to the draft TOR, the multi-country grants should address some or all of the following areas:

- sustainable financing for HIV services for key populations;
- sustainable access to affordable ARV drugs and other HIV commodities of assured quality;
- reduction of stigma and discrimination of key populations; and
- improving efficiency of service delivery models of HIV services for key populations.

The purpose of the consultation was as follows:

- to understand the scope of work covered by the TOR for the HIV multi-country project(s);
- to discuss problems, activities and products that many EECA countries consider to be the most important and of common interest, and that could be addressed within three years by means of a regional project;

- to outline the minimum requirements for being the principal recipient (PR) of funds for a multi-country project;
- to discuss needs for technical support, if any, to develop a regional project concept note; and
- to provide regional networks with a platform to start strategizing for their potential involvement in the development of the multi-country project(s).

At the beginning of the consultation, the representatives of the Global Fund Secretariat clarified their approach to the process of developing the multi-country applications by stating that it will be a very formal competitive process with no any preference for any PR or key populations or interventions. They said that it will be up to the TRP to decide which one or two of the applications submitted are the most technically sound and responsive to the needs of the region. According to Dumitru Laticevschi, the Global Fund's Regional Manager for the EECA, after this consultation the Secretariat will significantly restrict its communication with potential applicants to ensure a purely competitive tendering process.

Also, according to Vinay Saldanha, UNAIDS Regional Director for the EECA, because it has been involved into the development of the TOR, the UNAIDS Regional office will not be able to provide any technical support to potential applicants for the development of proposals, to avoid any bias.

Additionally, it was clarified by Alexandrina Iovita, representative of the Global Fund Secretariat, that funding from the Fund's Community, Rights and Gender Technical Assistance (CRG-TA) Program will not be available to support the regional dialogue processes.

The consultation was structured around small group discussions on the composition, regional value and measurable indicators for expected results for relevant interventions within each of four programmatic areas in the TOR, with reports back to the full plenary.

A number of participants expressed concern about the proposed deadline for submission of the multi-county applications (7 February 2018). They said that it would be difficult to obtain formal endorsements from CCMs in all of the countries to be covered by the projects, given that most CCMs will probably have only one meeting within this two-and-a-half-month period. Subsequent to the consultation, the Global Fund Secretariat advised that a revised submission deadline of 30 April 2018 had been set.

Another clear message from the civil society participants at the consultation was that technical partners, such as UN agencies, should not become PRs for these grants. The response from the representatives of the Global Fund Secretariat was that U.N. agencies could become the PRs but they cannot be the applicants. Only RCMs and regional organizations can apply for multi-country grants. (In other words, a U.N. agency could become the PR if that is what the applicant proposed.)

Also, there was a request from the participants of the consultation that although there will be a separate multi-county TB grant for the region (in the amount of $5 million) – the TOR for

the HIV project(s) should have a stronger focus on ensuring the sustainability of collaborative TB/HIV services for key populations.

Ana Filipovska, representative of the Secretariat of the Regional Coordination Committee for Eastern and Southern Europe, told Aidspan that "in the multi-country proposal, special attention should be given to countries that are having challenging transitions and that were not eligible for transition funding under the Global Fund's Sustainability, Transition and Co-Financing Policy."

Filipovska added: "Gap funding for services for key populations should be provided in these countries while advocacy and state funding mechanisms are being put in place. Also, it would be great to get an access to the evaluation of the work done by previous EECA regional grants in order to see how work can be improved in this cycle of regional funding."

During the consultation, a position statement from the Coordinating Committee of the Global Fund HIV grant in Russia (on file with the author) was disseminated. It stressed the necessity of including the Russian Federation in the activities of the multi-country HIV grants for the EECA. According to the document, Russia is the "moving force" of the HIV epidemic in the region – in 2016, it was responsible for 81% of new HIV cases in the region compared with 15% for Belarus, Kazakhstan, Moldova, Tajikistan and Ukraine combined. Taking this into account, and given the geopolitical position of Russia, migration flows in the region and other factors, not to address the situation with HIV in Russia when planning the response to the epidemic on the regional level could cancel out all regional efforts to influence the HIV epidemic in neighboring countries. It is up to the applicants to decide whether Russia will be included in their proposals.

It is expected that based on the results of this consultation, the TOR for the multi-country HIV applications in the EECA will be finalized and the Global Fund will be able to launch a request for proposals (RFP) in mid-December.

Funding has also been set aside for similar multi-country HIV initiatives in Latin America and the Caribbean, the Middle East and North Africa, and South-East Asia.

TOP

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12. NEWS: Paper presents options for future selection process for Global Fund Board chair and vice-chair

Board expected to decide at its next meeting in May 2018 whether changes are required

David Garmaise 28 November 2017

A paper prepared for the Global Fund Board meeting on 14-15 November in Geneva outlines options regarding a future process to select the Board chair and vice-chair. The current Board

leadership was selected in May 2017. Because the terms of the chair and vice-chair are for two years, the next Board leadership renewal is scheduled to happen in May 2019.

Board members have expressed some dissatisfaction with the current process. Discussion of the options in the paper will help inform a recommendation by the Ethics and Governance Committee (EGC) to revise the Board leadership selection process for consideration by the Board in May 2018.

The current process calls for the two voting groups, donor and implementer, to separately identify nominations for either the chair or the vice-chair, based on a two-year rotation principle. (In May 2017, the chair was nominated by the implementer group, and the vice-chair was nominated by the donor group. In May 2019, if the same process and the rotation principle were retained, the chair would be someone nominated by the donor group and the vice-chair someone nominated by the implementer group.)

Under the currently process, if more than one candidate is nominated for one or both positions, an election for the relevant position(s) is called involving the full Board. We do not believe this have ever occurred in practice.

The paper puts forward three options:

1. Maintain the existing process with some enhancements.
2. Adopt a hybrid process.
3. Adopt a unified process.

The options are described below.

Existing process with enhancements

Under this process:

- the two voting groups separately identify nominations based on the two-year rotation principle (as at present);
- both voting groups could be requested to codify their respective selection processes, voting procedures and contingency measures (new);
- the Ethics Officer conducts due diligence on leading candidates nominated by the two groups with the assistance of an executive search firm (new); and
- if more than one candidate is nominated for one or both positions, an election for the relevant position(s) is called involving the full Board (as at present).

Hybrid process

Under this process:

- the two voting groups separately nominate candidates based on the two-year rotation principle – each group identifies three nominees for either chair or vice-chair;

- if a group does not nominate three candidates, an executive search firm may put forth names to the group for its endorsement to reach the required number of nominees;
- the EGC or the nomination committee reviews credentials of the six nominated candidates and conducts enhanced due diligence;
- with support of the Ethics Officer, the EGC or the nomination committee presents a final slate of two candidates based on pre-defined criteria – such as governance and leadership experience, involvement with multi-stakeholder initiatives, diversity and gender balance, and complementarity; and
- the Board votes to appoint the final slate of nominated candidates.

Unified process

Under this process:

- A single ad hoc nomination committee is established to identify, review and vet top candidates for chair and vice-chair (with the assistance of an executive search firm);
- the nomination committee seeks to ensure rotation between both voting groups for the positions of chair and vice-chair;
- the nomination committee, the Ethics Officer and an executive search firm undertake enhanced due diligence on the final roster of candidates;
- the nomination committee presents a final slate of Board chair and vice-chair candidates to the Board for appointment.

Board members had an opportunity to comment on the options at a session during the pre-day portion of the Board meeting on 13 November. The next steps are as follows:

December 2017-January 2018: consultations and analysis of the implications of the proposed options, allowing opportunity for additional constituency input and guidance as the options are refined.

March 2018: EGC considers final proposal for recommendation to the Board.

May 2018: Board decision to implement changes (if a decision is required), at the 39th Board Meeting.

November 2018: Call for nominations for positions of chair and vice-chair is launched at the 40th Board meeting.

May 2019: Appointment of the next chair and vice-chair at the 41st Board meeting.

Board Document GF-B38-22 (Strengthening the Board Leadership Selection Process) should be available shortly at www.theglobalfund.org/en/board/meetings/38.

TOP

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GFO Newsletter is now available in English and French.

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TOP