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Global Fund Observer

NEWSLETTER

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GFO is an independent newsletter about the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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3. Reactions to World Malaria Report 2018 underscore need to ramp up malaria response

BY ADÈLE SULCAS

The publication in November of the World Health Organization's 2018 World Malaria Report delivered the bracing message that malaria is, in some regions, on the rise, and that the epidemic is increasingly concentrating in a small number of countries that are also waging other major health and development battles (Ebola among them). This short article points to a small range of responses to the WHO report, from Health Policy Watch, Devex, the Lancet, and the Global Fund itself - a companion piece to the article in this GFO on WHO's launch of a new malaria 'response' to the report's findings.

4. OIG Investigation of key HIV behavioural survey in Guinea finds falsified data and costs

BY ADÈLE SULCAS

A Guinean NGO contracted by a Global Fund HIV grant Principal Recipient was found to have falsified survey participants and responses, as well as blood test and HIV prevalence data. The implications are far-reaching – the type of survey that was falsified (an Integrated Biological and Behavioural Surveillance survey, for 2015) is frequently used across the Global Fund portfolio to inform the design and implementation of effective HIV programs, and to measure results. The OIG's report states that the falsification of the data misrepresented the grant-funded program's progress. The OIG proposes that the Secretariat seek recovery of $114,366 in non-compliant expenditures (the total value of the contract to SIDALERTE, the NGO).

5. Guinea's Global Fund grant implementation yields challenges and lessons

BY DJESIKA AMENDAH

Guinea has faced several significant challenges in implementing its Global Fund grants. Some challenges were inherent to the Global Fund grant policy implementation. Others were related to the country's political and epidemiological contexts. As a low-income country with a weak health system, Guinea needs to spend its co-financing funds optimally. Solutions to most challenges require stronger country ownership and an investment in health systems.

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BY DAVID GARMAISE

As of 31 August 2018, overdue agreed management actions were at their lowest level since the Office of the Inspector General started systematically tracking and reporting on the implementation of AMAs in 2014. This information is contained in a progress report prepared for the Board by the OIG and the Secretariat. All AMAs related to three areas – CCM processes, grant closure and risk management – have been closed.

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BY ADÈLE SULCAS

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BY ARLETTE CAMPBELL WHITE

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9. Of the $98 million in country grants approved by Global Fund Board from 2017-2019 allocations, Latin America and Caribbean receive $57 million

BY DAVID GARMAISE

Of the $98 million approved by the Global Fund Board on 12 November 2018 for 14 country grants from 13 countries, $57.8 million went to countries in the Latin America and Caribbean region. This article repeats some of the overall grant approval information discussed in the first article on grant approvals in this issue, summarizes the LAC grants, and gives some detail on the Grant Approval Committee's comments about the new grants for Belize, El Salvador, Panama and Paraguay.

10. Holiday purchases can support HIV/AIDS programmes and organisations, including Global Fund

BY AIDSPAN STAFF

Aidspan is passing on to our readers some information about holiday purchases that can support HIV/AIDS awareness, programmes, and organisations. We make special mention of Product (RED), the ground-breaking private-sector partnership with the Global Fund that has raised more than $500 million so far for Global Fund grants through consumer purchases.

11. Happy holidays from Aidspan and the Global Fund Observer

BY AIDSPAN STAFF

We wish all our readers and supporters season's greetings, with our last Global Fund Observer for 2018. Our next issue will be published on January 16, 2019.

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ARTICLES:

1. Global Fund Board approves another $98 million in country grants from the 2017–2019 allocations

$13 million for multi-country grants also approved

David Garmaise **7 December 2018**

On 12 November 2018, through electronic voting, the Global Fund Board approved $98.0 million in funding for 14 country grants from 13 countries. Of the 14 grants, four were for TB; three TB/HIV; three HIV; three malaria; and one TB/RSSH.

By Aidspan's count, this was the 14th batch of approvals from the 2017–2019 allocations. The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). Interventions totaling $3.5 million were added to the Unfunded Quality Demand (UQD) Register. Domestic commitments to the programs represented by the approved grants amounted to $714.4 million. (See Table 1.)

Table 1: Country grants approved from the 2017–2019 allocations (Batch 14)

Applicant	Com-ponent	Grant name	Principal recipient	Amount approved ($)	UQD ($)	Domestic commitment ($)
Belarus	TB/HIV	BLR-C-RSPCMT	RSPCMT	15,840,452	N/A	263,600,000
Belize	TB/HIV	BLZ-C-UNDP	UNDP	1,916,278	590,000	6,870,590
Bolivia	HIV	BOL-H-HIVOS	HIVOS	9,175,449	155,808	44,593,562
	Malaria	BOL-M-UNDP	UNDP	3,807,860	709,743	8,858,017
Botswana	Malaria	BWA-M-BMOH	Ministry of Health	1,278,500	N/A	40,943,791
El Salvador	HIV	SLV-H-MOH	Ministry of Health	27,481,816	N/A	147,041,223
Guatemala	Malaria	GTM-M-MSPAS	INCAP	5,582,629	N/A	18,228,483
Guyana	TB	GUY-T-MOH	Ministry of Health	499,495	N/A	1,704,237
Montenegro	HIV	MNE-H-MOH	Ministry of Health	630,565	459,673	441,558
Nicaragua	TB	NIC-T-INSS	INSS	4,129,716	N/A	18,507,146
Niger	TB/RSSH	NER-T-MSP	Ministry of Health	19,414,760	N/A	4,753,221
Panama	TB/HIV	PAN-C-UNDP	UNDP	2,265,891	376,500	138,959,775
Paraguay	TB	PRY-T-AV	Altervida	2,915,321	1,228,274	14,469,910
Sri Lanka	TB	LKA-T-MOH	Ministry of Health	3,024,073	N/A	5,430,890
			Totals	**97,962,805**	**3,519,998**	**714,402,403**

Notes:

1. *RSPCMT = "Republican Scientific and Practical Center for Medical Technologies, Informatization, Administration and Management of Health."*
2. *INSS = Instituto Nicaragüense de Seguridad Social*
3. *The links in Column 3 are to the individual grant pages on the Global Fund's website. Where no link is shown, it is because a new grant, often with a new principal recipient, is being established and the grant page has not been set up yet.*
4. *Amounts approved shown represent upper ceilings.*
5. *The domestic commitments shown are for the disease programs and exclude RSSH.*
6. *For grants denominated in euros (Montenegro HIV and Niger TB/RSSH), a conversion rate of 1 euro = 1.1322 US dollars was used.*

The Board also approved $12.5 million in funding from the 2017–2019 allocations for two multi-country grants. Interventions from these grants totaling $4.4 million were added to the UQD Register (see Table 2).

Table 2: Multi-country grants approved from the 2017–2019 allocations (Batch 14)

Applicant	Grant name	Principal recipient	Amount approved ($)	UQD ($)
HIV MENA IHAA	QMZ-H-IHAA	IHAA	7,499,577	903,390
TB Asia UNDP	QMZ-T-UNDP	UNDP	5,000,000	3,525,000
		Totals	**12,499,577**	**4,428,390**

Note: IHAA = International HIV/AIDS Alliance

Finally, the Board approved additional funding of $13.6 million for a Rwanda malaria grant to fund interventions from the UQD Register (see Table 3). The funds for this award come from a portfolio optimization exercise that was carried out for the 2017–2019 allocation cycle. In October 2018, the Board approved funding for the first two sets of interventions from the UQD Register (see GFO article).

Table 3: Additional UQD interventions for 2017–2019 funded using portfolio optimization

Applicant	Comp.	Grant name	Principal recipient	Amount approved ($)	Revised program budget ($)
Rwanda	Malaria	RWA-M-MOH	Ministry of Health	13,626,690	55,086,045

The GAC report did not say precisely which interventions for Rwanda malaria on the UQD register were being funded. On the version of the register dated 26 October 2018, there are five interventions shown for Rwanda malaria, totaling almost $19.4 million. The largest intervention, at $19.0 million, is for indoor residual spraying (IRS). It appears, therefore, that most, if not all, of the $13.6 million awarded through portfolio optimization was for IRS programming.

As is customary, the approved funding is subject to availability of funding and will be committed in annual tranches.

The process of awarding funding from the 2017–2019 allocations is slowly starting to wind down. With respect to funding requests, Lindsay Smith, spokesperson for Access to Funding at the Secretariat, told Aidspan that at the end of Window 6, there were nine requests yet to be submitted. One has already been remotely reviewed and another was scheduled to be reviewed before the end of November. That leaves seven funding requests to be reviewed in 2019.

Smith estimated that the total number of grants for this allocation cycle will be about 350. About 250 grants have already been approved and the GAC is expected to recommend another 20 grants in the next two months. Smith said that there is still about $1.0 billion worth of grants in grant-making.

GAC comments on individual country funding requests

The GAC provided comments on selected grants.

In this article, we summarize the GAC's comments for Montenegro HIV and Niger TB/RSSH. In another article in this issue (see 9 below), we summarize the GAC's comments for Belize TB/HIV, El Salvador HIV, Panama TB/HIV, and Paraguay TB.

(The GAC did not provide comments on the two multi-country funding requests.)

Montenegro HIV

Montenegro's last HIV grant dated from Round 9 and ended in June 2015. This component has become eligible again due to high prevalence rates among men who have sex with men (MSM), recently estimated at 12.5%.

According to the GAC, when the Round 9 grant ended, responsibility for HIV treatment and prevention services was transferred to the government. Some services were scaled up. The fund portfolio manager for Montenegro, Gyongyver Jakab, told Aidspan that the number of patients on opioid substitution therapy (OST) doubled, thereby allowing Montenegro to eliminate its OST waiting list.

However, Jakab said, government funding for services to key populations did not materialize until 2017, which led to service gaps in 2015 and 2016.

Given these gaps, Montenegro's 2017–2019 allocation letter said that the country's funding request "should be focused on prevention, care and support activities for key affected populations" and that the allocation is dependent on the development of a social contracting mechanism through which the government and the Global Fund will finance HIV prevention, care and support activities.

Jakab told Aidspan that with support from the Global Fund, Open Society Foundation (OSF) and the UNDP, Montenegro completed the development of selection and contracting procedures and launched its first open call for proposals for NGOs in January 2018. "With this development," Jakab said. "Montenegro became one of the first transition countries to allocate government financing to key population services and to disburse it through a national NGO contracting mechanism."

In its report to the Board, the GAC said the new grant is designed to maximize the investments from Global Fund financing and will focus on three areas (as they relate to services for key populations):

- Maximizing the additionality of Global Fund financing;
- Aligning to national systems and processes; and
- Shifting to a service-provider approach.

Below, we look at each of these areas in turn.

> **Additionality.** Even though Montenegro's allocation is limited, using a basic package of prevention services the country is aiming to reach 43% of MSM, 63% of female sex workers and 75% of people who inject drugs. In addition, Montenegro expects to administer an HIV test for 80% of the clients it reaches with preventive services. "This

maximum use of a limited investment is possible because 100% of grant funds will be directed towards service delivery, with minimum management and operational costs," the GAC said.

National systems and processes. Funds for services to key populations from the grant and from the government will be jointly distributed through the new NGO contracting mechanism and will be managed by the National AIDS Program, *without parallel procedures or structures required* [GFO's emphasis].

Service-provider approach. Montenegro has decided to shift away from input-based budgeting towards basing the resource distribution of the national response on the unit costs per client reached. According to the GAC, this approach has several benefits. First, it enables Montenegro to better link resources to targets and to focus on results. Second, it allows the country to transition from grant-based support towards procuring health services delivered by NGOs. Finally, it allows for simplified reporting to the Global Fund.

Jakab provided Aidspan with the following additional information on this unit-cost approach:

> "The unit cost takes into account the average cost of the packages delivered to each client, the average amount of time each client spends with medical and outreach workers on each contact, as well as the operational and project management costs. Although the unit cost is based on averages, it was designed to differentiate between the different service delivery models (e.g. mobile units vs drop-in-centers), as well as the different types of needs of the clients. This approach aims to establish a closer link between targets and funding, to focus on results, and to identify efficiencies, particularly in the area of administrative and project management costs."

The GAC said that Montenegro HIV is a good example of how grants receiving limited funding can be designed to achieve maximum impact. It added that lessons drawn from this grant could also be applicable to other grants receiving a final allocation or planning to transition away from Global Fund financing.

Despite this statement, the grant to Montenegro is not a transition grant. Jakab told Aidspan that since Montenegro HIV is expected to remain eligible for Global Fund support because of the high prevalence among MSM, Montenegro chose to submit a national strategy pilot (NSP) funding request instead of a transition request. However, Jakab said, because of the service gaps, the grant focuses exclusively on services to key populations (and not on other parts of the NSP).

Niger TB/RSSH

The Niger TB/RSSH grant has three goals: (1) reduce the TB incidence rate per 100,000 from 92 in 2016 to 78 in 2021; (b) reduce the TB mortality rate per 100,000 from 20 in 2016 to 15 in 2021; and (3) strengthen the demand and offer of quality health services.

To meet its co-financing commitments, the government needs to invest an additional €5.6 million in 2018–2020. Niger's government has in fact committed to investing several times that amount (€29.6 million).

However, the GAC said that Niger's multifaceted humanitarian crisis (the humanitarian information source ReliefWeb said that Niger continues to grapple with insecurity, climatic shocks, extreme poverty and lack of basic services and infrastructure) has constrained the government's capacity to mobilize internal resources and has undermined budget execution in 2015 and 2016. "Despite the positive economic outlook, as the humanitarian crisis continues, it is anticipated that resources will be stretched and that the sustainability of health financing and the government commitment to co-financing will face significant constraints," the GAC said.

Consequently, the Secretariat will work with the government to put in place mitigation measures regarding the co-financing commitment.

The GAC noted that although the PRs for the TB/RSSH grant have always been international NGOs, the new grant will be implemented by the Ministry of Health. While this represents an opportunity to foster leadership, ownership and accountability, the GAC said, "it might also present some risks, including weaker financial management capacity and a potential slower launch of grant activities."

The GAC called for robust mitigation measures to be maintained to prevent mismanagement and misuse of funds, including the use of a fiscal agent who is already supporting the other grants in Niger In addition to supporting PRs and SRs in strengthening financial controls (by ensuring the integrity of financial documents in their offices, for example), the fiscal agent will also support capacity building on program planning, management and monitoring.

Technical partners on the GAC noted challenges around the supply chain which were highlighted in the 3 September 2018 audit report of Niger's grants by the Office of the Inspector General. (See GFO article on the audit.) Technical assistance was put in place to support activities in this sector and will be maintained, the GAC said.

Extensions approved

The GAC said that to prevent program disruptions during grant-making, six-month extensions were granted for four grants: Armenia HIV (two grants), Guatemala malaria, and Elimination 8 (a multi-country malaria initiative). In all cases except Guatemala malaria, some additional funding was awarded. This funding was taken from the 2017–2019 allocations for the applicants involved.

In GFO 325, Aidspan reported on the 12th and 13th batches of grant approvals. That same article listed the grants approved in the 10th and 11th batches. Aidspan reported on the ninth batch of grant approvals here. That article contains links to the GFO articles on the first eight batches.

Most of the information for this article was taken from Board Document GF-B39-ER16 ("Electronic Report to the Board: Report of the Secretariat's Grant Approvals Committee"), undated. This document is not available on the Global Fund website.

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2. World Health Organization launches new 'country-led' malaria response

Following annual malaria report and news of stalled reductions in incidence, 'High Burden to High Impact' initiative in 11 countries is launched

Charlie Baran **10 December 2018**

After years of historic progress, the battle against malaria is stalling. There were an estimated 219 million cases in 2017, up from 217 million the year before. That was the top finding of the World Malaria Report 2018, which was released by the World Health Organization (WHO) and partners, including the Global Fund, on 19 November. (See article in this issue for other perspectives on the report.)

In addition to that sobering trend, the report highlights that more than two-thirds of all malaria cases worldwide last year were concentrated in India and ten African countries: Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and Tanzania.

"We have made extraordinary progress in the fight against malaria, but without more resources, greater innovation and better execution we risk a resurgence in the highest burden countries," said Peter Sands, Executive Director of the Global Fund.

Following from these findings, WHO's new 'High Burden to High Impact' response was launched simultaneously with the 2018 report. The response will target the eleven high-burden countries with a multi-pronged approach intended to stimulate greater action and investment, leading to better outcomes in the short and longer term.

The response is outlined in a brief document from WHO, which is heavy on aspirations and buzzwords, but remains light on tangible details.

The core of the response is a set of four "key elements" or "pillars," as described by WHO:

- Galvanizing national and global political attention to reduce malaria deaths;
- Driving impact through the strategic use of information;
- Establishing best global guidance, policies and strategies suitable for all malaria-endemic countries; and
- Implementing a coordinated country response.

In addition to the key elements, "High Burden to High Impact" is guided by four principles, as described by WHO:

- Country-owned, country-led, and aligned with the Global Technical Strategy for Malaria 2016-2030 (GTS), the health-related Sustainable Development Goals, national health goals, strategies and priorities;
- Focused on high-burden settings;
- Able to demonstrate impact;
- Characterized by packages of malaria interventions, with a foundation in primary health care.

The WHO-published materials about the response describe it as "country-led," but there is little in the way of demonstrated country leadership in the currently available literature. In fact, all of the quotes printed in the materials come from WHO and the RBM Partnership to End Malaria leadership, who sit in Geneva. And the most defined example of how countries will lead, in the WHO announcement of the response, is a short section on the importance of domestic financing, which does not reference any specific commitments yet made.

As for the practicalities of the WHO malaria response for Global Fund grants in the eleven countries, it remains to be fully understood how the response will be operationalized. There does not appear to be any funding associated with the response, nor are there many publicly available details on the specific mechanisms through which the key elements will be approached.

One area of interest to Global Fund recipient countries and CCMs is that there is an expectation that grant flexibilities will be leveraged as part of the response. Dr. Scott Filler, Malaria Team Leader for the Technical Advice and Partnerships Department at the Global Fund Secretariat, commented: "As the 'new approach' leverages data for better targeting and decision making, this will necessitate changes to programming – our Global Fund systems remain ready and flexible to implement and support any such perturbations to current strategies."

In terms of what would be considered success for the approach, that is vaguely defined as well. The attainment of the GTS targets is held up as the primary measure of success. However, there are secondary measures of success, according to the WHO document. These include, "the more efficient and effective use of resources," leading to increased domestic commitments to malaria over time, and "better malaria control," which will yield, "demographic, social and economic benefits." There is no specified method for assessing these secondary measures, based on the available literature reviewed by GFO.

Countries with malaria burdens that are not included in the 11 target countries defined for this response should keep an eye on the program, as the WHO describes this first group of 11 countries as "trailblazers." Accordingly, the lessons learned there will be applied, "in due course, to all countries with high transmission of the disease."

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3. Reactions to World Malaria Report 2018 underscore need to ramp up malaria response

Progress stalled overall, and high-burden countries losing ground

Adèle Sulcas **10 December 2018**

This year's World Malaria Report delivered a sobering message to the global health community: confirmation that progress in the fight against malaria has stalled, with global malaria cases at around the same level as last year. While many countries are moving quickly towards elimination, "those carrying the highest burden of the disease are losing ground," a WHO video about the report says.

The report was launched by WHO on 19 November in Maputo, Mozambique, one of the 11 countries identified as bearing around 70% of the global malaria burden.

After years of encouraging results in the global fight against malaria, with global malaria death rates having dropped by 60% since 2000 (the Global Fund calls it "one of the biggest public health successes of the 21st century), the news that gains have, in some places, started to recede has been met with concern. WHO's Director-General, Dr Tedros Adhanom Ghebreyesus said, in the report, that the disproportionate disease burden carried by several countries, and the inadequate level of investment in malaria control remain particularly worrying.

Of the $3.1 billion in funding for malaria control and elimination in 2017, the Global Fund provided $1.36 billion (44%), and is the largest source of funding for many of the 11 highest-burden countries. PEPFAR provided $1.2 billion (39%), and $900 million came from domestic investments from governments of malaria-endemic countries.

In order to reach the 2030 global health goals, the global malaria response must double by 2020, WHO's press release for the report launch said.

Some countries have reported impressive progress, including India, Ethiopia, Rwanda and Pakistan, each reporting reductions in the number of malaria deaths between 2016 and 2017. Though their respective approaches have differed, said Dr Pedro Alonso, director of WHO's Global Malaria Program at a press briefing just before the report's launch, the common denominator in their success has been effective political leadership galvanizing country-led responses.

Others' coverage of the launch of the World Malaria Report:

Health Policy Watch – "WHO Reports Malaria Progress Stalled, Announces New Country-Led Response"

"A World Health Organization report released [today] has found that global malaria cases are around the same level as last year, confirming that progress to address the disease has stalled. Rates of malaria are up in high-burden countries, while rates have decreased in other countries due to country-led efforts, the report found. To bring progress back on track to meet global targets, the WHO and partners today announced a new response led by high-burden countries to scale up malaria prevention and treatment."

Read more…

Devex - World Malaria Report 2018: 3 critical questions

"The number of people affected by malaria increased slightly in 2017, a global report has shown, as progress against the disease stalled amid a scaling-down of significant investments. There were 219 million cases of malaria in 2017, up from 217 million in 2016, according to the "World Malaria Report" released Tuesday by the World Health Organization. It added that 11 countries carry 70 percent of the global burden. Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda, Tanzania, and India will now be targeted by a WHO campaign.

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The Lancet (Comment by Dr Tedros) - Countries must steer new response to turn the malaria tide

"An alarm bell is ringing around the world today: for the second straight year, there is a flatlining of what had been a steady decline in the global malaria epidemic. From 2000 to 2015, the malaria control community had grown accustomed to celebrating the annual reported reduction in cases and deaths. Millions of lives were saved through use of vector control measures, diagnosis, and treatment. Exorbitant health-care costs for many people were averted. Children could attend school instead of a health facility. Breadwinners could keep providing for families. But in the past 2 years, there has been a worrying halt in progress, especially in the highest-burden countries. Both the reduction in cases and levels of investment in treatment and innovations have stalled."

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The Global Fund – 'More Efforts, Funding, to end Malaria'

"The Global Fund joined partners at the launch of the World Malaria Report 2018 with a call to increase investments and renew efforts to accelerate progress in the fight against malaria in high burden countries."

Read more…

Further reading:

- World Health Organization's World Malaria Report 2018
- WHO's announcement of the country-led malaria response
- Article in this edition of the GFO on the new malaria response

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4. OIG Investigation of key HIV behavioural survey in Guinea finds falsified data and costs

Serious data quality and integrity issues also highlighted - reported HIV prevalence rates found to be lower than actual rates

Adèle Sulcas **6 December 2018**

In an investigation of a Global Fund HIV grant to Guinea, the Office of the Inspector General (OIG) has found that in 2015, a local NGO called SIDALERTE falsified survey data and survey costs, which misrepresented the programme's progress.

The OIG's investigation report was made public on 30 October 2018.

The total value of SIDALERTE's contract, $114,366, is the amount the OIG proposes the Global Fund recover in non-compliant expenditures – but the implications of the data falsification reach beyond the financial costs.

SIDALERTE was contracted in 2015 by Guinea's National AIDS Council (Comité National de Lutte contre le SIDA; CNLS), the Principal Recipient of an HIV grant that ended in June 2018, to conduct an Integrated Biological and Behavioural Surveillance (IBBS) survey. The survey was intended to update core HIV behavior and prevalence indicators among at-risk population groups, and to provide an information base for the mid-term evaluation of Guinea's 2013-2017 national AIDS strategic framework.

The investigation found that about one quarter (2,306 of the survey's 9,740 participants, or 23.7%) were fictitious, and had been created to cover region-specific gaps in numbers of survey participants and HIV tests that fell short of targets. (The technical oversight team cited the then-ongoing Ebola crisis as having hindered survey participation rates.) The 2015 IBBS surveyed individuals from eight at-risk groups: youth, miners, men in uniform, female sex workers, prisoners, fishermen, truck drivers, and TB patients. The replications were highest in the miners and youth groups – 48% and 38% respectively.

The falsified data were created by replicating the demographic characteristics and survey responses of 1,176 other (real) participants, and the numbers of blood tests inflated by more than 50%.

Non-compliant expenditures totalled $114,366, which represents the full value of the SIDALERTE contract. The OIG proposes that the Secretariat seek recovery of the entire amount.

An important, less tangible finding of the OIG's that is understated in the report's top-line summary is that the investigation "also found substantial issues with data quality". For 83% of the survey questionnaires analyzed, the OIG could not match response data to participant responses in the survey's database. Reported HIV prevalence rates did not reflect (nor could be linked to) the prevalence results recorded by the laboratory technicians who had conducted the HIV tests. In addition, the accuracy of the initial HIV rapid test results had not been independently validated, though this had been planned and budgeted for.

Origins of the OIG investigation

The wrongdoing began in May 2015, but the OIG was only alerted to it in February 2017, when the Secretariat signaled to the OIG the possibility of fraud by SIDALERTE. The NGO filed a claim for reimbursement of some line items from the budget for the 2015 IBBS. During 2017, the OIG conducted two missions to Guinea, obtaining copies of the IBBS database of survey participants and responses, as well as copies of "a large sample" of the hard-copy questionnaires from the field, lab technicians' HIV test registers, and financial and other records.

Main findings

The OIG identified five main findings in this investigation – in brief:

1. A quarter of the survey's recorded participants were fictitious, and were exact replications of other survey participants' characteristics and responses. The total of 9,740 individuals.
2. Survey participants reported demographics and survey responses could not be matched to the underlying questionnaires.
3. SIDALERTE inflated the reported number of blood samples collected and tested for HIV by over 50% overall, and falsified the reported HIV prevalence rates (the reported rates were not supported by the underlying HIV test evidence at the laboratory level); the actual prevalence rates recorded in the laboratory test registers were higher than reported for seven of the eight target groups in the survey, and more than twice as high for four of the groups. In addition, independent quality assurance blood tests that had been budgeted for had not been performed.
4. SIDALERTE submitted falsified documents with inflated amounts in support of survey expenses paid (AMA 1 and 2 relate to this finding).
5. The Principal Recipient did not provide adequate oversight activities (AMAs 3, 4 and 5 relate to this finding).

Types of wrongdoing, and agreed management actions

The report identifies "fraud" as the single type of wrongdoing found in this investigation.

Based on the report findings, the Secretariat will ensure the carrying out of five agreed management actions, summarized below. (For a full table of AMAs, please see page 17 of the OIG report.)

Agreed Management action	Target date
1. The full amount of the SIDALERTE contract, $114,366, be recovered (the entire contract amount is considered non-compliant).	30 September 2019
2. SIDALERTE is considered for sanctions; it and its principals are prevented from future participation as a supplier in Global Fund-financed programs.	31 March 2019
3. Guinea's Country Coordinating Mechanism and in-country partners are informed of the investigations' findings and nullify the 2015 IBBS results.	30 November 2018
4. Secretariat will retain an appropriate service provider to conduct a review of the Guinea 2017 IBBS recently conducted by an international NGO, to provide assurance of the survey's integrity and accuracy.	31 March 2019
5. Secretariat will develop operational guidance describing policy and guidance for IBBS and similar surveys, to ensure accuracy and address potential risks.	31 March 2019

(See the full table of AMAs on page 17 of the OIG report.)

Country context

The Global Fund has signed more than $330 million in grants to Guinea, and has disbursed $214 million, since 2003. At the moment there are three active Global fund grants in the country (see Table below) with a total value of $199.4 million. Two of these grants, an HIV and a TB-HIV grant, were signed in 2018.

The 2015 IBBS survey which was the focus of this investigation was financed from a grant that was active from 2012 and closed in June 2018 (GIN-H-CNLS).

Guinea is a 'core' Global Fund country, and is also designated a Challenging Operating Environment, and has an Additional Safeguard Policy. With a population of 12.6 million people, 55% of whom live below the poverty line, Guinea is ranked 183 out of 188 countries in the UNDP human development index report.

Table 1: Guinea's active Global Fund grants in 2018

Principal Recipient	Grant component	Grant	Signed amount (US$)
Ministry of Public Health	HIV	GIN-H-MOH	33,573,749
Plan International	TB/HIV	GIN-C-PLAN	14,550,605
Catholic Relief Services	Malaria	GIN-M-CRS	151,257,623
Total			**199, 381,977**

Previously identified issues

The OIG has previously published one other investigation report concerning Guinea, in March 2015. That investigation had uncovered "serious misappropriation and fraud" concerning 22 of 26 sub-sub-recipients that had been working on Global Fund HIV programs in the country between 2008 and 2010. The investigation uncovered a total of $416,183 in misappropriated or unsupported non-compliant expenditures.

In 2010, the Secretariat stopped using the sub-sub-recipients who had been implicated. In 2012, the Secretariat invoked the Additional Safeguard Policy, and in 2014, appointed the National AIDS Council (Conseil National de Lutte contre le SIDA) as PR, to replace the Ministry of Health.

In 2017, the OIG conducted an audit of grants to Guinea. The report was published on 25 August 2017.

Global Fund Response

Asked for comment on this OIG investigation report into the HIV data falsification issue, Global Fund Director of Communications Seth Faison told Aidspan, via email: "We take this issue extremely seriously. The Global Fund is increasingly attuned to the importance of data integrity and data quality, essential building blocks of working effectively in global health. We are actively strengthening our work on data, and we will continue to be on the lookout for any obstacles."

The full report of the OIG investigation into data falsification within Guinea's Global Fund-supported HIV grant is accessible on the Global Fund website, as well as the March 2015 OIG Investigation report, and the 2017 OIG audit report.

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TOP

5. Guinea's Global Fund grant implementation yields challenges and lessons

Program integration, and strengthening supply chain, infrastructure, and logistics must be prioritized

Djesika Amendah **10 December 2018**

Guinea, a West African country of about 12 million people, faces several serious challenges in implementing its Global Fund grants. Some challenges have been related to the country's political and epidemiological contexts. Others are related to the implementation of some Global Fund policies in the country. Guinea is a 'core' country in the Global Fund classification, characterized by a large portfolio, a high disease burden for at least one disease, and is considered 'high risk' for grant management.

The HIV epidemic in Guinea is generalized but still at relatively low prevalence (HIV prevalence in the general population of 15 to 49 years old is 1.5%), in keeping with its neighboring countries where the prevalence ranges from 0.4% in Senegal to 3.4% in Guinea Bissau. Although the country does not figure in any list of high-burden countries for tuberculosis, TB incidence remains a major public health threat, and malaria is endemic.

Predictably, HIV prevalence is higher among the key populations of sex workers (10.7%), men who have sex with men (11.4%), and people who inject drugs (5.5%). TB incidence was 22,000 cases according to the 2018 Global TB report published by World Health Organization database. Malaria is widespread in Guinea: a recent household survey estimated that 30% of children under five had malaria parasites in their blood. This finding means that the children are infected though they might be asymptomatic. In clinical practice, those children should receive treatment otherwise they might progress to full clinical presentation of malaria disease. Thus, it is not surprising that among children under five, malaria accounts for 31% of outpatient visits, 25% of inpatient admissions, and 14% of hospital deaths in public facilities.

Estimates for malaria among the general population are close to those of children; malaria is the primary cause of 34% of outpatient visits, 31% of inpatient admissions and 14% of hospital deaths in public facilities, according to the President's Malaria Initiative, citing the National statistics in Guinea.

These estimates exclude malaria cases treated in private facilities or in the community. It is in that epidemiological context that Guinea has applied for Global Fund grants for the three diseases for the period 2017-2020.

This article aims to analyze challenges in grant implementation in Guinea, and identify lessons learned - or issues missed – by stakeholders. Information for this article comes from publicly available documents (see list at the end of this article), including the grant funding requests and grant performance, the Office of Inspector General (OIG) August 2017 audit report on Guinea, as well as interviews with officials in Guinea and with the Global Fund Portfolio Manager.

Global Fund and other partners' investments in Guinea

Guinea receives support from the Global Fund as well as other external partners to fight the three diseases. To date, the Global Fund has disbursed $114,711,999 for malaria, $87,157,784 for HIV, $16,289,030 for TB and $2,552,108 for HIV/TB according the Global Fund's country website page on Guinea. Disbursements to Guinea amount to a total of $220,868,633.

In the 2015-2017 implementation period, the Global Fund committed $113,563,396 to Guinea, out of which $93,179,148 was disbursed (Table 1). Catholic Relief Services, as Principal Recipient for the malaria grant, managed $45,612,251; Two PRs managed the HIV grants totaling $38,169,376; Population Services International (PSI), in charge of prevention, managed $6,438,817 while the Comité National de Lutte contre le Sida managed $31,730,559.

Table 1: Characteristics of grants to Guinea for the current and previous implementation periods

Implementation Period	Component	Principal Recipient	Signed $	Committed $	Disbursed $
Current 2018-2020	HIV / TB	Plan International, Inc.	14,550,605	6,302,624	2,552,108
Current 2018-2020	HIV/ AIDS	The Ministry of Public Health	33,573,749	12,235,253	5,318,835
1er Oct 2015 to 31 Dec 2017	HIV/ AIDS	Population Services International	14,071,558	11,286,991	6,438,817
1er Oct 2015 to 31 Dec 2017	HIV/ AIDS	Comité National de Lutte contre le Sida	46,774,989	40,595,710	31,730,559
1 Jan 2014 to 31 Dec 2016	TB	Population Services International	7,066,900	6,686,932	6,675,684
1er Jan 2017 to 31 Dec 2017	TB	Plan international	3,894,373	3,504,935	2,721,837
1er Oct 2015 to 31 Dec 2017	Malaria	Catholic Relief Services	62,200,441	51,488,828	45,612,251
Total			**182,132,615**	**132,101,273**	**101,050,091**

Source: Global Fund website, Guinea country page

To protect the Global Fund investment in Guinea, the country is under the 'additional safeguard policy', which means that the Secretariat takes a series of extra procedures to strengthen fiscal and oversight controls in especially high-risk environments (see more on the policy here).

In Guinea, this policy takes the form of engaging international entities as PRs for some grants, a restricted cash policy in grant operations, and the use of a fiscal agent who co-signs expenditures for grants managed by national PRs.

Guinea is also designated by the Global Fund as a Challenging Operating Environment (COE), which describes "countries or regions that experience disease outbreaks, natural disasters, armed conflicts and/or weak governance". The COE policy, adopted by the Global Fund in 2016, is designed to improve the effectiveness of Global Fund investments by reaching key populations, and through more flexibility, support to innovations and stronger partnerships.

The Global Fund is the principal external donor for HIV and TB in Guinea, but for malaria, Guinea's second largest donor (after the Global Fund) is the US President's Malaria Initiative (PMI), which has been active in Guinea since 2011. This support makes a huge difference in the management and performance of the Global Fund grant for malaria as the PMI contributes $15 million towards purchasing health commodities, supporting vector control, mass distribution of insecticide-treated nets as well as a Logistics Management Information System for malaria, according to the OIG's 2017 Audit Report.

Guinea's weak health system

Guinea's health system, health information, surveillance, supply chain, as well as infrastructure and logistics systems were weak, as evidenced by the outbreak and spread of Ebola in 2014 to early 2016, according to the World Health Organization. This Ebola outbreak occurred in the three neighbouring countries of Guinea, Sierra Leone, and Liberia with a total of 28,616 cases of Ebola Virus Disease and 11,310 deaths. In Guinea, 3,814 people died during this epidemic, according to estimates by the US Centers for Disease Control and Prevention.

The country's weak health system is due in part to the small government investment in health in Guinea. According to a World Bank report on strengthening post-Ebola health systems, the government budget's share to health was only 1.9% in 2012, 4% in 2015, and 4.6% in 2016. For subsequent years, the country has planned to increase this percentage to at least 6% of the budget. These increases in government funding for health are a sign of the re-prioritization of the health sector in Guinea. While these percentages represent an improvement relative to 2012, they still fall short of the 15% share to health that the country committed to in the Abuja declaration. (In context, this finding is not surprising as only six countries — Rwanda, Botswana, Niger, Zambia, Malawi and Burkina Faso — actually meet that commitment.)

After the Ebola outbreak, the Guinea government established a telephony-related tax dedicated to sectors affected by Ebola (in addition to health, the sectors are agriculture, livestock farming, and fisheries, trade and industry, mining, tourism and air transport, infrastructure), which could raise nearly $67 million per year – an amount slightly larger than total government health spending in 2015.

The health component of the recovery plan developed by the Guinea Ministry of Health with its partners, the "plan de relance 2015-2017," took stock of the situation, and planned a way forward with an estimate of resources needed.

HIV grant run as project

The Global Fund 2015-2017 HIV treatment grant managed by the Government Principal Recipient (PR) was plagued with issues relating to poor coordination and inadequate quantification that led to expiries and understocking, according to the 2017 OIG audit report on Guinea's grants.

Over the course of the grant, its performance was mostly rated B2 ("Inadequate but potential demonstrated") by the Secretariat. The government PR was the Comité National de Lutte contre le Sida (CNLS, or National Committee for AIDS Control) which is a state agency independent of the Ministry of Health (MoH). (The non-State PR, Population Services International, was in charge of HIV prevention).

According to one source, the grant was managed "like a project and not as part of the tasks of the Ministry of Health", which deprived it of existing expertise, and which led to dysfunction. For instance, the CNLS used "fanciful" numbers ("fantaisiste" in the French, original quote) for anti-retroviral (ARV) procurement contributing to stockouts in health facility (see article in this issue of the GFO on the OIG's investigation into data falsification in Guinea) although the MoH employs pharmacists competent in health commodities quantification who could have helped obtain more reliable estimates of the need. Similarly, the MoH's department of health-care delivery, which oversees health facilities and employs experts in coordination of provision of care in public facilities, was not involved with managing the grants either, contributing to stock-outs of health commodities in public facilities.

For the current grant allocation period of 2017-2020, the MoH is the Principal Recipient (PR) (Population Services International closed its operations in Guinea in 2018, according to the Global Fund; PLAN has now replaced PSI in supporting interventions aimed at key populations). This change in government PR, along with the creation of a coordination unit for the Global Fund grants inside the MoH for the three diseases, is expected to improve coordination of different activities, and lead to improved grant performance.

While Guinea's Ministry of Health was PR, up to 2012, grant results were unsatisfactory. But the Global Fund is optimistic about improvements in implementation now that the ministry has new leadership and the government has committed to better funding of the health sector after the Ebola epidemics. Despite the new leadership and goodwill, the fact that antiretroviral medicines for HIV were out of stock between May and July 2018 (as documented by Medecins Sans Frontières), is an enduring signal of the depth of some of Guinea's implementation problems.

Co-financing used for ARVs

The Global Fund implements a co-financing policy that requires low-income countries such as Guinea to demonstrate increased domestic contributions to their respective health sectors and to the three disease programs, with every new funding cycle. Disbursement of 15% of the allocation is conditional on that contribution.

The specific form of the co-financing depends on negotiations between the country officials and the Secretariat's country team. *(The GFO will publish a separate article on co-financing in Guinea and other countries, in January 2019).* In the 2015-2017 allocation cycle, Guinea committed $19,857,143 to the New Funding Model (NFM) account to buy ARVs. Guinea honoured its commitments, in part: the country spent $10,844,930, i.e. 54.6% of what it had committed, to buy ARVs in the last year of the grant. However, this procurement was late, causing ARV stock outs during the course of the 2015-2017 grant, and disrupting patients' treatment. (Efficient health systems place an emphasis on avoiding stock outs of important medications.)

Again, during this current allocation period (2017-2019), ARVs have been out of stock from May to July 2018 in Guinea for similar reasons: the country's co-financing was intended for the purchase of ARVs but the funds did not materialize in a timely manner. As a temporary solution, the HIV program was able to rely only on the health commodities procured by Global Fund.

Supply-chain management

Guinea's in-country supply chain management is inadequate, with the most problematic issue for the HIV grant being the recurrence of periods of ARV overstock succeeding periods of stock out.

The OIG audit in 2017 estimated that about $3-million worth of antiretroviral medicines financed by the Global Fund in 2016 was likely to expire due to inadequate in-country management of inventory, supply-chain and logistics. Subsequently, stakeholders decided to estimate the amount of remaining ARVs and move them to other countries that might need them, before their expiry – but the warehouse where the ARVs were kept burnt down before this action was taken. (The cause of the fire is not publicly known.)

Since the OIG's 2017 country audit, the Secretariat has worked with the PR to implement the Agreed Management Actions that the OIG recommended. Among them are actions to strengthen some aspects of the state supply-chain mechanism.

The malaria grant, which is larger than the HIV grant, has fewer problems due to its being supported by PMI, and is effectively coordinated by the MoH's disease program.

Lessons learned and missed opportunities

Guinea is a challenging environment considering the overall weakness of the health system and the country's recent Ebola epidemics. More recent evidence of this weakness is highlighted in the latest OIG investigation in Guinea where a contracted NGO provided

fraudulent data for an Integrated Biological and Behavioral Survey (IBBS), and misleading indicators (see GFO article).

More than ever, there is a need in Guinea for a stronger sense of country ownership. Such a change should be supported by the Global Fund, with a flexible application of the co-financing policy, and by other partners. In that context, the change of PR and leadership of Guinea's Global Fund grant management appears to be a step in the right direction. The country needs to invest in its health system choosing an entry point that makes sense in their context: an investment in health information systems that would cover data collection and quality assurance as well as forecasting, quantifying and warehousing of health commodities, are all good candidates for such investments.

Further reading on Guinea:

- *The OIG's 2017 country audit of Global Fund grants to Guinea*
- *The OIG's just-published 2018 investigation into data falsification in Guinea*
- *The article in this GFO on the OIG investigation into data falsification*
- *Information on grants in Guinea on the Global Fund Website*
- *Plan de relance du système de sante*
- *The Abuja declaration on HIV/AIDS, Tuberculosis and other related infectious diseases*
- *The Abuja declaration ten years on*

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TOP

6. Secretariat and OIG report steady progress on implementing Global Fund AMAs

Overdue AMAs are at an all-time low since tracking began in 2014

David Garmaise **6 December 2018**

Good progress has been made in implementing agreed management actions (AMAs), according to a progress report from the Secretariat and the Office of the Inspector General (OIG). The report was prepared for the Board meeting held on 14-15 November in Geneva.

The report presented data on the status of AMAs as of 31 August 2018. This article provides some of the report's highlights.

Agreed management actions (AMAs) are actions decided jointly by the Secretariat and the Office of the Inspector General (OIG) in response to audits or investigations undertaken by the OIG. AMAs always have a deadline by which they are to be completed.

According to the report, the number of open AMAs (68) and overdue AMAs (22) are at an all-time low, since the OIG started systematically tracking and reporting on AMAs in 2014. In addition, all AMAs related to three areas — Country Coordinating Mechanism (CCM) processes, grant closure and risk management — have been closed.

The report said that this progress can be attributed to increased focus from the Secretariat, especially the Grant Management Division (GMD); to increased engagement with the OIG to resolve issues; and to the Audit and Finance Committee for actively driving progress.

AMAs that have yet to be implemented are labeled "open." AMAs that are still open after their due dates are called "overdue." If the overdue AMAs are more than 90 days late, they are termed "long outstanding." (See the figure below.)

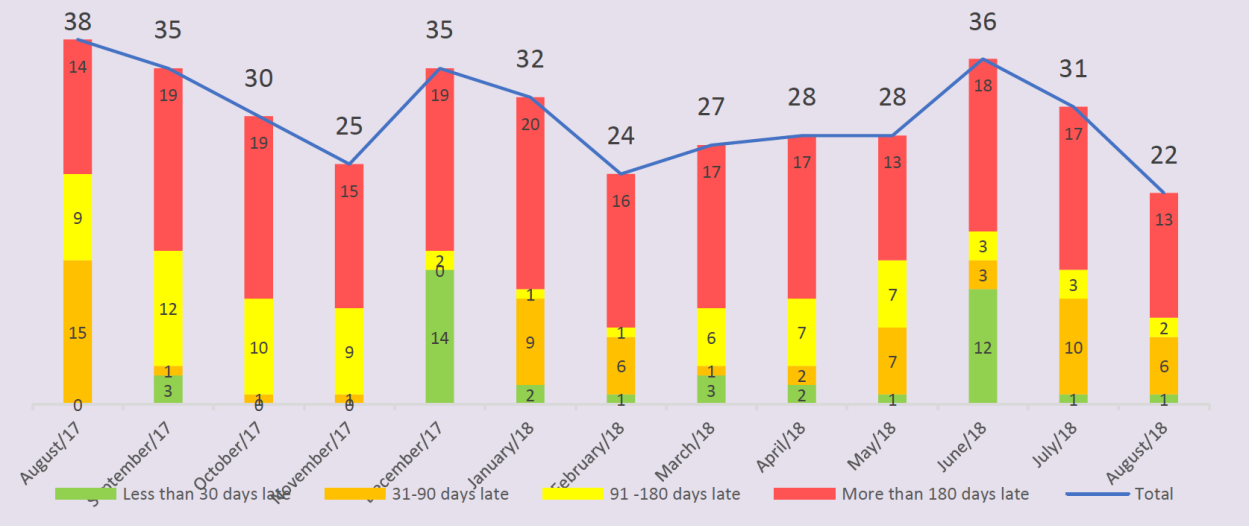
Of the 22 overdue AMAs, 15 are long-outstanding. Of these, seven relate to internal Secretariat processes and eight to in-country operations.

Of the seven Secretariat-related long-outstanding AMAs, three focus on the management of high-risk operating environments; two are on grant-making processes; and another two are related to sourcing processes.

Six of the eight long-outstanding in-country AMAs involve improving supply chains. The other two focus on quality of service.

Figure: Age of the overdue AMAs

	Less than 30 days late	31-90 days late	91 -180 days late	More than 180 days late	TOTAL
Grant Management	1	2	1	10	14
SIID					0
Finance		2	1	3	6
Other		2			2
TOTAL	1	6	2	13	22



Source: GF-B40-06, Joint AMAs Progress Report

The total number of overdue AMAs fluctuates as more OIG reports are issued (new AMAs are created with each new report) while older AMAs may be closed as they reach their due dates.

Below we provide further information on some of the long-outstanding AMAs.

In-country supply chains

AMAs related to in-country supply chains are inherently complex. In addition, there are sometimes internal factors that impede progress in implementing the AMAs. These include the coordination of supply-chain initiatives both within the Secretariat (e.g. between the supply chain team and country teams) and at country level (e.g. shifts in roles, responsibilities and reporting lines for supply chains in recent years). See Tables 1 and 2 for examples of long-outstanding AMAs related to the supply chain.

Table 1: Example of a long outstanding in-country AMA on the supply chain (Cameroon)

Source of the AMA: OIG audit on grants to Cameroon
AMA: The Secretariat, in co-operation with technical partners and the Ministry of Public Health, will organize and finance an assessment of the supply chain in Cameroon. Such assessment shall be directed towards long-term systematic improvement of the supply chain (e.g. cost effectiveness of the current/future model, considering options for outsourcing to the private sector, etc.). The Secretariat will support the government and partners to develop a road map based on the findings of this assessment.
Original due date: 31 July 2017
Current status: The assessment, initially planned for January 2017, was delayed by six months to align with the Supply Chain Initiative [see below]. The final report on the assessment was presented to in-country stakeholders in October 2017 while the country was focused on grant negotiations. To satisfy the AMA, the country should endorse the report through a supply chain steering committee. This committee was created by decree on 7 August 2018. The country team is now requesting that the authorities and partners ensure that the first meeting of the steering committee takes place and that the report is endorsed and the priorities defined prior to the presidential election scheduled for 7 October.
Revised due date: October 2018

Source: GF-B40-06, Joint AMAs Progress Report

(In 2016, the Global Fund launched a new Supply Chain Initiative. It included developing a supply chain strategy; conducting in-depth diagnostics in 12 high-risk countries; and working with government and private sector partners to implement supply chain transformation projects.)

Table 2: Example of a long outstanding in-country AMA on the supply chain (Tanzania)

Source of the AMA: OIG audit on grants to Tanzania
AMA: The Secretariat will: (a) work with in-country stakeholders to ensure that the quantification and forecasting of malaria medicines and test kits is revisited before additional investments are made; (b) ensure that the PR identifies a suitable entity to manage the co-payment mechanism;

and (c) ensure that the PR prepares a supervision and training plan that details the objectives of different types of training and supervision that will be undertaken, specifically addressing the quality of services that are found to be suboptimal, i.e. the retention of patients on treatment and treatment of malaria patients without diagnosis.
Original due date: 30 September 2016
Current status: Parts (a) and (c) have been completed to the satisfaction of the country team. This AMA has been fully implemented save for part (b), which requires the PR to identify a suitable entity to manage the co-payment mechanism. The CCM has endorsed the PR's proposal to keep the co-payment mechanism with the National Malaria Control Program. The OIG has agreed to close this AMA upon (a) recruitment of two additional staff to be supported under the grant; and (b) the [holding of a] meeting of a task force being established to oversee this component of the grant.
Revised due date: October 2018

Source: GF-B40-06, Joint AMAs Progress Report

Quality of services

Outstanding AMAs related to quality of services mainly involve the following:

- Gaps in health information systems;
- Data reliability challenges:
- Challenges in monitoring and evaluation systems and providing effective supervision; and
- Timely and effective risk management and assurance planning.

Managing in high-risk operating environments

According to the joint AMAs progress report, the Secretariat has a limited policy framework to guide or support grant management in high risk environments. This has resulted in inconsistent identification or classification of high-risk countries, and in gaps or inconsistencies in response to the identified issues.

See Table 3 for a description of a long-outstanding AMA related to managing in high-risk operating environments.

Table 3: Long outstanding Secretariat-level AMA on managing in high-risk operating environments

Source of the AMA: OIG audit on management in high-risk operating environments
AMA: The Secretariat will: (a) develop a system to track countries under the Additional Safeguard Policy (ASP) through its Grant Operational System; and (b) update the operational policy note (OPN) on the ASP to clarify the processes for regular monitoring and review of countries under the policy and revoke it where appropriate.
Original due date: 31 December 2017
Current status: The first item is completed, as the ASP is now captured in the new Grant Operating System. The OPN has not yet been revised, however. The Secretariat recognizes the need, as the OPN was last revised well before risk management was integrated with grant management processes. But because risk management at the Global Fund has matured significantly in the interim, the Secretariat now prefers to take a holistic view, making implementation of this piece more complex than originally envisaged in the AMA.

Revised due date: December 2018

Source: GF-B40-06, Joint AMAs Progress Report

Sourcing processes

One long-outstanding AMA relates to the creation of an automated platform to aggregate the individual drugs forecasts for the three diseases. The AMA resulted from the lack of a systematic
consolidation of drug demand across portfolios. Manual aggregation of the requirements was required while the platform was under development. In late 2017, the Secretariat expressed reservations about the need for an automated platform for this task. The OIG clarified that the key requirement is to develop a systematic process for consolidating all health product forecasts. The OIG said that the AMA can be closed even if the process is manual as long as it generates reliable forecasts. The AMA will be addressed following the ongoing reorganization of sourcing and supply chain functions in the Secretariat (the Global Fund hired a new Head of Sourcing and Supply Chain, Philippe Francois, in July 2018).

Why some AMAs become long overdue

AMAs can become long overdue for a variety of reasons, including the following:

- Some systemic gaps at country level are beyond the control of the Global Fund;
- Circumstances change (e.g. some developments may require that an AMA be adjusted);
- Some AMAs are dependent on action(s) being taken by the government of the affected country, which is beyond the Secretariat's control;
- Changes of government or political instability in the affected countries can cause delays;
- Unforeseen developments (such as a fire in the central medical stores); and
- Some AMAs turn out to be more complicated than initially envisioned.

Board Document GF-B40-06, Joint Agreed Management Actions (AMAs) Progress Report, should be available shortly at www.theglobalfund.org/en/board/meetings/40.

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TOP

7. Global Fund's technical evaluation group will focus on 'prospective country evaluations' and thematic reviews in 2019

Thematic reviews underway on resilient and sustainable systems for health, partnership model, and sustainability, transition and co-financing policy

Adèle Sulcas **10 December 2018**

The Technical Evaluation and Reference Group (TERG) of the Global Fund gave its report to the Board at the pre-Board meeting session held on November 13, 2018, at the new Global Health Campus in Geneva, Switzerland.

TERG Chair Jim Tulloch opened the session by saying that his presentation was intended to be a brief update on process rather than a presentation on the content of the TERG's work. One reason for this was that most of the activities the TERG is engaged in had only recently been started or were still ongoing, Tulloch said.

The presentation covered the TERG's key activities for 2019, and updates on TERG thematic reviews, Prospective Country Evaluations (PCEs), and Strategic Reviews.

TERG's key activities for 2019

In 2019, in line with the TERG Evaluation Plan 2017-2022, the TERG aims to

- Further emphasize implementing the Prospective Country Evaluation (PCE) in the eight countries in which the evaluations are already underway (Congo [DRC], Cambodia, Guatemala, Mozambique, Myanmar, Senegal, Sudan and Uganda);
- Conduct "three to four" thematic reviews
- Hold three meetings and proactively implement its learning and advisory functions
- Launch and complete another TERG renewal and recruitment process.

Update on thematic reviews

The update on thematic reviews revolved mainly around a session that had taken place at the previous Strategy Committee (SC) meeting (to which the TERG reports) on Resilient and Sustainable Systems for Health (RSSH). TERG Chair Jim Tulloch said that the TERG had provided substantial inputs to the RSSH 'deep dive' session at that meeting.

Three thematic reviews are currently underway:

- Global Fund country-level technical support partnership model (final report, in collaboration with Gavi, is due at the end of January 2019)
- Investments in RSSH (final report is due by February 8, 2019)
- Sustainability, Transition and Co-financing policy (final report is due by May 10, 2019)

With regard to future thematic reviews, Tulloch said that the TERG has reviewed and discussed the Strategy Committee's suggestions and was engaged in a consultative process with the SC and the Secretariat to agree on the priority themes for the next round of reviews to take place in 2019-2020. The decision would take into account "the ideal timing to feed into Secretariat work" and/or SC and Board decision processes, he said. Tulloch also mentioned consideration of whether some topics that have been proposed could be covered by other, ongoing or planned Secretariat work or TERG thematic reviews or PCEs. In addition, consideration would be given to which topics would most benefit from independent assessment.

For the next step in the selection of thematic review choices, the TERG will share a rationalized short list after further consultations with the SC, the Secretariat and the OIG. Some of the topics currently on the table include the concept of country ownership, the Global Fund in the SDG landscape, market shaping, country absorptive capacity, a review of catalytic investments, community workers' role in optimization and delivery of results, and country adoption of WHO guidelines.

(Editor's note: The GFO will follow up with an article on this once the TERG's rationalized short list is made available.)

Update on Prospective Country Evaluations

The PCEs, which began in 2017, are evaluations following grant implementation in the eight selected countries (Congo [DRC], Cambodia, Guatemala, Mozambique, Myanmar, Senegal, Sudan and Uganda), using disease-specific results chains as the analytical framework to address various evaluation questions. In other words, "looking at how Global Fund inputs turn into outputs at the other end," as Tulloch said, while examining the assumptions and the conditions underpinning grant operations.

The TERG discussed the progress of all eight countries at its September 5-7, 2018 meeting in Nay Pyi Taw in Myanmar, one of the PCE countries.

The results-chain approach, Tulloch said, affords the Global Fund a holistic understanding of how Global Fund investments translate to impact at the country level (while tracking progress on the six-year strategy); a common framework, allowing synthesis across the eight countries; and a platform for analysis and discussion among key partners (such as ministries of health, Principal Recipients, other implementers, development partners), with an independent facilitator.

Tulloch emphasized that the PCEs are taking "quite a holistic approach" to understanding the issues that may be impeding grant progress, such as human rights, gender, RSSH or other barriers.

Preliminary results of the PCEs were presented to the Strategy Committee in March 2018.

Tulloch (and the report) said that at the end of the PCEs – a 3-year or possibly 6-year process – the TERG expects improvements in the national programmes and Global Fund operations in the eight countries; a better understanding of how Global Fund policies and processes play

out in countries, and how they can be improved; progress towards more robust and data-based estimates of outcomes and impact; lessons learned that could inform a more thorough approach by the Global Fund to evaluation; and the development of in-country capacity.

The next steps for the PCEs include completion of the initial results chains for each country by the end of 2018; deeper analysis (Tulloch emphasized that the TERG was "putting pressure on teams to get to the 'why' behind the observed findings"); and work with Country Teams and CCMs to improve data availability.

Each country will develop country reports and a synthesis report to discuss at the TERG's January 2019 meeting. The TERG will present a position paper with a PCE synthesis report to the Strategy Committee's first-quarter meeting in 2019.

Update on Strategic Reviews

The TERG has committed to conducting periodic reviews of all evaluation activities; these will be synthesized for the Strategic Reviews 2020 and will feed into the development process for the next Global Fund strategy. The scope of the 2020 review will be developed with the SC and the Secretariat.

The Report of the Technical Evaluation Reference Group (GF/B40/08) will be available shortly on the Global Fund website along with other Board documents from the 40th Board meeting, at www.theglobalfund.org/en/board/meetings/40.

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8. Independent research on Eastern and Southern African countries identifies opportunities to improve effectiveness of Global Fund processes

'Synthesis report' focuses on grants in Malawi, Tanzania and Zimbabwe

Arlette Campbell White **10 December 2018**

Global Fund support is essential to saving lives and strengthening health systems, particularly in Eastern and Southern Africa, and therefore understanding how countries plan for, receive and invest this support is critical to ensure that such investments achieve the greatest impacts. In-depth analyses of these issues in the region are few. However, a new report recently published by the Health Economics and HIV and AIDS Research Division of the University of Kwazulu-Natal - *'Conducting Exploratory Research on Global Fund Processes in Malawi, Tanzania and Zimbabwe'* helps to fill this gap.

The Global Fund's funding cycle involves a number of processes that countries have to go through to obtain and manage financial support. The effectiveness of these processes continues to be questioned as countries move to evolve their country coordinating

mechanisms (in keeping with the launch of the evolution process across the GF portfolio) and, at the same time, seek sustainability for their disease programmes. The three country case studies that form the basis for this synthesis report were commissioned by the Bill & Melinda Gates Foundation.

The Foundation selected these countries – Malawi, Tanzania and Zimbabwe – because they are among the top five with the largest Global Fund grants and are also priority countries for the Gates Foundation's initiatives for improving the impact of HIV programmes in Africa. The case studies highlight where country support is working to help accelerate results and where there may be opportunities for improvement by 'rethinking' certain aspects of Global Fund structures and processes.

"One of HEARD's priorities is examining issues of sustainable financing for health programmes, hence it was important for us to conduct this research given the importance of these investments to HIV responses in the region," said Russell Armstrong, lead author of the report. During 2017, these three countries received some of largest funding GF allocations for HIV programmes, ranging from $300 to $400 million for the 2018-2020 period.

HIV treatment still consumes most resources, leaving prevention underfunded

As elsewhere, these three countries prioritise HIV treatment as the way to reduce new HIV infections while keeping people living with HIV alive. This approach is almost exclusively financed by external sources, especially by the Global Fund, and treatment-related resource needs now take up almost all of the three-year funding allocations for HIV in these countries. This leaves little – if any – latitude for considering increased investments in other important components of HIV responses, notably prevention.

This approach in many respects predetermines the functioning and outcomes of Global Fund processes, particularly country dialogue and the development of funding requests. The report goes on to say that, if more attention and resources are not focused on prevention, this raises questions about the relevance and effectiveness of these processes for HIV reduction and eradication.

Although in the three countries the annual number of new HIV infections has been declining, the numbers still ranged from 40,000 to 65,000 in 2016, meaning that the demand for HIV treatment still increased. According to UNAIDS, new infections from key populations (predominantly men who have sex with men (MSM) and sex workers) accounted for 16% of the total for East and Southern Africa in 2017; and the majority of new infections is still among adolescent girls and young women.

HIV prevention and treatment may become more expensive to implement

The report notes the continuing negative attitudes of governments and the general public in all three countries towards some population groups. There has been no shift in the criminal laws affecting population groups with the highest HIV burdens, particularly MSM, sex workers and people who inject drugs. Indeed, recent developments in Tanzania show

increased establishment-generated hostility towards these groups, especially MSM, which will only make HIV prevention and treatment more difficult and expensive to implement.

'Vertical' operations add cost and complexity to grant implementation

On the administrative side, Global Fund programmes continue to be largely vertical in nature, with separate financial and programmatic management structures and reporting systems that operate for the most part outside the established, decentralised health and community systems. The report says that this increases grant impementation costs and inhibits integration and sustainability; in turn this adds complexities that contribute to under-utilisation of funds and missed opportunities to shift Global Fund resources towards under-funded priorities such as HIV prevention.

In Zimbabwe, for example, 10% of the $400 million was allocated for programme management but only 1.7% was earmarked for prevention. Adding to the complexity and costs in Malawi and Zimbabwe have been government financial management and oversight challenges that have necessitated the introduction of additional risk mitigation measures: an externally contracted fiscal agent in Malawi and an interim PR, UNDP, in Zimbabwe. For the 2015-2017 grants, this meant that funds were managed using systems that were entirely separate from the national systems and processes for financial management of other health sector funds.

Another factor negatively affecting grant performance and fund absorption, the report says, is technical capacity. Even after many years of investment, challenges remain in human resources for health, financial management and systems, health management information systems, procurement and supply management, and monitoring and evaluation. These challenges are reflected in the CCMs which still have insufficient technical capacity to perform their grant oversight roles. Although the report does not specifically state it, this insufficiency contributes to weak governance and accountability.

The report suggests that some opportunities to invest in local capacity are being overlooked. For example, representatives from key population constituencies were closely involved in country dialogue and funding request development and, through their involvement in providing important technical content, made contributions to the success of submissions; but they do not substantively benefit from Global Fund resources once grant implementation arrangements are determined.

Relevance and effectiveness of Global Fund processes

In keeping with the report's title, the longest section deals specifically with the relevance and effectiveness of Global Fund processes. Those processes were found to be broadly inclusive and participatory, with key population constituencies more visible than in previous funding cycles. But processes for decision-making on what was included in funding requests were not always clear or well communicated to all participants, the report says, and constituencies raised concerns about transparency. This is reflected in the long lists of 'priorities' developed

by participants during the country dialogue process, very few of which found their way into funding requests.

The heavy reliance on external funding may account for the report's finding that, in each country, funding-request development was dominated by a small group of technical consultants and technical partners despite the presence of larger writing teams organized to prepare the funding requests. Reprogramming occurs in all three countries but, when undertaken late in the grant implementation cycle, it raised the risk of unspent funds remaining at the end of the 2015-2017 current funding period.

Unsustainability of externally funded HIV responses

The report states that in no country is the national HIV response sustainable, now or in the foreseeable future, independent of large investments from the Global Fund, PEPFAR and other funding partners. While the Global Fund continues to work with these countries to increase their domestic financing of national HIV responses, only small, incremental changes are occurring. Domestic commitments to HIV in all three countries remain very low overall, a situation that has hardly shifted despite the requirement on the part of the Global Fund that has existed for more than 15 years that grantee countries continually increase their share of financing.

Low domestic commitments to HIV mean that HIV programmes face significant risks should there be any small reductions in external donors' funding in future grant cycles. And, without an increase in domestic and external resources, funding shortfalls are likely to arise by the end of the 2018-2020 grant cycle, particularly as HIV treatment programmes will need to expand to accommodate the growing numbers of people needing antiretroviral drugs.

Nine recommendations for improving Global Fund processes

On the positive side, the report concludes with nine over-arching recommendations for improving Global Fund processes and investments in four areas: (1) improving inputs to Global Fund processes; (2) improving the quality and relevance of country dialogue and funding request development; (3) addressing bottlenecks in global fund grant implementation and grant performance; and (4) changing the fundamentals of how national HIV responses are structured and financed.

"There are no easy fixes and some of the report's conclusions are not new, evidently," said Armstrong. "Essentially what we ask is whether, given how complex the sustainability issues have become, Global Fund processes as we know them are 'fit for purpose' or whether we need to re-think them, particularly in the three countries we looked at. We know that [the] Global Fund is aware of this and perhaps, armed with this report's suggestions, some new approaches can be formulated and tried before the next cycle starts in 2020."

The report's main conclusion is that, based on the three country assessments, the GF processes and the investment they are linked with have become significantly constrained by factors that they themselves have contributed to. The reader is left to consider whether,

explored quickly and implemented with determination, the opportunities offered by the report's recommendations could make a big difference.

HEARD is a regional and global leader for applied research and policy development on critical health and development challenges for the African continent. HEARD's mission is to influence and support evidence-based policy and good practice to more effectively address Africa's health and development challenges and to contribute to achieving health and sustainable development across the continent.

Editor's notes:

- *'Conducting Exploratory Research on Global Fund Processes in Malawi, Tanzania and Zimbabwe' was launched in November 2018 (due to an editing error, the date in the report is January 2018).*
- *Disclosure: Arlette Campbell White was the lead researcher for the Tanzania portion of this report.*

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9. Of the $98 million in country grants approved by Global Fund Board from 2017-2019 allocations, Latin America and Caribbean receive $57 million

Domestic commitments for the nine grants in the region amount to $399 million

David Garmaise **11 December 2018**

This is the second of two articles in this issue on the grants recently approved by the Global Fund Board. In this article, we report on the comments of the Grant Approvals Committee (GAC) on four countries in the Latin American and Caribbean region: Belize, El Salvador, Panama and Paraguay.

On 12 November 2018, the Board approved the 14th batch of grants from the 2017-2019 allocations, worth a total of $98.0 million in funding for 14 grants from 13 countries.

The nine grant components approved for eight countries in the Latin America and Caribbean region (LAC) were two each for HIV, TB, and malaria, and three for TB/HIV (see Table 1 in article 1, above). The total amount approved for these nine grants was $57,774,455. Interventions totaling $3,060,325 million for the nine LAC grants were added to the Unfunded Quality Demand (UQD) Register. Domestic commitments to the LAC programs represented by the approved grants amounted to $399,232,943 million.

In this article, we summarize the GAC's comments for four components: Belize TB/HIV, El Salvador HIV, Panama TB/HIV, and Paraguay TB.

GAC comments on individual country funding requests

Belize TB/HIV

At 1.4%, Belize has the highest national HIV prevalence rate in Latin America. This rate means that Belize's HIV component remains eligible for Global Fund financing (even though Belize is an upper-middle-income country). The TB component (TB incidence of 38 cases per 100,000 people) is transitioning away from Global Fund financing.

However, Belize developed a transition readiness assessment (TRA) and work plan for both TB and HIV, reflecting Belize's desire to keep the two programs working together. The objectives of the transition work plan are:

- To scale up and advance a human rights framework for key populations;
- To build political will through an investment case that demonstrates the national economic cost/benefit of investing in the public-sector response; and
- To support sustainable HIV and TB responses by strengthening and building systems and collaboration between government and community.

According to the GAC's report to the Board, after the TRP reviewed the funding request, the Secretariat asked the GAC for some direction concerning how to prioritize the TRP's recommendations "given the smaller size of the allocation relative to the previous allocation."

> ***Editor's note:*** *Belize was allocated $1.92 million for 2017–2019 compared to $4.50 million for 2014–2016. However, on numerous occasions, the Secretariat has said that the allocations for the two periods are not comparable (mainly because the 2014–2016 allocations included existing as well as new funding). This was explained at length in a GFO article on 23 October 2017. Despite what the Secretariat said, however, in its comments on individual funding requests the GAC (which is part of the Secretariat) has frequently alluded to individual country allocations having been reduced from 2014–2016 to 2017–2019.*

The GAC recommended that the applicant focus on improving the antiretroviral treatment cascade; improving TB outcomes; building national capacity; and ensuring there are no legal barriers to social contracting.

The GAC noted that the grant envisages supporting the development of a civil society organization (CSO) hub, a platform for bringing CSOs together to (a) support a more comprehensive and coordinated CSO response; and (b) help the government implement social contracting. The GAC welcomed this initiative, though it noted "the inherent complexity of coordination" and the need for more focus on capacity building, especially for smaller NGOs, some of which is ongoing through the Community, Rights and Gender (CRG) Strategic Initiative. The GAC encouraged Belize to continue to strengthen efforts in this area.

In its report to the Board, the GAC stated that it would have liked to have seen more progress in transferring responsibility for implementing Belize's TB/HIV grant to national implementers. The current PR is the UNDP, which will remain the PR for the new (transition) grant. The GAC acknowledged that there are a limited number of "alternative high-capacity implementers."

The GAC stressed the strategic importance of UNDP leveraging its staff and its overall linkages in-country to proactively support the in-country transition process. "The Global Fund will rely on its partnership with UNDP to ensure that the transition outcomes, including transferring capacity to national implementers that has been negotiated and agreed to in this grant are realized, given UNDP's standing in Belize and its strong implementing capacity," the GAC stated.

El Salvador HIV

The program budget for El Salvador HIV is $27.5 million, which is $13.0 million higher than the country's indicative HIV allocation for 2017–2019 of $14.5 million. The difference is due to the proceeds from a Debt2Health initiative involving the Global Fund and the governments of El Salvador and Germany.

El Salvador's HIV epidemic is concentrated among key populations — specifically, sex workers transgendered women, and men who have sex with men (MSM). The grant aims to reduce new HIV infections in key populations by:

- Providing comprehensive HIV prevention services to key populations;
- Strengthening and expanding comprehensive services for people living with HIV/AIDS, with emphasis on the key populations, in the different institutions that provide health services; and
- Strengthening the healthcare system through a human rights, gender and multi-sectoral participation approach.

The proceeds from the Debt2Health swap ($13.0 million) will be used to support the relocation and refurbishment of the National Reference Laboratory, an RSSH project.

To meet its co-financing commitment, the government must invest at least $1.6 million during 2019–2021 in priority areas within the HIV program. The Minister of Health has made a written commitment to invest even more than that. The GAC said that these investments are aimed to facilitate the country's transition away from Global Fund financing. The government has been increasingly taking over responsibility for human resources, antiretroviral drugs and reagents and plans to continue this approach, the GAC noted.

With the aim of streamlining the management of a focused portfolio — and also to start the process of the country's preparation for transition and facilitating the engagement of the government with CSOs — the Secretariat encouraged the CCM to present a single recipient for the HIV component funding.

(The fund portfolio manager, Jaime Briz de Felipe, told Aidspan that in the funding request, the CCM proposed the Ministry of Health [MOH] as a single PR starting on 1 January 2019. Currently, there are two grants in El Salvador's HIV component, one [SLV-H-MOH] with the MOH as PR and the other [SLV-H-PLAN] with Plan International as PR. The Plan International grant will end on 31 December 2018. Plan International will become the sole sub-recipient [SR] for the MOH grant. A number of CSOs will serve as sub-SRs.)

As far as we know, no date has been set for the transition of El Salvador's HIV component. According to the Global Fund's transition projections, El Salvador's TB and malaria components are projected to become ineligible during 2017–2019 based on the country's move to upper-middle-income status and may receive transition funding in 2020–2022.

Panama TB/HIV

Like Belize (see above), Panama has a TB component which is transitioning away from the Global Fund while its HIV component remains eligible. The HIV prevalence rates among MSM and transgender populations are estimated at 13% and 15%, respectively.

Panama was classified as a high-income country by the World Bank in July 2018 and so will not likely be eligible for HIV funding in 2020–2022.

Given the context, Panama chose to develop a joint TB/HIV funding request based on a transition plan already developed, the GAC said. The grant focuses on addressing the main transition risks and aims to strengthen partnerships and multi-sectoral collaboration at the national level. Particular attention is given to the continuity of community-based strategies that have proven effective for the sustainability of the HIV and TB response.

Panama has experienced rapid economic growth which has translated into high spending levels, the GAC said. To meet its co-financing requirements, the government has committed to invest over $400,000 in the following six areas:

- Community outreach programs for key populations;
- Free HIV testing for all populations, including key populations;
- Maintenance cost of the eight CLAM (public "welcoming" clinics);
- Delivering and monitoring ART;
- TB community promoters; and
- Directly-observed treatment, short course (DOTS) for TB.

While acknowledging the current strong commitment from the government, the GAC noted that with elections scheduled for 2019, there is a risk that the government's priorities might change. The GAC added that despite notable recent progress, the TB response continues to face significant challenges in case detection and treatment.

The UNDP is the PR for this grant because no local entities with sufficient capacity were identified. The GAC said "the Global Fund will rely on its partnership with UNDP to ensure that the transition outcomes, including transferring capacity to national implementers that has been negotiated and agreed to in this grant are realized, given UNDP's standing in Panama and its strong implementing capacity." (The GAC made a similar comment with regard to Belize.)

Paraguay TB

Paraguay received transition funding for its TB component for the 2017–2019 allocation period because it is an upper-middle-income country with less than a high TB disease burden. The grant was based on an independent transition readiness assessment (TRA) and a transitional work plan for both HIV and TB. The work plan calls for strengthening leadership and governance as well as the national health response for TB; improving strategic planning; increasing national funding; addressing social determinants for health and social protection; and improving strategic TB data.

In addition, the grant aims to guarantee the political commitment toward a sustainable TB response; and strengthen an integrated approach toward TB treatment, one that focuses on patients' needs.

Regarding co-financing, Paraguay is required to invest $437,298 in 2019–2021 over and above what it spent on TB in 2016–2018. The government has committed to invest more than $1.6 million, which is several times the required amount.

In line with the Global Fund's Sustainability, Transition and Co-Financing (STC) Policy, as an upper-middle-income country Paraguay's additional domestic investment should focus on disease components and RSSH activities to address roadblocks to transition, with a minimum of 50% invested in specific disease components targeting key populations. Although discussions with the government are along these lines, the Secretariat nevertheless wants the government to submit a revised joint letter of commitment to formalize this approach.

The GAC said that the TB program in Paraguay is underfunded by about $11 million to $13 million a year for the period 2019–2023.

The GAC said that it appreciated the fact that Paraguay will have a national TB body for better integration of services and greater inter-program and cross-sectoral coordination of the response. The GAC noted, however, that in the absence of a TB law, there are challenges with respect to what this body can undertake.

The fund portfolio manager for Paraguay, Filippo Iarrera, explained to Aidspan that the National TB Council (Consejo national de TB, or CONATB) has only recently been formed by the Ministry of Health (MOH) and may start its work very soon. One of its immediate priorities, Iarrera said, is to discuss the progress made in terms of drafting the TB law; improve the draft law; and then support the process for congressional approval, hopefully in 2019.

The need for a TB law was one of the findings of the TRA, Iarrera said. The TRA said that the law would provide an overall political umbrella for:

- Bringing about a more integrated and inter-programmatic approach, with the active involvement of ministries other than the MOH (most notably, the Ministry of Justice);
- Potentially improve the positioning of TB within the national health agenda with potential positive consequences for national funding and
- Protecting the human rights of people affected by TB.

Iarrera said that while the law itself cannot resolve all problems, "we believe it could certainly help provide a policy framework that could strengthen the enabling environment essential to strengthen the national TB response."

The GAC noted the progress in transition planning and transition preparedness during development of the TB funding request and during grant-making. Despite this progress, the GAC said, Paraguay should continue advocacy efforts during grant implementation; and there should be "continued engagement with the highest levels of the government beyond the Minister of Health."

Iarrera said that Paraguay has made important counterpart financing commitments to the TB response under this transition grant. He added that the TRA and the transition workplan contain some important areas of work that are reflected in Paraguay's grant over the next three years. Many of these endeavours will require the support and participation of agencies of the government beyond the MOH.

The TB Caucus of the Americas is also supporting this work. In addition, Iarrera said, "it is essential for stakeholders close to the TB program to continue their own efforts with other ministries, to advocate for a fully-funded domestic TB response."

In GFO 325, Aidspan reported on the 12th and 13th batches of grant approvals. That same article listed the grants approved in the 10th and 11th batches. Aidspan reported on the ninth batch of grant approvals here. That article contains links to the GFO articles on the first eight batches.

Most of the information for this article was taken from Board Document GF-B39-ER16 ("Electronic Report to the Board: Report of the Secretariat's Grant Approvals Committee"), undated. This document is not available on the Global Fund website.

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10. Holiday purchases can support HIV/AIDS programmes and organisations, including Global Fund

Options include Product (RED) and JustGiving

Aidspan staff **11 December 2018**

Creditcards.com has created a new HIV/AIDS donation guide that offers tips on donating credit card rewards to a number of HIV organizations directly. As a public service, Aidspan and the GFO are passing this information on, should any of our readers wish to make donations to these organizations in lieu of gifts over the festive season.
Creditcards.com also says: "Our 'Guide to donating to HIV/AIDS awareness' also provides readers with information about where their purchases can further support AIDS efforts. We

provide a list of businesses where consumers can donate simply by making a purchase, like Amazon and Starbucks, so making a difference is as easy as enjoying a fresh cup of coffee."

The guide includes, notably, Product (RED), the pioneering private sector partnership with the Global Fund that has raised more than $500 million so far for Global Fund grants in Ghana, Kenya, Lesotho, Rwanda, South Africa, Swaziland, Tanzania and Zambia.

Another channel is JustGiving, where you can use your American Express points to donate.

The full article from creditcards.com, including the donation guide, can be found at https://www.creditcards.com/credit-card-news/hiv-aids-donation-guide.php.

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11. Happy holidays from Aidspan and the Global Fund Observer

Season's greetings to all our readers and supporters

Aidspan Staff **11 December 2018**

As 2018 draws to a close, we would like to wish all Global Fund Observer and Aidspan readers and supporters a happy holiday season and a wonderful start to 2019.

This edition of the GFO will be our last for 2018. We will publish our next edition on January 16, 2019, and look forward to continuing to bring you Global Fund-related news and insights as we kick off the crucial year of the Sixth Replenishment.

Until then, season's greetings and happy new year!

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This is issue #347 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Acting Editor at adele.sulcas@aidspan.org. To subscribe to GFO, go to www.aidspan.org.

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