Independent observer of the Global Fund

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NEWSLETTER

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1. NEWS: Civil society organizations push for a target of $18 billion for the Global Fund's Sixth Replenishment

BY DAVID GARMAISE

At the preparatory meeting for the Global Fund's Sixth Replenishment, held on 7–8 February 2019 in New Delhi, civil society organizations called for a "bold" replenishment target of $18 billion. This is $4 billion higher than the $14 billion target announced by the Global Fund. An investment of $14 billion would not allow for scaling up programs to put countries on track to reach the 2030 targets for the three diseases, the CSOs said.

2. NEWS: Sierra Leone's 2014 Ebola outbreak has set back Global Fund grant implementation, OIG says

BY ADÈLE SULCAS

Sierra Leone made significant progress in its health programs between 2000 and 2014, but the country's devastating Ebola outbreak in 2014 caused major disruptions to all health services, the OIG said, in the report on its first country audit of Sierra Leone. The entire country is still engaged in recovering from the adverse effects of the outbreak, the report says, with stalled progress on HIV and TB just one of its countless damaging consequences.

3. FEATURE: Fiji's TB program achieves successful transition from Global Fund grant to domestic funding

BY ELDEN CHAMBERLAIN

Transition out of Global Fund support to a wholly domestically-funded TB program in Fiji was made possible by a three-year preparation process, using guidance from the Eurasian Harm Reduction Transition Preparedness Tool. Over 90% of the transition plan has now been implemented, covering eight key areas identified by the Fiji Country Coordinating Mechanism in collaboration with the Fiji Ministry of Health and Maternal Services. The last area still to be addressed is that of the role of the Country Coordinating Mechanism in providing oversight to all communicable disease programs in Fiji after transition.

4. FROM THE FIELD: Eurasian Coalition on Male Health draws attention to ongoing negative attitudes to MSM and LGBT communities

BY TINATIN ZARDIASHVILI

HIV incidence is on the rise in Eastern Europe and Central Asia, with the MSM population acknowledged as the main driver of the HIV epidemic in that region. There is no reliable evidence base for prevalence figures in the LGBT community, but it is clear that increased vulnerability of the MSM and LGBT communities to HIV-infection is strongly linked with negative attitudes to these communities expressed by the state and by parliamentary officials, and with the lack or inadequacy of specific health services. The GFO talked with experts from the Eurasian Coalition of Male Health to explore what is behind the numbers and statistics.

5. INTERVIEW: Q&A with Dr Ade Fakoya, the Global Fund's senior disease coordinator for HIV/AIDS

BY FRIENDS OF THE GLOBAL FIGHT

This is the third in a series of interviews by Friends of the Global Fight with the Senior Disease Coordinators of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In this Q&A, Friends spoke with Dr. Ade Fakoya, the Senior Disease Coordinator specializing in HIV/AIDS, about the opportunities to fight AIDS covered in Friends of the Global Fight's report, "At the Tipping Point: U.S. Leadership to End AIDS, Tuberculosis and Malaria".

6. OF INTEREST: African Leadership Meeting, "Investing in Health," launches new initiative

BY AIDSPAN STAFF

In this collection of links to other publications' coverage of the African Union Leadership meeting, "Investing in Health", held in Addis Ababa on February 9, we highlight articles from AIDS Africa Watch, the Global Fund, and Devex. They describe the meeting's focus on strengthening African countries' own commitments to reaching Universal Health Coverage, and to increasing domestic investments in health as a greater percentage of the gross domestic product of each country.

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ARTICLES:

1. NEWS: Civil society organizations push for a target of $18 billion for the Global Fund's Sixth Replenishment

The current $14 billion target will not allow for scale-up, CSOs say

David Garmaise **11 February 2019**

Organizations representing civil society have renewed their call for a more ambitious target for the Global Fund's Sixth Replenishment.

On the occasion of the preparatory meeting for the replenishment, held on 7–8 February 2019 in New Delhi, India, the Global Fund Advocates Network (GFAN), communities and civil society called for a "bold" replenishment target of $18 billion. This is $4 billion higher than the $14 billion target announced by the Global Fund on 11 January. At that time, several civil society organizations (CSOs) said that the target was not sufficiently ambitious (see article from GFO 349).

The call for an $18 billion target was contained in a statement from Communities and Civil Society.

In an accompanying statement, GFAN stated that the $14-billion target represents "a maintenance level of funding" and would not allow for programs to be scaled up to put countries on track to reach the 2030 targets for the three diseases.

The $14-billion target is just $1 billion (or 8%) higher than the $13-billion target for the last replenishment in 2016.

GFAN and other CSOs also expressed concerns about some of the projections and estimates in the Global Fund's Investment Case.

(A summary of the Investment Case was released on 11 January; the full document was published on the Global Fund website at the time of the preparatory meeting.)

The CSOs said they were concerned that total projected resources from all sources for the grant implementation period 2021-2023 — $83.0 billion — was $18 billion shy of the $101 billion that the Investment Case estimates is required to fight the three diseases. (See Table 1 below.)

Table 1: Estimated need and projected funding for 2021–2023, as per the Investment Case

Estimated need	**$101 billion**
Projected funding:	
Global Fund Replenishment	$14 billion
External funding (other donors)	$23 billion
Domestic funding	$46 billion
Total projected funding for 2021–2023	**$83 billion**
Estimated need of $101 billion *minus* Projected funding of $83 billion = $18 billion SHORTFALL	

The CSOs said they were also concerned that the $46 billion projected for domestic funding for 2021-2023 represents a 48% increase compared to the $31.1 billion from domestic funding for the current period (2018-2020). The CSOs also noted that the majority of the projected $17 billion increase in total funding – from $66 billion in 2018-2020 to $83 billion in 2021-2023 – is expected to come from domestic funding.

The CSOs questioned whether these expectations for domestic funding were realistic. "Many low-income countries continue to require international assistance for health to supplement low levels of resources budgeted for health," the CSOs stated.

"With only 11 years left to reach the Sustainable Development Goals (SDGs)," the CSOs said, "it is time to step up our efforts. 2019 marks a crucial milestone in the fight against AIDS, TB and malaria, which calls for bold action."

Bold action against the three diseases, the CSOs affirmed, means adopting bold fund-raising targets.

Representatives from the communities and civil society constituencies reiterated the concerns about the $14-billion target at the preparatory meeting in New Delhi and they expressed the hope that the Fund will be able to raise more than $14 billion. Participants from other constituencies did not raise similar concerns.

In a related development, Ireland has announced that for the Sixth Replenishment it will increase its contribution by 50% (to €45 million from the €30 million it pledged for the Fifth Replenishment). The announcement was made at the African Leadership Meeting in Addis Ababa on February 9. The first country to pledge for the Sixth Replenishment, however, was Luxembourg, which announced a commitment of €9 million, up 11% from its Fifth Replenishment pledge.

Additional reporting for this article was contributed from Addis Ababa by Aidspan CEO Ida Hakizinka.

Further reading:

- *The Global Fund's news release on the Preparatory Meeting in New Delhi*
- *The Global Fund's Investment Case Summary: Sixth Replenishment 2019*
- *The Global Fund's Investment Case: Sixth Replenishment 2019 (full version)*

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2. NEWS: Sierra Leone's 2014 Ebola outbreak has set back Global Fund grant implementation, OIG says

Weaknesses in oversight arrangements, inadequate access to HIV services, and data quality are among major issues

Adèle Sulcas **12 February 2019**

The 2014 Ebola outbreak in Sierra Leone has substantially compromised its ability to successfully implement its Global Fund grants, the OIG has found, especially on cross cutting health-system-strengthening key deliverables. At the same time, the OIG said, "various layers of financial controls" are not operating effectively to mitigate key financial and procurement risks.

Acknowledging that the Ebola outbreak stalled the country's progress on HIV and reduced TB services, the OIG noted that the country, and the health sector in particular, is still in the process of recovering from the "adverse effects of the outbreak".

The report on the OIG's first-ever audit of Global Fund grants to Sierra Leone, was published on 18 January 2019.

The audit covered three active grants (see Table 1 below) from July 2016 to March 2018. It aimed to assess the "design adequacy" of implementation and assurance arrangements, program management and monitoring processes of the three diseases (quality of service to patients and accurate and timely data), and supply chain mechanisms for medicines.

The Global Fund currently provides funding for 90% of the country's HIV program, 70% of the TB program, and 74% of the malaria program.

Table 1: Sierra Leone's active Global Fund grants included in the OIG audit

Component	Grant no.	Principal recipient	Grant period	Signed amount (USD million)
HIV/AIDS	SLE-H-NAS	National AIDS Secretariat	1 Jan 2016-31 Dec 2017[1]	32,318,190
TB, malaria and HSS	SLE-Z-MOHS	Ministry of Health and Sanitation of Sierra Leone	1 Jan 2016-30 Jun 2018	70,223,713
Malaria	SLE-M-CRS	Catholic Relief Services	1 Jul 2016- 30 Jun 2018	3,988,778
		Total		**106,530,681**

Note: *1) The new HIV grant signed with the NAS for 1 January 2018 to 31 December 2020, for $31,799,803, was not included in the audit scope as it had only just begun at the time of the OIG's fieldwork for the audit.*

The OIG's audit covered more than two years of grant implementation, from July 2016 to March 2018, and three Principal Recipients and their sub-recipients. During the OIG team's fieldwork, they visited 12 warehouses, district offices and health facilities in three of the highest-burden districts for TB and HIV.

Key achievements and good practices

Achievements in its malaria program appear to be Sierra Leone's biggest success, with Global Fund support for malaria having led to "significant reductions" in malaria incidence and mortality (50% and 40%, respectively), the OIG said, mainly through improvements in prevention and treatment activities.

Though among the top 30 high-burden countries for TB, Sierra Leone made major gains in reducing TB morbidity and mortality between 2000 and 2014, and the TB treatment success rate remains more than 80%, despite the damaging impact of the Ebola outbreak.

In addition, the OIG commended "lessons learned from the Ebola outbreak", specifically the MoHS's strategy to build resilient and sustainable systems for health, and the Health System Recovery Plan (2015-2020).

Key issues and risks

The OIG identified four major 'issues' in Sierra Leone's overall grant implementation, which are expanded upon in 'Findings' later in this article:

Gaps in the design and implementation arrangements and management of the HSS grant funding: The OIG said this grant had not been adequately planned and executed within the current implementation cycle, noting that the short (two year) grant period, delays in establishing a program management unit, and weak coordination were some of the factors contributing to only 24% of grant funds being absorbed by December 2017 (this improved to 68% by June 2018). Key cross-cutting interventions had been delayed.

Absence of consolidated donor budgets and accountability: Implementers had not developed consolidated donor funding maps and procurement plans, the OIG said, acknowledging that this has been made more difficult by increased donor funding both during and after the Ebola crisis.

TB and HIV programs not meeting targets: Partly because of the TB response "collapsing" during the Ebola crisis, TB notification remains low, while ambitious targets for HIV key population interventions have not been achieved (see 4.2 and 4.3 in 'Findings' below). But the OIG notes that the new 2018-2021 grants have been designed to address specific gaps.

Ongoing need for stronger data and surveillance systems: Challenges persist regarding the quality of data and parallel reporting systems, the OIG said, despite an allocation for HSS grant support. Supervision budgets for data quality checks at health facility, district and central levels have been incorporated within the new Global Fund grants.

Ratings

The OIG rated three "objectives" according to its four-tiered rating scheme (effective; partially effective; needs significant improvement; ineffective):

Objective 1: The design adequacy of the implementation and assurance arrangements in supporting the achievement of grant objectives and sustainability of the programs **"needs significant improvement".**

Objective 2: The program management and monitoring processes of the three diseases to ensure quality of services to patients and provision of materially accurate and timely data for decision-making were rated **"partially effective".**

Objective 3: Supply chain mechanism in ensuring timely provision of good-quality medicines to the patients of the three diseases **"need significant improvement".**

Sierra Leone country context

The Global Fund has signed more than $304 million and disbursed over $248 million to Sierra Leone since 2006, across all three diseases as well as health system strengthening (HSS). The combined value of the three currently active grants is $106.5 million (see Table 1 above).

Until 2014, Sierra Leone, classified as a low-income country, had sought to become a middle-income one. But the Ebola outbreak that year (the largest and longest in history) devastated health infrastructure and the country's economy as a whole, while causing almost

4,000 deaths. GDP dropped from $5 billion in 2014 to $3.8 billion in 2017, and the currency depreciated by 29% as of December 2016.

The population of the country is 7.4 million, and Sierra Leone is ranked 179 out of 188 countries in the UNDP's Human Development Index. It is classified as a "core" country for the Global Fund (larger portfolio, higher disease burden, higher risk), and a Challenging Operating Environment.

Findings

The OIG's findings across all five specified areas are richly detailed (see section 4, on pages 11-20 of the report, especially section 4.1); below we summarize the 'headlines' of these findings.

4.1 Weaknesses in implementation and oversight arrangements affect execution of key activities as well as grant effectiveness and efficiency

In 2014, a Joint Financial Management Assessment (initiated by the MOHS and supported by the Global Fund, Gavi, the World Bank and the WHO local office) recommended the creation of the Integrated Health Projects Administration Unit (IHPAU), to optimize the financial management and administration of all donor-supported programs. Still, the OIG highlighted the need for Sierra Leone to strengthen implementation and assurance arrangements, relating to challenges including a lack of an overall view of program activities, delays in key grant activities, insufficient quality of Principal Recipient documentation and Fiscal Agent review of grant expenditure.

4.2 Challenges in TB case detection

TB case detection challenges, in the context of Sierra Leone's achievement of 85% of the case notification target, have root causes including community-referred patients not being tested because of limited access to service delivery points (only 13% of 1,360 health facilities in the country are DOTS treatment centres, and there is only one MDR-TB facility), and inadequate childhood TB coverage (childhood TB activities are not included in the program budget, despite childhood TB incidence representing 12% of the total case load).

4.3 Inadequate access to services for HIV patients

Though an 'HIV catch-up plan' is underway, treatment access and retention remain problematic, with 30% of patients lost to follow up (a 21% increase since 2014); a decline in treatment retention from 74% to 56% for people on antiretroviral therapy over the previous 5 years (two different cohorts with different start dates); and a decline in survival rates for adults on treatment from 72% to 52% after the 24-month period.

In addition, challenges remaining relating to community health workers (CHWs) – training, availability of reporting tools, integration of CHW cadres across diseases and patient tracking – with no mechanism having been implemented to furnish CHWs with lists of patients lost to follow up so that CHWs could contact, visit or counsel them.

4.4 Improvements needed in quantification and supply planning to minimize expiries and stock outs

Improved quantification tools and support available to national programs through the Global Fund's pooled procurement has helped ensure timely supply of medicines and commodities, the OIG said, with orders and supplies for malaria and TB medicines in line with annual procurement plans and forecasts. However, key issues in Sierra Leone's supply chain management include stockouts of HIV drugs and expired medicines not returned or destroyed. These issues, the OIG said, were due (among other reasons) to limited availability and use of reliable data affecting quantification, weaknesses in inventory records, and limited integration and coordination across programs in aggregating, analyzing and making use of supply chain logistics data for reporting and decision-making.

4.5 Data quality reviews have not effectively addressed data challenges

The OIG identified weakness in the accuracy, timeliness and completeness of programmatic data at the service delivery level, with the following issues identified across health facilities:

- Dramatic under-reporting (less than 25%) of the HIV and malaria indicators across the 12 months sampled by the OIG;
- The District Health Information System 2 (DHIS 2) does not include private/district hospitals and facilities which together account for an estimated 21% of all treatments for HIV, TB and malaria;
- Cases of inaccurate reporting for HIV were picked up.

Agreed management actions

The Secretariat will work with Sierra Leone's PRs on four agreed management actions (AMAs) relating to the OIG's five main findings (see p.21 of the OIG report):

AMA 1: The IHPAU and the NAS as Principal Recipients should develop a procurement plan for Global Fund grants; a work plan for the grants' key activities; an activity-level donor map for all funding received by IHPAU for the current grant cycle; and an approved supplier list based on a well-documented selection process.

AMA 2: Principal Recipients should perform an analysis of the Community Health Workers' program and develop a plan to improve access to services for the three diseases. *[Editor's note: this AMA is associated with the OIG's findings 4.2 and 4.3, relating to TB and HIV, respectively.]*

AMA 3: The PRs will work with the National Quantification Technical Working Group to ensure the use of data to inform decision-making for the management of Global Fund products, with particular attention to be paid to the reporting rate of LMIS tools from health facilities to districts, to central level, and to the use of the information derived from these tools to inform forecasting.

AMA 4: The PRs will develop a comprehensive data quality improvement plan.

All the AMAs are 'owned' by the Head of Grant Management and are due to be completed by 31 December 2019.

Editor's Note: This article does not address progress made on issues identified by the OIG in its 2014 investigation into allegations of procurement irregularities and invoicing fraud in Round 7 malaria and TB grants (see GF-OIG-14-005). See section 3.3 of the audit report.

The full report of the Office of the Inspector General's audit of Sierra Leone's Global Fund-supported grants is accessible on the Global Fund website.

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3. FEATURE: Fiji's TB program achieves successful transition from Global Fund grant to domestic funding

More than two years before grant closure, 'improvement plan' helped identify processes that would underpin transition

Elden Chamberlain **11 February 2019**

The Republic of Fiji was the recipient of a Global Fund grant to support Fiji's national tuberculosis plan from 2010 to 2018. A total of FJD21.3 million ($11.65 million) has been disbursed to the Ministry of Health and Medical Services (MoHMS) as the Principal Recipient (PR) and the National TB Program (NTP), Fiji Red Cross Society, Fiji Nursing Association, Fiji National University, and the World Health Organization, as Sub-Recipients (SRs) for Global Fund grants (see Global Fund Fiji Country Profile for further detail).

Fiji's health services are delivered through approximately 900 village clinics, three major hospitals and 76 health centers. The country has made good progress in bringing tuberculosis under control through its National Tuberculosis Plan 2015-2020. Currently the country has registered and treated 89% of all TB cases, up from 67% in 2015, and has 100% coverage for prevention programs for children under 5 years of age. These rates are in line with the National TB Plan target of 90% successful treatment by 2020. The latest data can be found in the WHO Fiji TB Fact Sheet 2017.

In 2015, 49% of the national TB program was supported by donor funds, primarily from the Global Fund, with domestic government financing at 51%. However, in 2017 Fiji was no longer eligible for Global Fund support based on the Global Fund's Eligibility Criteria. The criteria are designed to ensure that available resources are allocated to countries with the highest disease burden and lowest economic capacity. Eligibility is determined by a country's income classification, as measured by Gross National Income (GNI) per capita (World Bank Atlas Method), and official disease burden categorization. This meant that the Fiji Government would become 100% responsible for the TB program at the end of the current

grant and needed to investigate ways to fund the program, either from its own resources or from other donors.

The Fiji Country Coordinating Mechanism (FCCM) and the PR received the formal Grant closure notice in December 2017 but a no-cost extension was negotiated to expend funds not spent as a result of program implementation disruption caused by Cyclone Winston in February 2016. The grant extension meant that the formal closure of the grant happened on 30 September 2018, with remaining cash balances to be remitted to the Global Fund after that date. The Global Fund-supported TB program began its transition to a wholly domestically-supported TB program in October 2018.

The Global Fund encourages countries to plan proactively for transition, including addressing challenges and bottlenecks that may prevent a successful transition from Global Fund financing.

Whilst the Global Fund has no one-size-fits-all formal transition preparedness and implementation guide or model, it has supported the development of tools and guides to provide support to countries undergoing transition. The Eurasian Harm Reduction Network (EHRN) developed the Transition Readiness Assessment Tool in 2016 (its use has been documented in the Montenegro Transition Case Study and the Romania Transition Case Study). This tool has provided a useful basis for understanding the transition process and has underpinned transition planning and process for Fiji.

In February 2016, the FCCM undertook the Global Fund's Eligibility Performance Assessment (EPA) which is required of all CCMs.The EPA, conducted by an external consultant, assessed the CCM against 4 performance areas identified by the Global Fund as necessary for CCM functioning; an improvement plan based on the results of the assessment is required to support the CCM achieve compliance with the performance areas.

The FCCM improvement plan that was developed by the consultant included consideration of the processes and structures needed to underpin the transition process. This 'outcome' was included as the assessment identified that no planning had been done to prepare for the ending of the grant and the potential transition away from Global Fund support. Implementation of the improvement plan began in April 2016. This was the formal beginning of Fiji's Transition process and the development of the transition plan for Fiji.

Three key focus areas

In developing a transition plan the MoHMS and the FCCM determined that three key focus areas would underpin the transition process: first, the wider health context which would be addressed to ensure that health system strengthening and other gains made possible by Global Fund grants are not lost; second, direct transition of activities currently funded under the grant to domestic or other funding, which would address how activities funded by the Global Fund would be integrated/supported by the MoHMS; and third, transition of the CCM which would explore the potential role for a "CCM-type" body to support and oversee programs post-transition from Global Fund support.

These three key focus areas were further developed into nine thematic areas that each needed to be addressed to ensure successful transition; 1) Legal Framework, 2) Financial Framework, 3) Health Systems Strengthening – Infrastructure including surveys, M&E and Service Delivery, 4) Community Systems Strengthening - Decentralization of primary health care-related activities and Community DOT, 5) Procurement Supply Chain Management, 6) Public Private Mix, 7) HR Capital, 8) Future prospects of the Grant Management Unit, and 9) Transitioning the Fiji Country Coordinating Mechanism (CCM).

Between February and August 2017, the Grant Management Unit of the MoHMS took the lead on developing Fiji's transition, with support from the FCCM and input from all stakeholders who attended an initial retreat in February 2017.

The transition plan was divided into two main sections: 1, "Background & Current policy/funding environment", which provides background to the current situation regarding the National TB plan, current targets/gaps, impact of the GF support and donor/funding environment. The second section, "Thematic Areas to be Addressed", provides details of the 9 thematic areas identified with key issues to be addressed for successful integration.

Current Status

The transition plan was formally agreed to and signed off by the FCCM and the MoHMS in July 2018.

Eight out of the nine thematic areas defined by the transition plan have been fully completed/ implemented with all aspects of the Global Fund-supported TB program now fully integrated and supported by the national program.

The outstanding thematic area is the transitioning of the FCCM. Several potential roles have been discussed for a CCM-type body to provide oversight and support to communicable disease programs in the country, beyond the Global Fund grant. The FCCM is in discussion with the MoHMS and the Permanent Secretary of Health investigating what type of entity would be the best fit. Potential roles that have been discussed include a body focussed on TB/HIV, a wider communicable disease remit or potentially oversight of all externally funded projects within the MoHMS. It is anticipated these discussions will be concluded in the first quarter of 2019.

Main transition challenges

The main challenge for the FCCM and the MoHMS in developing the transition process has been the lack of formal guidance on how to approach transition. This was because the transition began during the same time as the Global Fund was developing its transition processes at headquarters level. Guidance available to countries from the Secretariat was, at that stage, minimal, leaving the FCCM and the MoHMS to develop a process of their own that tried to meet the overarching goals of the Global Fund's transition aims as well as the needs of the country.

Coordination was less than ideal during the transition process, with the FCCM and the Ministry never formally agreeing on who was going to lead and coordinate. This was further

hampered by a lack of continuity within the MoHMS, due to changes in senior personnel, which meant that agreements made with one senior staff member were not necessarily automatically followed up by their replacement.

Determining a role for the FCCM post-Global Fund has also been challenging. Whilst there is acknowledgement from the MoHMS that there is a role for an oversight-type mechanism for communicable disease programs, issues such the nature of the new mechanism are not yet resolved – for example, whether the FCCM morphs directly into a new organization, or whether it is scrapped and another type of entity is created, have yet to be agreed upon.

Lessons learned

The development and implementation of the transition plan necessitated placing the Global Fund-supported TB program within the larger context of the Fiji National Health Strategy and the National TB program, whereas previously it had largely been considered a standalone program. It has also led to a plan that has been fully costed, agreed to by all key stakeholders, and has been 90% implemented.

In reviewing the process, the FCCM identified key lessons learned that others going through transition should keep in mind, primarily that transition planning takes time and cannot be rushed. For Fiji, the transition process took three years, and it would not have been possible to have achieved the designated 'outcomes' of the transition plan more quickly. Inputs for the transition process, in Fiji's case, needed to come from the MoHMS, Ministry of Finance, FCCM, WHO, and others; in other countries, too, coordination will be essential to ensure that everyone involved is on the same page and all working to the same end. The ERHN tool was useful in underpinning the process and provided guidance for its implementation.

The cooperation and good-will that existed between Fiji's government and civil society ensured that the transition process could be implemented. This did not occur overnight but came about by the building of strong relationships, and the existence of open dialogue and a willingness to work together for the common goal of ensuring that a comprehensive TB program would continue to be implemented post-Global Fund support.

Further Reading:

- *Global Fund Fiji Country Profile*
- *WHO Fiji TB fact Sheet 2017*
- *Global Fund Eligibility Criteria 2017.*
- *Montenegro Transition Case Study*
- *Romania Transition Case Study*

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4. FROM THE FIELD: Eurasian Coalition on Male Health draws attention to ongoing challenges faced by MSM and LGBT communities

Discrimination and inadequacy of health services aggravate vulnerability to HIV infection

Tinatin Zardiashvili **11 February 2019**

Eastern Europe and Central Asia remain the only part of the world where HIV incidence is on the rise. Based on statistical evidence, the MSM population is the main driver of the HIV epidemics in this region. A recent epidemiological review suggests that "in most EECA countries HIV prevalence among MSM exceeds 5%, which is a sign of a concentrated epidemic." The available data on trans people are so scarce that there is no evidence base for a discussion on the prevalence figures in this community. However, this does not diminish their vulnerability to HIV, TB or other sexually transmissible infections.

Increased vulnerability of the MSM/LGBT communities to HIV infection is strongly linked to the lack or inadequacy of specific health services, which also limits the realization of their health rights. According to the Eurasian Coalition on Male Health's regional report on violations of the right to health of gay men, other MSM and trans people, legislative gaps vary from country to country in the EECA, but there is one common denominator across the region for any type of legislative or policy issue related to MSM, LGBT and trans communities: Widespread stigma and misconceptions that lead to internalized homo-negativity, or so-called 'self-stigma', forcing people from these communities to hide themselves and their problems from the public.

Unfortunately, the negative attitude to MSM /LGBT is often defined by the state and parliamentary officials, including those in the prison, law enforcement and public health systems. Their reluctance to acknowledge homophobia and trans-phobia leads to HIV criminalization, and absence of anti-discriminatory legislation or appropriate law-enforcement mechanisms, and a dearth of state-funded programmes for MSM and LGBT (i.e. legal, medical or psychological counseling).

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To explore what is behind the numbers and official reports of the interlinked problems of stigma, discrimination, unfair legislation, inadequate services and increased HIV-vulnerability, the GFO talked with experts from the Eurasian Coalition of Male Health (ECOM), a regional network of 53 community-based-organizations (CBOs) from 14 countries. The majority of leaders, technical experts and activists in this organization represent MSM/LGBT communities, and serve as role models for thousands of MSM or LGBT people from different countries, calling for coming out and standing up for individuals' rights.

Currently, ECOM is a main recipient of the Global Fund-supported regional programme "Right to Health", which has sub-recipient CBOs in Armenia, Belarus, Georgia, Kyrgyzstan and Macedonia. The programme focuses on empowering communities, that then advocate for improved policy and increased domestic funding. The program has so-called 'extended engagement' of seven countries that can also benefit from capacity building and knowledge-

sharing events. These countries are Azerbaijan, Estonia, Kazakhstan, Moldova, the Russian Federation, Tajikistan, and Ukraine.

Since 2017, the CBOs led by ECOM have been documenting the human- and health-rights violations cases of MSM and LGBT in Armenia, Belarus, Georgia, Kyrgyzstan and Macedonia. Collected cases were analyzed in a report by ECOM in 2017; the next annual report is currently in process and is expected to highlight what has changed over the past year.

Why is it important to document cases of rights violations?

Yuri Yuorsky, human rights and legal issues officer at ECOM has explained that the ultimate goal of documenting cases is to achieve an enabling legal environment for MSM and LGBT health rights. The change process starts by promoting legal reforms, but governments in this region tend to underestimate or diminish issues related to homophobia and trans-phobia, making the role of civil society crucial to highlight the problem and "show 'the real picture' of rights violations," said Yuorsky.

"The cases documented in our programme are illustrations of widespread ignorance of the needs of MSM/LGBT communities in terms of healthcare. When we use International Human Rights Mechanisms or prepare national alternative reports of rights violations," Yuorsky said, "the documented cases serve as a basis for building arguments while justifying the need for legal reforms."

The cases describe offensive and discriminatory treatment by medical personnel, police and in prisons, as well as refusal of institutional personnel to provide psychological counselling or medical treatment; breaches of confidentiality around HIV diagnosis at medical institutions, aggression in banks, prisons, civil registries, health service clinics; verbal and physical assaults in the streets and by state officials; and even (allegedly) murder on the basis of sexual orientation. Specific examples can be found in the ECOM report.

"These cases are real human stories, illustrating how MSM and LGBT people are treated in the real world and how they feel as a result of such negative treatment," says Vitaly Djuma, executive director at ECOM. "We know that public health is mostly about figures and statistics, but these human stories are very valuable in exemplifying the [widespread] stigma, to describe the attitude of medical personnel and other officials. The cases help us to show discriminatory actions that lead to devastating self-stigma and [patients'] despairing decisions not to use health services anymore," he said.

According to ECOM experts, these cases are more powerful than statistics when attempting to change attitudes and when talking with state officials or with medical personnel. "We are moving from the medical histories of the body towards human stories", said Gennady Roschupkin, community health systems coordinator at ECOM. He explained that these stories help officials and doctors to see the person beyond the diagnosis and policies, and they realize how their work influences the lives of the real people.

What is the Global Fund's role in protecting key populations' health rights?

The community empowerment strategy promoted and financially supported by the Global Fund is considered by ECOM experts to be a game changer for the NGO scene in EECA. Technical support, capacity building and engagement in activities such as research, assessments, collection of cases, and round-table discussions have significantly increased confidence and the ability of all key population communities to overcome 'self-stigma' and to stand up for their rights.

"Self-stigma is a serious problem for our community," Vitaly Djuma said. "If we are not willing to speak about our problems, our rights, our lives, who is going to change this world? Empowering communities and their engagement in state decision-making was a huge step on the way to resolving our problems. MSM and LGBT community representatives are becoming equal partners in discussing issues at Country Coordinating Mechanism level," he said.

Can elimination of discrimination against MSM and LGBT be sped up?

Yuri Yuorsky believes that legislative reforms to implement comprehensive anti-discrimination legislation would be the first step towards changing public attitudes: "To speed up a process, it is crucial to involve "gate-keepers" such as law enforcement bodies, public officials, other decision makers and medical personnel in prevention of rights' violations of vulnerable groups," he said.

All the ECOM experts consulted for this article agreed that empowering communities with knowledge and skills, and involving them in decision-making processes, could speed up the initiation of legal reforms and support for developing specific, state-funded programmes to improve services (i.e. counselling, psychological or legal support) for MSM and LGBT communities.

Further reading:

- HIV among MSM in EECA, epidemiological review, 2018
- Regional Report on violations of the right to the health of gay men, other MSM and trans people in the CEECA region in 2017
- Study of Internalized Homonegativity (internal homophobia), ECOM, 2018
- MSM and Trans community participation in HIV decision-making processes in Armenia, Belarus, Georgia, Kyrgyzstan and Macedonia, Baseline Study, ECOM, 2018

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5. INTERVIEW: Q&A with Dr Ade Fakoya, the Global Fund's senior disease coordinator for HIV/AIDS

On prevention, the 'demographic bulge', and partnerships

By Friends of the Global Fight **12 February 2019**

This is the third in a series of interviews with the Senior Disease Coordinators at the Global Fund to Fight AIDS, Tuberculosis and Malaria. In this Q&A, Friends spoke with Dr. Ade Fakoya, the Senior Disease Coordinator specializing in HIV/AIDS, about the opportunities to fight AIDS covered in Friends of the Global Fight's report, "At the Tipping Point: U.S. Leadership to End AIDS, Tuberculosis and Malaria".

Friends: Dr Fakoya, can you reflect on the areas where you think the Global Fund has been doing particularly well, and what specific factors you find that either contribute to these successes or could be improved to strengthen the Global Fund's programs overall?

Dr Fakoya: In general, we have done really well with treatment and prevention of mother to child transmission. However, we have more work to do when it comes to prevention among highly vulnerable populations and young people, particularly adolescent girls and young women in countries of east and southern Africa. Here new infections can be as much as 10 times higher among young women than among their male peers. We and others have already done a lot to address this but there is still much more to be done. It is crucial that we tailor responses to take into account factors such as age, gender and geographic locations, program to program, if we are going to successfully meet these needs.

We also need to work on improving program quality and implementation, most notably by rapidly implementing innovative models of service delivery and improving program management cost. This requires a better understanding of what it costs to deliver programs, as opposed to how much we pay for them currently. I mention that because we are currently involved in work with PEPFAR, the Gates Foundation, UNAIDS and others to align our investment categories to look at the best ways we can truly maximize our contributions.

Countries that we see doing the best in these areas tend to have strong civil societies, an engaged political commitment, strong health systems and domestic financing. Countries that may be falling behind are weak in these areas and tend to struggle with the organization and clarity of their data. All of this can make it challenging to maintain political commitment and ensure national quality programs.

Friends: How severe a threat do you consider the changing demographics in sub-Saharan Africa where there has been a dramatic growth in the proportion of young people, and what is the Global Fund's response?

Dr Fakoya: First, let us acknowledge that the growth in populations is due to a number of things and is overall a positive thing. Improvements in maternal and child mortality, and

domestic and overseas contributions in development, all contribute. At the Global Fund we are focusing on the many aspects of the population growth (the so-called demographic bulge), particularly through our work on youth, human-centered program design and programmatic prioritization of young women and girls. They are a key component of the growing populations in southern Africa.

It is estimated that in 20 years, we will have three times the number of people under 35 years-old in Sub-Saharan Africa so we are going to have to work three times as hard to sustain the same progress. To address this challenge, we must differentiate our response. That is a fancy way of saying we do what is needed where it is needed, and don't adopt a one-size-fits-all way to do things because it's inefficient and you don't achieve maximum impact.
Moving forward, we will need to rely more heavily on young people. This means continuing to involve them fully in all aspects of the response and giving them the power and responsibility for their own health outcomes.

Friends: The WHO and other partners have been pushing to expand stronger health systems as a means to better treat specific diseases. What do you think about the growing discussions comparing disease-focused programs and system-oriented interventions?
Dr Fakoya: I think that the Global Fund is very much at the center of that push and recognizes the false dichotomy of systems versus direct disease approaches. You cannot have good disease specific health outcomes without strong health systems, period. My understanding is that the HIV community recognizes the need to address broader health systems and is generally embracing the push for more comprehensive health care approaches as an opportunity and not a threat. The recent Lancet Commission article on HIV and global health articulates this very well.

On the other hand, some HIV health professionals do worry that targeting an issue as broad and complex as bolstering health systems will take the focus away from the specific problem of AIDS, weakening our impact in this area. Health systems often struggle with the ability to care for vulnerable populations, so we need to retain a tailored response within the context of generalized health care to marry the benefits of both and make sure no one is left behind. We also must ensure that there is a focus on delivering measurable impact, such as lives saved, reduced incidence of new infections for all groups, and increased access.

While it is challenging to balance the targeted disease initiatives with the need to develop health systems more broadly, I think we are capable, and in fact as part of the Global Fund partnership, do both. As an example, 17.5 million HIV positive people received antiretroviral therapy in Global Fund supported countries in 2017, while nearly 700,000 mothers received treatment to prevent the transmission of HIV to their babies. We also note from analysis of our portfolios that 27 percent of funding currently goes to support systems for health. So, it's possible as a partnership to do this.

Friends: Partnership has always been important to the Global Fund's work. Can you talk more about the roles of the Fund's various partners today and the opportunities for new actors in the future?

Dr Fakoya: One of the areas where I see the Global Fund doing particularly well is in our ability to engage in meaningful partnerships with bilateral and multilateral organizations like the WHO, UNAIDS, UNICEF and PEPFAR and private sector foundations such as the Bill and Melinda Gates Foundation. For PEPFAR specifically, we have been working intensely together to make sure we are maximizing the dollars from each of our contributions. For example, we are coordinating our funding applications so that our work prioritizes different areas.

As we move forward it will be critical to find new actors across many different areas. For example, bringing together local partners, private sector contributors and local academics will help build a stronger team capable of finding creative solutions to problems that we might not have thought of before.

This Q&A was reprinted with permission from Friends of the Global Fight.

For more on opportunities for the U.S. and partners to work toward ending the epidemics of AIDS, TB and malaria, see Friends' Tipping Point report.

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6. OF INTEREST: African Leadership Meeting, "Investing in Health," launches new initiative

New commitments made to ensure achievement of Universal Health Coverage in Africa

Aidspan staff **12 February 2019**

The past week was a big one for the Global Fund, with the Preparatory Meeting for the Global Fund's Sixth Replenishment held in New Delhi on February 8, and the African Union's African Leadership Meeting held in Addis Ababa on February 9, whose theme was "Investing in Health".

For more on the Replenishment Preparatory Meeting, see the article in this GFO on communities' and civil society's response to the Global Fund's Investment Case, which was presented at the meeting.

For more on the African Leadership Meeting, we highlight below three news reports from other sources. See also the article in GFO 349 by Aidspan CEO Ida Hakizinka, on whether African countries are ready to take on greater domestic financing commitments in the runup to the Global Fund's Sixth Replenishment.

Africa's leaders gather to launch new health financing initiative aimed at closing funding gap and achieving universal health coverage

From: AIDS Watch Africa

Addis Ababa, 10 February 2019 – African Heads of State and Government, Ministers of Health and Finance, business leaders and global partners gathered yesterday ahead of the 32nd Summit of the African Union (AU), to launch a new initiative aimed at increasing commitments for health, improving the impact of spending and ensuring the achievement of universal health coverage across Africa's 55 countries.

Rwandan President Paul Kagame, who is Chair of African Union, said: "Governments should surely be willing and able to increase domestic investment in healthcare […] We should be the first ones to contribute to efforts that directly benefit our people."

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Global Fund praises African leadership on Investing in Health

From: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Addis Ababa, 10 February 2019 – The Global Fund joined calls by African leaders for more investments in health at a leadership conference that championed commitments to support broad social and economic development by ending epidemics and strengthening health systems.

Ethiopian President Sahle-Work Zewde, calling health a fundamental human right, expressed support for targeted investments in health that prioritize services for women and children and underpin national development. She and others cited the stark reality that Africa has 24 percent of the global disease burden and only 1 percent of total spending in health.

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AU summit opens with focus on peace and migration

From: Devex (by Christin Roby)

Addis Ababa, 11 February 2019 – The 32nd African Union Summit opened at the AU headquarters in Addis Ababa, Ethiopia, on Sunday, with a ceremony that focused on peace and security, migration, and economic growth.

The two-day assembly of 55 heads of state and government will establish the union's priorities and outline its work program for 2019. The agenda addresses institutional reform, progress on the African Continental Free Trade Area, and updates on peace and security –

alongside closed sessions concerning violent extremism, corruption, early marriage, and the adoption of continental legal instruments, open only to specific delegations.

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