



Independent observer  
of the Global Fund

# Global Fund Observer

NEWSLETTER

Issue 363: 11 September 2019

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**BY ADÈLE SULCAS**

The Global Fund has published new funding request guidelines to help implementers prepare their funding applications for the next allocation period (2020-2022), earlier in the grant cycle than previously, to allow implementing countries sufficient time for internal dialogue and preparation. The available funding for this period will be determined at the November Board meeting, after the Sixth Replenishment Conference on 10 October in Lyon, France.

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An upcoming High-Level Meeting on universal health coverage at the United Nations 74th General Assembly is raising questions about how multilateral institutions, like the Global Fund, can contribute. Observers point to the specific role the Fund can play in protecting marginalized communities and human rights. But they also warn that there could be potential conflicts over funding priorities.

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**BY ADÈLE SULCAS**

The Global Fund Implementer Voting Group is holding its third retreat from 11 to 13 September, in Dakar, Senegal. The retreat aims to develop agreed actions based on work areas first prioritized in its 2016 'roadmap', as well as focus on advancing country ownership and political will, in the context of co-financing and universal health coverage.

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**BY ADÈLE SULCAS**

With just one month left until the Global Fund's Sixth Replenishment Conference in Lyon, France, Replenishment-related activity has stepped up. In August, five major governments announced their increased pledges within five days, India increased its pledge, and the private sector made several pledges involving co-investments and other initiatives.

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**BY ADÈLE SULCAS**

This GFO's 'Of Interest' highlights the report just published by the Lancet Commission on Malaria Eradication, the first peer-reviewed academic document attesting to the feasibility of global malaria eradication by 2050, and the Global Fund's new publication series spotlighting private sector partnerships.

#### **7. ANNOUNCEMENT: The Global Fund Board seeks new members for the Technical Review Panel**

**BY AIDSPAN STAFF**

The Global Fund Board has launched a recruitment process for new members of the Technical Review Panel, the independent group of health-care and development experts that reviews funding applications. The recruitment process is being managed by Devex. Applications are due by 15 September 2019.

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### **ARTICLES:**

#### **1. NEWS: Funding request information for Global Fund's 2020-2022 allocation period now available**

*Application materials published earlier in funding cycle than usual*

The Global Fund has published its new funding request materials for the 2020-2022 funding allocation cycle longer in advance of the first application deadline than previously, with Window 1 applications due by 23 March 2020.

The reason for the earlier-than-usual publication on the Global Fund’s website is to enable countries to prepare well in advance for the application process, including the critical process of in-country dialogue. The Fund says that the allocation-based model remains “largely unchanged” in the upcoming cycle, with some elements updated based on lessons learned in the current cycle.

The Global Fund’s Lindsay Smith, Senior Specialist in Access to Funding, who managed the funding request application development process, told the GFO that this was a main reason why the Fund has completed and published the application materials earlier for this cycle than for the last (2017-2019).

**Table 1: Funding request application windows for 2020-2022 allocation period**

Application window	Submission date	Technical Review Panel review
1	23 March 2020	27 April – 2 May 2020
2	25 May 2020	29 June – 5 July 2020
3	31 August 2020	5-11 October 2020

**Source: The Global Fund**

Smith said that the Fund cannot communicate about allocations in advance of the Global Fund’s Board meeting in mid-November, when total sources of funds for country allocations will be determined by the Board (after the Sixth Replenishment Conference on 10 October). However, Smith said, “We can at least make sure that Country Coordinating Mechanisms (CCMs) have the guidance and application materials they need to get started on country dialogue sooner rather than later.”

Country Coordinating Mechanisms are responsible for implementers’ applying for funding allocated to countries. Each country that receives an allocation from the Global Fund must submit its requests for funding for eligible disease components through the CCM, on behalf of the country as a whole.

According to the Secretariat, roughly two-thirds of the Global Fund’s current grants end in December 2020, which means that CCMs will need to be ready to submit their completed funding requests in either Window 1 (deadline 23 March 2020) or Window 2 (deadline 25 May 2020). This is necessary in order for implementers and the Secretariat to have a

reasonable amount of time to complete grant-making and have grants signed by the end of that year, so that they are ready to begin implementation in January 2021.

### **Secretariat perspectives on the funding request process**

Leif Rommel, the Fund's Manager for Operational Efficiency within Grant Management, told the GFO that the most important thing CCMs could do to ensure a smooth transition to a new grant in 2021 is to "frontload" implementation discussions as much as possible, as early as possible, in the funding request phase of the process.

"Especially if you are changing anything in the program," Rommel said, "like changing implementers, or implementing new interventions or new modules, or doing something [within programming] that you haven't done before, the more you can do the thinking upfront during the funding request stage, rather than leaving it to the grant-making stage to figure it out, the higher your chance of success."

Rommel added that if CCMs could identify anything from the last cycle that had required more dialogue than anticipated and had in turn caused delays during grant-making, tackling those issues at the funding request stage in this cycle would go a long way to speeding up grant making.

"Frontload anything that you can," Rommel said, "Have the difficult discussions up front." It is likely that the countries that applied in Window 1 of the current funding cycle will be among the first that need to apply for new funding. The High Impact countries that fall into this criterion include Bangladesh, Burkina Faso, Democratic Republic of Congo, Cote d'Ivoire, Indonesia, Malawi, Mali, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, Uganda, Zanzibar, and Zimbabwe as well as the multicountry East Asia and Pacific Regional Artemisinin Initiative (RAI). (To see which grants applied in which application windows for the 2017-2019 funding cycle, see the [Funding Request Status Tracker](#) on the Global Fund website.)

Smith reaffirmed how important it is for CCMs to plan backwards from when their grant ends, to be sure that they build in enough time for the funding request development, submission, review, grant-making, and then final grant review, recommendation and Board approval. All this needs to happen before a grant can be signed and then disbursed.

In the last cycle, there was a wide range in the time that individual applicants took to complete all these steps, but on average, Smith said, the process took eight months from the time of submission up until Board approval. (The variations in each funding request's application timescale are also detailed in the Funding Request Status Tracker published on the [Funding Request Submissions and Status](#) page; a similar tracker for the upcoming funding cycle will be published on the same page early in 2020.)

### **Application materials**

The application materials now available comprise five application forms (for five types of funding requests), in English, along with instructions for each approach, technical information notes, other guidance documents, and a preliminary ‘frequently asked questions’ document. The five different types of requests are: Program Continuation, Full Review, and three types of ‘tailored’ approaches, which are for National Strategic Plans, Focused Portfolios, or Transition.

Instructions regarding which type of funding request countries should use will be communicated in the allocation letters that the Fund will send to CCMs in December 2019. The Fund’s website says that these materials are, for now, “for information purposes only,” and that each country applicant should request its country-specific materials from its respective Fund Portfolio Manager starting in December 2019. Application forms and instructions will be made available in French and Spanish starting in late September 2019.

***Further information:***

- [Funding request materials for 2020-2022 funding cycle](#)
- [Funding request applications](#) (description of the different types)
- [Funding request submission deadlines for 2020-2022](#)
- The Global Fund’s [Funding Request Status tracker](#) (2017-2019 funding cycle)

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## **2. NEWS: Global Fund role in attaining Universal Health Coverage will be in focus at UN General Assembly**

*Ahead of the first High-Level Meeting on UHC at the UNGA, discussions about how multilaterals such as the Global Fund fit within a system of universal coverage become prominent*

**Andrew Green**

**10 September 2019**

With a [High-Level Meeting](#) on universal health coverage (UHC) scheduled for 23 September 2019, the day before the United Nations General Assembly begins, the United Nations could intensify the global movement toward a health-systems approach offering comprehensive basic coverage that is funded by domestic governments.

A transition to UHC would have significant implications for the Global Fund. The meeting is bringing to the fore questions about whether the Fund has a role to play in attaining UHC, but also longer-term considerations, including whether this transition, if it happens, might ultimately render the Fund unnecessary.

A Global Fund spokesperson told GFO that there was no way to separate achieving UHC from the Fund's objectives – and Fund officials, including Executive Director Peter Sands, [have voiced support](#) for UHC. "The Global Fund's mission has always been intertwined with improving systems for health, and ultimately with achieving universal health coverage," the spokesperson wrote in an email.

There has been mounting advocacy for UHC within a global health community looking to sustainably deliver basic health services to all patients. That advocacy saw UHC integrated into the [Sustainable Development Goals](#) (SDG), which call for concerted efforts "to achieve universal health coverage and sustainable financing for health," and culminated in the General Assembly's resolution to host an HLM on the issue this year.

Broadly speaking, UHC seeks to provide a community with a suite of promotive, preventive, curative, rehabilitative and palliative health care services. And it looks to do so affordably. It is grounded in a primary health care system that is accessible and comprehensive. The global health community is coalescing around a model that would see governments set their own priority services and also take responsibility for the bulk of the costs.

Loyce Pace, the executive director of the [Global Health Council](#), said the discussion around UHC reflects the evolution taking place in global health circles. Emerging from a "golden era" that saw international attention and resources focus on addressing diseases like HIV and malaria, she told GFO that the conversation has shifted toward building a system that can maintain momentum around these specific responses, while providing more holistic coverage.

"Everything we've been doing has made sense," she said. "But we have to think about what's the next thing to build on the progress we've made. It doesn't have to be an either-or scenario. We're asking what one can do for the other."

As attention has centered on UHC, the Global Fund has taken steps to underscore how it contributes to universal coverage. In [a May publication](#), the Fund highlighted how its efforts have strengthened health systems and promoted integrated points of care that offer more than services for HIV, TB and malaria. The Fund has also broadened access to care, especially for marginalized populations, and spurred domestic governments to invest more in health.

The Fund also sees a role for itself in determining what UHC looks like, including ensuring that, in the places where it is important, preventing and treating HIV, malaria and TB remain high on the health agenda.

"It's not as though the Global Fund is operating in a vacuum," Pace said. "They want to be responsible by weighing in on this and having a response to this question." And its input could be critical, especially for marginalized communities that include men who have sex with men, sex workers and transgender people.

"The Global Fund has played a key role in demonstrating how you can involve a marginalized population in governance and decision making," said Marielle Hart, the head of policy in the United States for the Dutch organization, [Aidsfonds](#). She pointed specifically to

the inclusion of representatives from key populations in Country Coordinating Mechanisms (CCM).

That inclusion could disappear within a domestically financed health system where governments that actually criminalize some of these populations would be responsible for establishing priorities. Aidsfonds [conducted research](#) on this issue in four low- and middle-income countries and "what we are seeing everywhere is these populations continue to face the same barriers to accessing health services as they currently face," Hart said. "The political will doesn't exist to reach these groups."

There are other risks to reducing the Global Fund's presence, Hart said, including governments prioritizing interventions that readily demonstrate a significant return on investment. That would undermine interventions that do not offer easily measurable benefits, like the role of prevention activities in reducing HIV transmission.

If the Global Fund and other multilaterals see their positions reduced or even disappear under UHC, it removes any leverage they have to advocate for [human rights-based approaches](#) or for expansive health policies, she said.

"The reality is that we won't eliminate AIDS, TB or malaria without building resilient health systems that are truly universal, that reach the poor, the marginal and vulnerable people who often get left behind," the spokesperson wrote. "The other reality is that a health system that isn't effectively protecting people from AIDS, TB and malaria isn't much good as a health system."

Global Fund officials will be attending the HLM (including Executive Director Peter Sands) and the spokesperson told GFO that a successful replenishment this year will be an important milestone in the effort to attain UHC.

While the spokesperson argued that it was false to establish a dichotomy between UHC and the goals of the Global Fund, there is the reality that global health funding is plateauing. And though UHC's sustainability will depend on national governments' taking on the bulk of the cost, some donor money will likely still be needed. International organizations have shied away from putting a price tag on the overall cost of achieving UHC, though ahead of the HLM its organizers [have announced goals](#) that include encouraging governments to set nationally appropriate targets for health investments with the idea that aid will then "reduce fragmentation and strengthen national health financing capacities."

That might put the efforts to attain UHC in conflict with the Global Fund and other institutions that are also competing for limited resources, Rob Yates, a champion of UHC and the head of the Centre on Global Health Security at [Chatham House](#), told the GFO.

The continuation of donor activities also pulls emphasis away from increasing domestic funding, he said. "It's not the Global Fund's fault. All of us look at the situation and think, 'how can we get more aid funding into these countries', as opposed to, 'how can we help the ministry of health articulate the case for a bigger funding share'."

There are significant questions still circling the adoption of UHC, though, not least being whether governments will actually pay for it. That means that the need for the institutions that currently dominate the global health landscape is not going away. But that has not stopped experts from beginning to think about how the Fund might evolve within a shifting global health architecture.

Writing in [The Lancet](#) last year, the journal's editor, Richard Horton, called on the Global Fund leadership to "seize the opportunity to write a new narrative for the Fund to enable it to adapt to its new political and economic environment." He proposed that the Global Fund adopt an "ATM plus" strategy, that is, an ongoing focus on AIDS, TB and malaria, but also on UHC.

Such a strategy would see the Fund expand to address gaps in achieving UHC and might offer a natural extension to the existing efforts to underscore the work it has already done to help pave the way for universal health coverage.

In response to a question about adopting Horton's model, the spokesperson told GFO, "The Global Fund's impact has always been broader than impact on the three diseases." She also highlighted that the Fund is the largest multilateral investor in grants for health systems at \$1 billion per year. That money goes to improving procurement and supply chains; strengthening data systems and data use; building an adequate health workforce; strengthening community responses and systems; and promoting integrated service delivery.

There are also ways in which aspects of the Global Fund system might be retrofitted for a UHC era, which would help preserve some of the ideals the Fund has championed. Hart said there are early discussions in some countries around broadening the CCM's focus beyond Global Fund activities to encompass all efforts under UHC.

"That way civil society and affected communities can really engage in accountability around UHC and monitor the implementation of it," she said.

Overall, though, the international community is just beginning to wrestle with these issues, including how UHC will shape multilateral institutions and vice versa. A key initial blueprint, the [Global Action Plan](#), is set for release ahead of the UN General Assembly and can then be used to help guide the HLM. The Plan grew out of a call for an overarching strategy for achieving the health-related targets under the SDGs. Twelve global health institutions, including the Global Fund, are working to chart the collective actions needed to reach these goals.

Officials working on the Plan told GFO they are not yet in a position to provide details on exactly how it will work or what actions it will require from its partner institutions. Pace, who is involved in a civil society group advising on the Plan, predicted that it will initially spell greater cooperation across the different major global agencies, but probably not any significant overhauls. At least for now.

**Further reading:**

- [The agenda for the High-Level Meeting in September](#)
- [The article in this GFO on Global Fund-related activities at the UN General Assembly](#)
- [The Lancet on the future of the Global Fund](#)
- [The Global Fund on its contributions toward UHC](#)
- [Aidsfonds' research on integrating HIV services into UHC](#)
- [Available details on the Global Action Plan](#)
- [The Sustainable Development Goals](#)
- [An article from GFO on Global Fund efforts to enshrine human rights in its programs](#)
- [An article from GFO on a special session on UHC at the International AIDS Conference](#)

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### **3. NEWS: Mixed results from audit of Global Fund grants in Nepal, says OIG**

*'Partially effective' systems for service; inadequate implementation arrangements – but country ahead of schedule to eliminate malaria*

**Djesika Amendah**

**11 September 2019**

The Office of the Inspector General (OIG) of the Global Fund, in its second audit of grants in Nepal, found that the country has made significant progress in the fight against HIV, tuberculosis and malaria. The number of patients on antiretroviral treatment has increased by 25% in the last three years, the TB treatment success rate is 91%, and malaria cases have declined so significantly that the country might be able to eliminate malaria ahead of the planned year of 2026.

[The OIG's audit of Nepal's grants](#) was published on 28 August 2019.

The OIG audit opinion is that Nepal's systems and mechanisms to ensure quality of services for HIV and TB to intended beneficiaries are partially effective. However, the implementation arrangements to ensure efficient and sustainable achievement of grant objectives need significant improvement. The OIG uses a four-tier rating: ineffective, need significant improvement, partially effective, and effective.

This article summarizes the OIG's audit report.

#### **Country context and recent constitutional changes**

Nepal is a landlocked country located between India and China, with a population of 29.9 million. It is the only low-income country in South East Asia. HIV in Nepal is concentrated in

key populations, with a prevalence of 8.5% among people who inject drugs and male sex workers, 5% among men who have sex with men, and 7.3% among transgender individuals. In the general population, HIV prevalence in adults (aged 15-49) was [0.2% in 2015](#), and trending downward over the last few years.

Tuberculosis (TB) is a public health problem in Nepal, as it is the sixth leading cause of death in the country. The estimated rate of TB incidence is 156 and estimated mortality rate is 20 per 100,000 people. Nepal has malaria under control; the malaria burden declined steadily by 97% between 1985 and 2016. Malaria testing increased by 76% from 118,165 in 2015-2016 to 207,581 in 2016-2017. In 2017, only three people died of malaria in the country.

In September 2015, Nepal adopted a new constitution, launching a federalization process that transformed the administration of the country including the health sector. The country now has three levels of government: federal, provincial and municipal (local). For health-related matters, the federal government, through the Ministry of Health and Population (MoHP), is in charge of policy-making, regulations, standards development, and monitoring.

The provincial and local governments are in charge of delivery of health services. Nepal created a Ministry of Social Development (MoSD) to oversee the newly-created Provincial Health Directorates. This new administrative structure eliminated districts and their Public Health Offices (DPHOs), which included units that used to coordinate and report on Global Fund grants, among other activities. (These units were reinstated in the first quarter of 2019 due to implementation challenges created by the revised administrative structure.)

Nepal is a Global Fund ‘core country’, meaning it has a large portfolio, a high disease burden for at least one disease, and is considered ‘high risk’. [The Global Fund measures risks](#) in five areas: impact, including sustainability and transition; program quality and efficiency; reputation; drug- and insecticide resistance; and ethics.

The Secretariat placed Nepal under the Additional Safeguard Policy (ASP) in 2015 following a devastating earthquake. In addition, government PRs had weak financial and oversight management resulting in financial irregularities; grants managed by the government PR showed “consistent poor [...] performance”. These weaknesses appear related to the “weak state capacity” which meant that government was unable to deliver essential services, according to the OIG report. The result was that the Global Fund decided to appoint an international NGO, Save the Children, as PR for all its grants in Nepal. Save the Children has been the only PR since 2015. The OIG conducted an earlier [audit of the Global Fund grants in Nepal in 2010](#).

**Table 1: Global Fund grants audited in Nepal**

Disease and Grant Number	Principal Recipient	Signed amount (US\$)	Amount disbursed (US\$)
<i>Active grants covering years 2018-2021</i>			

<b>HIV/ NPL-H- SCF</b>	Save the Children Foundation, Inc	23,264,144	8,497,811
<b>Malaria/ NPL-M- SCF</b>	Save the Children Foundation, Inc	4,208,547	1,443,855
<b>Tuberculosis/ NPL-T- SCF</b>	Save the Children Foundation, Inc	16,138,548	6,944,419
<b>Total</b>		<b>43,611,239</b>	<b>16,886,085</b>
<i>Closed grants covering years 2015-2018</i>			
<b>HIV/ NPL-H- SCF</b>	Save the Children Foundation, Inc	23,956,016	23,523,734
<b>Malaria/ NPL-M- SCF</b>	Save the Children Foundation, Inc	10,593,376	9,792,270
<b>TB/ NPL-T- SCF</b>	Save the Children Foundation, Inc	17,643,621	16,351,077
<b>Total</b>		<b>52,193,013</b>	<b>49,667,081</b>

### Key achievements and good practices

The OIG report emphasizes two main achievements of the Global Fund grants in Nepal: the good performance of the grants and the good working relationships between the state, key populations, civil society, and community representatives.

The Global Fund grants contributed to increasing the number of people on antiretroviral therapy by 25% from 12,000 in 2015 to 15,000 at the end of 2017, and to reducing AIDS-related deaths by 22% between 2007 and 2017. TB treatment coverage was 70% in 2017, and the treatment success rate has remained relatively stable at 91% since 2017. The country has witnessed a significant decline in confirmed malaria cases, from 42,000 in 1985 to 1,009 in 2016. Malaria-related deaths decreased from 32 in 2006 to three at the end of 2017; the World Health Organization WHO has identified Nepal as having the potential to eliminate malaria by 2020, six years ahead of schedule in the national strategic plan.

### Key issues

The OIG report detailed four key issues:

1. *Lack of clarity in the roles and responsibilities of the different levels of government in the provision of health care*

The OIG asserted that the post-federalization led to a lack of clarity in the roles and responsibilities of the different levels of government in the provision of health care. This uncertainty has slowed down the supply chain, almost halting the funding flow, and leading to incomplete reporting of programmatic and logistics data. For instance, the distribution of TB and malaria drugs by the central warehouse to provincial facilities was delayed, leading to commodities' expiring and a high risk of stock-outs at service-delivery centers. HIV

screening test kits worth \$400,000, capable of performing approximately 400,000 tests, were at risk of expiring in the central warehouse in April and May 2019.

The oversight, accountability and reporting arrangements of the grants may also be jeopardized, the OIG said, because the Principal Recipient (PR) does not have any contract with the Ministry of Social Development (MoSD) or the Provincial Health Directorates, which are the institutions in charge of health service delivery in the new, federalized constitutional structure.

## *2. Sustainability of the three disease programs and co-financing*

The second concern highlighted by the OIG is the sustainability of the three disease programs and the fact that the government has failed in the first two years of this grant cycle to fulfill its commitment to purchase the HIV commodities. The government had committed to procuring US\$1.75 million worth of ARVs and test kits in 2018, but only procured US\$0.85 million (49%) leading to possible stock-outs of antiretroviral medicines from September 2019 if no solution is found.

In addition, national disease programs' capacity is sub-optimal, with limited human resources allocated to the national disease programs and a high turnover of staff. In response to this situation, the PR has embedded its staff within the national disease programs not only to get the Global Fund program work done but also to help build national disease programs capacity; yet, the PR had not conducted a formal capacity need assessment.

## *3. Inadequate access to quality HIV testing and monitoring of clients on treatment*

The OIG report also stressed the inadequate access to quality HIV testing and monitoring of clients on antiretroviral treatment. Less than half of the key populations reached with HIV prevention services got tested between November 2017 and December 2018. Among those tested, the prevalence was low. For instance, the proportion of tests performed that are positive, which is called 'testing yield', and prevalence rates of key populations are:

- People who inject drugs: 0.06% vs. 8.5%;
- Men who have sex with men: 0.14% vs. 5.0%;
- Transgender: 0.14% vs. 7.3%;
- Male sex workers: 0.14% vs. 8.5%.

Such discrepancies between known prevalences in key populations and positive test results in a screening intervention indicates that the strategy for finding most-at-risk persons for HIV may not be effective; the intervention misses a huge proportion of people who are positive.

The OIG also noted the limited external quality assurance for the HIV laboratories. In the same vein, viral load testing for clients on treatment is low (31%) due to an eight-month delay in obtaining duty waivers from the Ministry of Finance for cartridges for GeneXpert, the machine used to test a patient's viral load.

Viral load information is necessary to ensure the right treatment approaches as well as to understand if a Person Living with HIV (PLWH) is still at risk of transmitting HIV. The GeneXpert machines experienced downtime of 6.3 months 2.8 months in 2017 and 2018, respectively. There is no central system to monitor the functionality of GeneXpert, the quality of tests, or the availability of supplies for the machines. This monitoring is necessary to assure that the supplies are available and [tests results are reliable](#).

#### *4. TB case-notification interventions are ineffective*

The fourth issue is that TB case notification is low and interventions to address it are ineffective, according to the OIG report. The TB program requires that for all patients with pulmonary bacteriologically-confirmed and childhood TB, all household contacts be traced and tested. Although the program does very well in tracing and testing family contacts, the testing yield, the proportion of tests performed that are positive, is low. Of 10,394 presumed family members referred or sputum samples collected for sputum microscopy, only 250 cases were diagnosed as positive for TB (i.e. 2.4%), compared to a target of 10%. The discrepancy is due to the lack of clear guidance on active case finding, and inadequate monitoring mechanisms for the volunteers who are tracing contacts. Undetected cases, if unaddressed, may increase TB morbidity and mortality.

The deficiencies with the functioning of the GeneXpert machine hampers the TB program, too, as the GeneXpert machine is used both for HIV viral load tests and for TB: [the GeneXpert machine can confirm a TB diagnosis fast and accurately](#). According to the OIG report, only 12.7% of samples of smear-negative presumptive TB cases screened with microscopy were transported to GeneXpert centers for confirmatory tests; this proportion would be higher if the GeneXpert machines did not experience such major downtime.

Another contributing factor to Nepal's low TB-case notification is the limited engagement of the private sector. Nepal is implementing "Pay for Performance", an innovative arrangement to incentivize the private sector in TB case notification in 15 districts. The OIG states the intervention is unappealing to the private providers because training hours for the intervention conflicts with their regular working hours, and the financial incentive per notified case is unattractive. Thus, only a small proportion (24% of the target) of private health providers registered to use the tool to notify cases of TB; and only a tiny proportion of TB case notified originates from the private sector. The root cause of this ineffective engagement of the private sector is the absence of a nationally-endorsed public-private strategy.

#### **Agreed Management Actions**

The agreed management actions are all directed to the Head of Grant Management in the Secretariat. The Secretariat, working with the Principal Recipient, the government, and other partners, when relevant, will:

1. Highlight areas where roles and responsibilities of the relevant entities at the three levels of Government need further clarification to ensure appropriate grant implementation. The deadline for this action is 30 June 2020.

2. Assess the capacity-building needs of the staff involved in the implementation of national program activities, develop a capacity assessment report and a costed capacity building plan by 31 December 2020.
3. Develop an Action Plan to strengthen the quality of testing and monitoring of patients on treatment across HIV programs in Nepal. This action is due by September 2020.
4. Develop clear guidance on means of improving testing yields; and national public-private strategy for TB to strengthen the quality of testing and monitoring of TB patients, by 30 September 2020.

***Further reading:***

- *This audit report, [Audit Report Global Fund Grants in Nepal](#), 28 August 2019 (GF-OIG-19-015)*
- *OIG [Audit Report on Global Fund Grants to Nepal](#), 26 February 2010 (TGF-OIG-09-006).*

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#### **4. NEWS: Advancing country ownership is central theme of implementers' meeting in Dakar**

*Implementer group's third retreat to update 'roadmap'*

**Adèle Sulcas**

**10 September 2019**

From September 11 to 13, the Global Fund Implementer Voting Group (ImG) will hold a retreat in Dakar, Senegal, with the central theme of 'Advancing country ownership and political will'. This will be the implementers' group's third such retreat, beginning in 2017.

In 2016, the ImG developed its first 'Roadmap', which prioritized work areas around strengthening the implementer group, sustainability and transition, absorptive capacity, and human rights, gender and key populations. At the 2017 retreat, each of these workstreams was carried through to the 2017-2019 Roadmap. In 2018, at the ImG retreat in Kampala, Uganda, constituencies shared priority concerns, and strengthened shared understandings and collaborations.

The 2019 retreat aims to build on these previous discussions, and to develop "agreed actions" in an informal setting, while exploring – with the group's new leadership, Chair Filipe da Costa and Vice-Chair Maurine Murenga – new ways of working.

Da Costa told the GFO that he hoped that the retreat would see "more active participation of all delegates," and that points discussed at the meeting would be brought back to the respective constituencies or Country Coordinating Mechanisms. "I believe if we all (donor and implementer) are united, focused, and put all our efforts, ideas and resources towards

controlling, preventing and treating the three diseases, we will be able to eliminate them by 2030," Da Costa said.

Specific objectives of the three-day meeting include to strengthen action to advance country ownership and political will; to identify the ImG's priorities, strategies and positions in relation to Global Fund Board decisions; and to explore progress made against the ImG's 2017-2019 Roadmap (and agree on collective actions for a future roadmap).

The outputs will consist of an agreed list of priorities, strategies and positions of the ImG on priority issues for the Global Fund Board, concrete action steps to strengthen the current Roadmap, processes to guide future working modalities, a draft 'ways of working' document for the ImG, and a report on the meeting itself.

### **Retreat sessions**

Main sessions during the meeting will deal with an update of the ImG Roadmap, reportbacks from the Chair or Vice-Chair of each of the Global Fund Board's three committees (Audit and Finance; Ethics and Governance; Strategy); country ownership and political will; "maximising impact," which includes the topic of Country Coordinating Mechanism evolution; building resilient and sustainable systems for health (including the topic of absorptive capacity); and the Board's Governance Culture Initiative.

The final day's sessions include one on mobilizing increased resources (with the expected participation of Global Fund Head of Resource Mobilization Françoise Vanni), and further sessions on human rights and gender equality; sustainability and transition; and agreeing key priorities and actions for the ImG Roadmap 2019.

On the Global Fund Board, of the total number of 28 seats, twenty are 'voting' seats, of which ten represent implementer constituencies, and ten represent donor constituencies. The Implementer Voting Group is made up of representatives from these implementer constituencies.

*The Implementer Group retreat will take place in Dakar, Senegal, on September 11-13. The GFO will report more fully on the content of the meeting in a later edition.*

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## **5. REPLENISHMENT: Updates on the Global Fund's Sixth Replenishment**

*Related events United Nations General Assembly; '5 days, 5 pledges'; Private Sector steps up; India increases contribution*

**Adèle Sulcas**

**11 September 2019**

*As the countdown to the Global Fund's Sixth Replenishment Conference on 9 October, in Lyon, France, advances, the rate of donors announcing pledges or intentions has increased.*

*In this edition of the GFO and the next, we will publish a short news roundup summarizing the latest developments.*

## **Global Fund and Replenishment-related activity at the UN's 74th General Assembly**

The United Nations General Assembly to be held in New York from September 17 to 30 (with the first day of High Level debate on September 24) is the organization's annual meeting where major global agenda items are discussed, including progress towards the 2030 Sustainable Development Goals. This 74th UNGA also will host the first-ever High Level Meeting on Universal Health Care (UHC) – see [separate article in this GFO](#) – intended to encourage global commitments to ensuring health for all. The UNGA is therefore considered a key moment on the road to Replenishment, with at least ten major events, sessions and side-sessions involving Global Fund participation.

The events involving Global Fund participation, many in partnership with other organizations, are:

### **22 September:**

- The TB Innovation Summit 2019, 13h00 to 18h00, Global Fund speaker is Executive Director Peter Sands
- 'Last Mile to Lyon', organized by Global Fund Advocate Network, from 13h30 to 16h00, Global Fund speaker is Director of External Relations Francoise Vanni
- 'Putting the U in UHC – Financing for the Furthest Left Behind', organized by the Global Fund and GAVI, 18h00 to 20h00, Global Fund speaker is Peter Sands.

### **23 September:**

- UN High-level Meeting on Universal Health Coverage, 09h00 to 18h00, Global Fund participant is Peter Sands.

### **24 September:**

- 'Filling the Gap: Successful Funding Models and Partnerships to Ensure a Community-led and Evidence-based Implementation of UHC for All', 07h30 to 09h30, Global Fund speaker is Peter Sands
- 'Renewing Commitments towards Enhancing Gender Equality and Women's Empowerment in Africa', 09h30 to 11h30, Global Fund speaker is Peter Sands
- 'UHC & Accountability: Mapping the Road towards the #UHCThatWeWant', organized by APCASO, GFAN AP, GNP+, France, 10h00 to 12h00, Global Fund speaker is Vice Chair of the Board Lady Roslyn Morauta
- 'Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Wellbeing for All', organized by WHO, 11h30 to 13h00, Global Fund speaker is Peter Sands

### **25 September:**

- 'Data for Health Equity: Unlocking Health for All', from 18h00, Global Fund speaker is Peter Sands

## **28 September:**

- Global Citizen Festival in Central Park, from 14h00

For more description and specific event locations read [the Global Fund's full news release...](#)

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### **'5 days, 5 pledges'**

Over five days at the end of August, five major government donors – Canada, the European Union, Germany, Italy and Switzerland – announced their pledges to the Global Fund's Sixth Replenishment, all having increased their pledges relative to the last Replenishment. Switzerland pledged CHF64 million (increase of 12.3% increase), Italy pledged €161 million (increase of 15%), Canada pledged CAD 930.4 million (increase of 15.7%), the EU pledged €550 million (increase of 15.8%), and Germany pledged €1 billion (increase of 17.6%).

[Read the Global Fund's news release...](#)

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### **Private sector steps up the fight**

At the World Economic Forum on Africa meeting held in Cape Town, South Africa, in early September, five private sector partners announced their pledges to the Global Fund's Sixth Replenishment. The companies are Goodbye Malaria, which is supported by Nando's (the cheeky flame-grilled chicken business, which originated in South Africa and is now international), Project Last Mile, GBCHealth, Zenysis Technologies, and Africa Health Business.

Goodbye Malaria has joined with other corporate partners in a pledge of 85 million ZAR (around \$5.5 million) to expand a grant aiming to eliminate cross-border malaria transmission in Mozambique, South Africa and eSwatini. Africa Health Business has pledged to support the mobilization of African business, and Project Last Mile, GBC Health and Zenysis Technologies announced in-kind support and investments to increase the effectiveness of health programs through innovations.

Project Last Mile, a partnership created in 2010 between the Global Fund, the Bill & Melinda Gates Foundation, and the Coca-Cola Company (and joined in 2014 by USAID), leverages the beverage company's logistical, supply-chain and marketing expertise to deliver supplies and medicines to hard-to-reach communities. The partnership announced its renewal for five years.

The Global Fund says that these co-investments combined will come to more than \$23 million. The target for private sector pledges to the Sixth Replenishment is \$1 billion.

[Read the Global Fund's news release...](#)

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## **'India Makes Strong Commitment to the Global Fund'**

On 3 September, India announced that it was increasing its commitment to the Global Fund for the next three years, with a pledge to the Sixth Replenishment of \$22 million. Dr Harsh Vardhan, India's Minister of Health and Family Welfare, made the announcement, encouraging other governments to contribute. India's own investments in fighting the three diseases have been prominent recently, in light of its setting the goal of eliminating its TB epidemic – the largest in the world – by 2025. India's efforts have also been in the spotlight since it hosted the Preparatory Meeting of the Sixth Replenishment in February this year.

[Read the Global Fund's news release...](#)

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## **6. OF INTEREST: Other news relating to the Global Fund partnership**

*Lancet commission on malaria eradication; Global Fund focus on private sector partnerships*

**Adèle Sulcas**

**11 September 2019**

### **Lancet Commission confirms malaria could be eradicated by 2050**

In the first academic article of its kind, the Lancet Commission on Malaria Eradication report shows – by synthesizing existing evidence – that the world can achieve malaria eradication within a generation. The [report overview](#) highlights the progress made globally between 2000 and 2017, during which the rate of malaria cases declined by 36% and deaths from malaria declined worldwide by 60%. Momentum has been building for decades, the report says, and more than half the world's countries are now malaria-free (in 1900, nearly all of the world's 200 or so countries had endemic malaria).

Now, the Commission says, the world is capable of achieving a world free of malaria within a generation. Examining the major operational, biological, and financial challenges to eradicating malaria, the report identifies solutions that will enable the envisioned eradication by 2050.

The Commission, created in 2017 as a joint endeavour between *The Lancet* and the Global Health Group at the University of California San Francisco (UCSF), has published an array of [report summaries](#) (in English, Chinese, French and Spanish), [policy briefs](#), [technical briefs](#) and an [advocacy and communications toolkit](#), along with the report.

One of the lead authors of the report, and co-chair of the Lancet Commission on Malaria Eradication, is Sir Richard Feachem, who was the Global Fund's founding Executive Director, from 2002 to 2007.

[Read the Lancet Commission's full report...](#)

[Read the New York Times \(Reuters\) article on the report...](#)

[Read Time.com's article on the report...](#)

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## **Global Fund's new publication series highlights partnerships with private sector**

Though the Global Fund has consistently engaged, grown and developed its relationships with the private sector – which has contributed a total of \$2.7 billion to the Fund – since its creation, the launch on September 2 of a new publication series, 'Focus on Private Sector Partnerships', brings a fresh look at the wide variety of partnerships and types of support the private sector currently brings to the Global Fund partnership. The most successful and arguably highest-profile of these partnerships is [Product \(RED\)](#), the consumer marketing initiative started in 2006, which alone has contributed more than \$600 million to the Global Fund to support HIV programs in Africa, through revenues raised through (RED)-branded product sales from iconic brands (Apple's (RED) iPhone is one of the most recognizable).

But there are many more: Project Last Mile, Ecobank, Zenysis, IBM and India HIV/AIDS Alliance, ViiV Healthcare, Fullerton Health Foundation, Takeda Pharmaceutical Company, Goodbye Malaria, and more.

[Read the Global Fund's full news release...](#)

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## **7. ANNOUNCEMENT: The Global Fund Board seeks new members for the Technical Review Panel**

**Aidspace staff**

**11 September 2019**

The Global Fund Board has launched [a recruitment process for the Technical Review Panel](#), the independent body of experts that reviews funding applications to the Global Fund, and ensures that their strategic focus is aligned to the Global Fund Strategy 2017-2022. The Board's Strategy Committee is overseeing the recruitment process, and the application process is being managed by Devex.

The Board is seeking experts who have one or more areas of expertise among the following: HIV, tuberculosis, malaria, resilient and sustainable systems for health, human rights and gender, strategic investment and sustainable financing. Cross-cutting expertise areas sought include challenging operating environments, community systems strengthening, and program management.

The Global Fund website has made extensive TRP-related resources available, such as current member profiles, a recruitment FAQ, interviews with current members, TRP Terms of Reference, and Ethics and Conflict of Interest Procedures for TRP members. These can all be found on [the TRP recruitment page](#).

Applicants should submit their online [Application Form for Technical Review Panel Membership](#) no later than 15 September 2015; the form can also be downloaded, and emailed to [trprecruitment@devex.com](mailto:trprecruitment@devex.com).

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This is issue #363 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](mailto:adele.sulcas@aidspan.org). For issues relating to Francophone countries or the French edition of the GFO, the Observateur du Fonds Mondial (OFM), please contact OFM Editor Christelle Boulanger at [christelle.boulanger@aidspan.org](mailto:christelle.boulanger@aidspan.org). To subscribe to GFO/OFM, go to [www.aidspan.org](http://www.aidspan.org).

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