



Independent observer
of the Global Fund

A success story: Global Fund grants in Burkina Faso show significantly increased absorption rates

Stakeholders in Burkina Faso have succeeded in improving the absorption rate of the country's Global Fund grants. The rate has gone from 67% for the period 2012–2015 to 94% as of the end of 2017. Poor absorption has been a long-standing problem in all countries in West and Central Africa.

A key activity in the Burkina Faso effort was a workshop held in Ouagadougou, the capital of Burkina Faso, in November 2015, not long after the first new funding model (NFM) grants had been signed. The workshop was organized by the country coordinating mechanism (CCM). It was attended by about 100 people representing the principal recipients (PRs) and their implementing partners, technical and financial partners, the Global Fund Secretariat, the local fund agent (LFA) and the fiduciary agent. See Table 1 for a list of the grants that were active at the time.

Table 1: Burkina Faso grants for 2015–2017

Comp.	Name	Principal recipient	Budget (€ million)
HIV	BFA-H-SPCNLS	Conseil National de Lutte Contre le Sida (CNLS)	29.5 m
TB/HIV	BFA-C-IPC	Initiative Privée et Communautaire (IPC)	7.9 m
TB	BFA-T-PADS	Prog. d'Appui au Développement Sanitaire (PADS)	3.3 m
Malaria	BFA-M-PADS	PADS	59.3 m
RSSH	BFA-S-PADS	PADS	17.3 m
Total			€ 117.4 m

Notes:

1. The implementation period for Burkina Faso's grants was 2015–2017. All of the grants had an end date of 31 December 2017.
2. For the 2014–2016 allocation period, Burkina Faso was allotted \$204.6 million. Some of this allocation was used to extend existing grants before the NFM grants were signed. This table shows the upper ceiling amounts of the NFM grants

The workshop was facilitated by the UNAIDS technical support facility who provided a consultant to the CCM.

Workshop participants identified obstacles, challenges, risks and bottlenecks that impede the implementation of Global Fund grants and reduce the absorption of the corresponding funds. The key programmatic challenges identified were as follows:

- in the HIV grant, scale-up of antiretroviral therapy and the achievement of ambitious prevention targets for key populations (health care workers, men who have sex with men, and prisoners);
- in the TB grant, the increase in the reporting rate of multi-drug-resistant TB cases;
- in the malaria grant, the achievement of 2016 targets in vector control centered around the routine and mass distribution of long-lasting insecticide-treated mosquito nets, and the scaling up of malaria diagnosis in the community; and
- in the HSS grant, to ensure a positive impact of health systems strengthening activities on health and community staffing, and service delivery.

The main output of the workshop was a series of detailed action plans. A common template was used for the action plans. See Tables 2 and 3 for examples of the plans.

Table 2: Example of action plan (MDR-TB)

Target: MDR TB-2: Number of reported cases of drug-resistant tuberculosis bacteriologically confirmed (rifamycin resistant tuberculosis and / or multidrug-resistant tuberculosis): 53 in 2014 to 136 in 2017

Obstacle 1: Delay in delivery of GeneXpert machines and cartridges

Cause: Low responsiveness of procurement agencies to PR requests for compliance with procurement plans flexibility in emergencies

Corrective action: Take steps to improve compliance with procurement plans and communication between procurement agencies and the PR.

Responsibility: GF and procurement agencies

Finances needed? No

Start: Q1 2016

Activity already planned? No

TA needed? No

Obstacle 2: Delayed installation of GeneXpert machines

Cause: Lack of an installation plan for GeneXpert machines at site level

Corrective action: Develop and implement an installation plan for GeneXpert machines at site level.

Responsibility: Programme National Tuberculose

Finances needed? No

Start: Q2 2016

Activity already planned? No

TA needed? Yes

Obstacle 3: Non-compliance with GeneXpert maintenance periods

Cause: Lack of a maintenance plan for GeneXpert machines at site level

Corrective action: Develop and implement a maintenance plan for GeneXpert machines at the site level.

Responsibility: Programme National Tuberculose

Finances needed? No

Start: Q2 2016

Activity already planned? No

TA needed? Yes

Jean-Thomas Nouboussi, fund portfolio manager for Burkina Faso, told Aidsplan that about 30 actions were taken as a result of the workshop, covering a wide variety of areas, including governance, financial management, programmatic management and supply chain. From the 30 actions, five that were considered major were included in an Implementation Through Partnership (ITP) project that was ongoing at the time. The other 25 actions were included in Burkina Faso's grants through reprogramming.

Table 3: Example of action plan (all targets, all three PRs)

Target: All targets, all three PRs

Obstacle: Operational activities not implemented

Cause: Disbursements blocked due to insufficient (with respect to both timeliness and the quality of reports) just funds advanced to sub-SRs

Corrective action 1: Hold a working meeting (with the PR, the SR and the civil society platform) on the steps re contracting with the sub-SRs.

Responsibility: Initiative Privée et Communautaire

Finances needed? Yes

Start: Q2 2016

Activity already planned? No

TA needed? No

Corrective action 2: Initiate service contracts between SRs and sub-SRs.

Responsibility: SRs

Finances needed? No

Start: Q2 2016

Activity already planned? No

TA needed? No

Corrective action 3: Make the necessary revisions to the budget to allow for an effective implementation and a up and control of the contracting with the sub-SRs.

Responsibility: Initiative Privée et Communautaire

Finances needed? yes

Start: Q2 2016

Activity already planned? No

TA needed? No

Table 4 provides an example of the tracking that was used for the ITP-related activities.

Table 4: Example of the tracking system used for ITP-related activities

Action: Technical support for the development and implementation of a plan to install and maintain GeneXper

Disease

component type: Additional TA

TB

Partners involved: U.S. Government, WHO, Stop TB

Planned

finish

date: Planned start date: 2015-11-01

2016-

06-

30

Actual
finish
date:
2016-Actual start date: 2015-11-01
06-
30
(projected)

Status as of 31 March 2016: On track

Comments from partners (edited): All 12 GeneXpert machines that were ordered from GDF are ready for shipment. The country now just needs to send their importation declaration. A TA mission is scheduled for June to address, among other things, implementing the machines; setting up an M&E system; and assisting the country in developing a referral system.... We have received a notice that the machines will arrive in April. The PR and SR have been notified. They will take action to accelerate the process....

The ITP project came to an end in March 2017.

After the workshop, the CCM and the PRs created a committee to monitor the implementation of all 30 actions. Technical partners and the donors who sit on the CCM were represented on the committee. The committee was also responsible for working with the PRs to identify other activities that could improve absorption.

During the two-and-a-half-year duration of the grants, each PR, with the support of the country team at the Secretariat, developed annual reprogramming requests that helped to re-direct savings to relevant and, often, underfunded activities.

In addition, the Global Fund Board approved the transfer of funds from less performing grants (i.e. RSSH and TB/HIV) to the malaria grant to procure additional commodities. The transfer (€ 2.6 million) was approved by the Global Fund Board in September 2017.

According to Dr Nouboussi, other activities that helped to increase absorption included the following:

- training PRs on the 15% flexibility guidelines;
- continuous efforts by the country team to engage the CCM, PRs and technical partners; and
- increased coordination among PRs (a collaboration memo was signed by all PRs and the CCM).

With respect to the 15% flexibility guidelines, PRs have the authority to implement non-material revisions to the budget without prior approval from the Global Fund. The [guidelines for grant budgeting](#) define non-material revisions as less than a 15% change to the total budget (for standard interventions).

By the end of 2016, the absorption rate had risen to about 75%. As of 31 December 2017, which is the end date of the grants, the absorption rate was 94%.

On 1 December 2017, the Global Fund Board approved an HIV grant (€ 32.1 million), a TB/HIV grant (€ 7.0 million) and a malaria grant (€ 84.6 million) for Burkina Faso. Activities related to the previous RSSH grants have been folded into the malaria grant.

Sharing the results

The results of Burkina Faso's efforts to improve absorption have been presented at the CCM and to in-county stakeholders. Three regional workshops within Burkina Faso are being organized by the CCM and networks of civil society organizations (with the participation of all implementers at decentralized levels, including community representatives) to share the results and lessons learned, and to mobilize stakeholders for successful implementation of the new grants.

The Global Fund will likely want to share this success story with other countries in West and Central Africa (or beyond).

The templates used in Tables 2–4 were created by Aidsplan for this article.

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