Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 373: 12 February 2020

GFO is an independent newsletter about the Global Fund.

GFO Live >> | Aidspan Website >> | Contact GFO >>

CONTENTS OF THIS ISSUE:

1. NEWS: Venezuela to receive first-ever Global Fund malaria grant allocation of $19.8 million

BY KATAISEE RICHARDSON

Venezuela has received a $19.8-million allocation from the Global Fund for a 3-year malaria grant, the first non-'emergency' Global Fund funding that the country has received. The allocation letter to Venezuela, which differs from typical letters sent to implementing countries, sets forth expectations from the Global Fund for how the grant will be designed and implemented, given the challenges and opportunities that the funding arrangement and political climate present. Civil society advocates and technical experts shared with the GFO their reactions to the letter.

2. REPORT: 'Realities on the ground' for Asia Pacific civil society engagement in Global Fund 'country dialogue' are improving

BY ADÈLE SULCAS

The Asia Pacific Council of AIDS Service Organizations has published a report based on a survey across seven countries in the region, examining the degree and nature of civil society and community engagement in the Global Fund's country dialogue processes. The report notes overall improvement compared to 2015, but highlights the persistence of some of the same issues, and makes recommendations to address them.

3. ANALYSIS: Global Fund finances majority all long-lasting insecticide-treated nets for malaria globally

BY SAMUEL MUNIU

The Global Fund supports more than half of all long-lasting insecticide-treated nets distributed globally, to countries fighting malaria. The Global Fund therefore has

considerable market influence, not only in terms of price but also in making the nets more accessible. Global deliveries of long-lasting insecticide-treated nets follow malaria epidemic trends; countries with a higher malaria burden receive more nets. Sub-Saharan Africa, the region with the highest malaria burden globally, received 86% of these nets delivered globally, between 2004 and the second quarter of 2019.

4. ANALYSIS AND COMMENTARY: Has the Global Fund's focus on HIV treatment and care shifted from quality to quantity?

BY SIMON KABORÉ

A health rights activist poses the question of whether the Global Fund's HIV care and treatment indicators focus too much on the numbers and too little on the quality of the overall treatment and on biological monitoring. While acknowledging the Global Fund's imperatives to deliver ART as well as financial resource limitations, the consequence of this focus, he says, is a reduction in the weight given to already under-funded community interventions.

5. OF INTEREST: News for and about the Global Fund partnership

BY ADÈLE SULCAS

This edition's 'Of Interest' focuses on a new, consolidated Global Fund grant in North Korea, the Technical Evaluation Reference Group's thematic review of the Sustainability, Transition and Co-financing policy, and an opinion on Universal Health Coverage in the age of Coronavirus.

TOP

ARTICLES:

1. NEWS: Venezuela to receive first ever Global Fund malaria grant allocation of $19.8 million

Allocation letter reflects country's challenging context and atypical implementation arrangements

Kataisee Richardson **12 February 2020**

For the first time, the Global Fund to Fight AIDS, Tuberculosis and Malaria has allocated to Venezuela funds to support a malaria grant, for the 2020-2022 funding cycle. The amount allocated is $19.8 million for a three-year malaria grant to support "evidence-based interventions for vulnerable populations primarily to fill gaps in the availability of essential commodities", according to a January 16th letter from the Global Fund to the Venezuelan Minister of Health. The funding will bring life-saving treatment and prevention services to thousands of people, and significantly strengthen the health system's laboratory and surveillance capacity.

The grant follows a $5.0 million donation to Venezuela which was approved by the Global Fund Board in 2018. At the time the donation was made, Venezuela did not meet the usual Global Fund eligibility criteria but the donation was made on account of the country's worsening humanitarian crisis, (see GFO article, October 2018). The donation was channeled through the Pan American Health Organization (PAHO) Strategic Fund for the purchase of antiretroviral drugs (ARVs). In June 2019, GFO reported on numerous irregularities in the storage and distribution of different medicines throughout 2018 as revealed in community monitoring led by Red Venezolana de Gente Positiva (RVG+) (Venezuelan Network of Positive People) (see GFO 358).

In August 2019, the Global Fund Board announced that Venezuela would be eligible for a malaria allocation citing a clause in the Global Fund's Eligibility Policy whereby the Fund's malaria partners may recommend that a country which is not normally eligible for Global Fund support, become eligible in the event of a significant resurgence in malaria cases (see GFO 362, August 2019).

According to data from the World Health Organization's 2019 World Malaria Report, in 2018 there were 747,247 suspected new cases of malaria in the country. Technical experts contend that Venezuela accounts for 51% of all malaria cases in the Americas. A further 14 million people are estimated to be at risk, and the number of malaria deaths has increased nearly eight-fold since 2010.

Additional Safeguards Policy

The Global Fund approved the funding at its November 2019 Board meeting. The Secretariat, though supportive of the allocation, has taken note of the extremely challenging operating context in Venezuela and this is reflected in the design of implementation arrangements for the malaria allocation.

Venezuela has been classified by the Global Fund as a challenging operating environment (COE). As such, the malaria grant will be managed under the Additional Safeguard Policy (ASP). The ASP is a set of measures that the Global Fund introduces whenever "the existing systems to ensure accountable use of Global Fund financing suggest that Global Fund monies could be placed in jeopardy without the use of additional measures."

According to the allocation letter, the Global Fund will coordinate the development of the funding request, which must be submitted to access the funding. The Global Fund will also appoint a United Nations organization as the Principal Recipient to manage the grant, and will select any sub-recipient implementers, depending on the design of the grant.

Domestic Financing

The Global Fund stipulates that country stakeholders should work closely with partners and relevant ministries to strengthen domestic financing. When interviewed, Jorge Saavedra, Executive Director of AIDS Healthcare Foundation and member of the Global Fund developing country NGO delegation, who has visited Venezuelan health facilities and observed the magnitude of the crisis first hand, said that the expectation of increased domestic financing was not realistic. He said it might take the form of "probably 'in kind' – some labor force and the use of facilities," he said, suggesting that a non-monetary contribution is a more likely proposition, given the economic situation and the lack of urgency demonstrated by the government to tackle the epidemic.

Venezuela has been hit hard by the economic crisis marked by hyperinflation, plunging oil production and mounting debt. In 2018, Venezuela spent less than $1 per person at risk in malaria control programs, less than countries like Guyana or Haiti, and the vast majority of that money came from international organizations, highlighting the government's systematic negligence. The anticipated shortfall of more than $12.5 million risks a deepening malaria crisis in Venezuela and the region.

Prioritized country needs

In addition, the Global Fund expects that the funding request should be aligned with country needs and National Strategic Plans and program reviews. Speaking to GFO for this article, Dr. Leopoldo Villegas, a Venezuelan doctor and researcher says that while a Master Plan for Malaria does exist, there are no resources allocated towards it. In his view, it is merely a "shopping list" of interventions based on WHO recommendations, not an actionable plan that reflects the massive scale of the need. "What the government and current stakeholders are doing is not having an impact. "You need to control the epidemic. If the Global Fund wants to have impact, they will need to control the epidemic first. You can have the best system doing diagnostics and treatment but to control your epidemic you need to understand the dynamics."

Access to information

The Global Fund also cautions that it expects to have access to information that would allow for informed decision-making throughout the grant cycle. The government of Venezuelan president Nicolas Maduro has been criticized by Human Rights Watch for its failure to provide information of public interest, such as accurate statistics on the country's health crisis.

Meaningful engagement of communities

A recent press release by the International Council of AIDS Services Organisations (ICASO) and Accion Ciudadana contra el SIDA (ACCSI), a Venezuelan AIDS organisation, applauds the news of Venezuela's malaria allocation from the Global Fund. "Venezuela's malaria allocation is a significant milestone in the sustained advocacy efforts from technical experts and community activists from Venezuela, and their allies around the world," said ICASO's Executive Director Mary Ann Torres. "Together, we pushed the Global Fund to make the eligibility exception. Now, we will continue supporting our partners in country to ensure transparency and accountability for these hard-won resources."

Alberto Nieves, Executive Director of ACCSI said "we are very happy with the Global Fund's decision to support malaria initiatives and protect the lives of some of our country's most vulnerable. We are happy that our community monitoring is being taken seriously and we commit to continue to monitor the situation. We also welcome the decision of the Global Fund to invest directly in Venezuela, where the emergency is happening."

Venezuela has very little experience with the Global Fund owing to its classification as a middle-income country, which made it ineligible for grants until now. As a result, Venezuela does not have a Country Coordinating Mechanism (CCM). According to advocates working in Venezuela, establishing one now will be impossible, amid the escalating political crisis marked by the government's targeted campaign of violence, intimidation and repression of human rights defenders. The experience of alleged widespread irregularities with the prior ARV donation (medicines arrived in country but distribution was delayed) foreshadows serious challenges ahead. The implementation of the grant will nevertheless require coordination with the government and engagement with civil society and affected communities.

There is widespread doubt that funding request development and grant oversight will be multi-stakeholder and democratic in nature. Advocates have suggested that in the absence of a CCM, an alternative governance mechanism should be put in place. As it is, there are few communities working on malaria and knowledge of the Global Fund is virtually nil. There would need to be a plan to build civil society's capacity to engage in the grant-making process.

Lastly, based on the experience of ARV donation approved exceptionally by the Fund in September 2018 (see GFO 358) , it will be important for the Global Fund and others to invest in community-based monitoring. "There is a need to involve communities to monitor to services are done and to be confident that resources are being delivered to the communities that are affected," says Dr. Saavedra.

Further reading from previous GFOs:

- *'Venezuela will be eligible for an allocation from the Global Fund for malaria, for 2020-2022'*
- *'Global Fund donation reaches Venezuela amid worsening humanitarian crisis'*
- *'Global Fund Board gives the Secretariat the green light to prepare proposals for investing in non-eligible countries in crisis (e.g. Venezuela)'*
- *'Global Fund will 'donate' $5 million to Venezuela to provide treatment for HIV'*
- *'Triple Threat Update (May 2019)'*

***

TOP

---

2. REPORT: 'Realities on the ground' for Asia-Pacific civil society's engagement in Global Fund 'country dialogue' are improving

2018 survey reflects results from Cambodia, India, Indonesia, Lao PDR, Pakistan, Sri Lanka and Vietnam

Adèle Sulcas **12 February 2020**

A report just published by the Asia Pacific Council of AIDS Service Organizations (APCASO) to look at 'realities on the ground' in Global Fund grants in seven countries in the Asia-Pacific region, concludes that civil society and communities have had increasing opportunities to engage with the Fund over the past two funding cycles. However, a number of challenges – first identified in 2015 – continue to limit their meaningful engagement, despite some subsequent improvements in these areas.

The report was based on a survey carried out in 2018 in seven countries, by the Asia Pacific Platform on Communities, Rights & Gender (APCRG), and was published on 20 January 2020.

The three main issues the report highlights are the English-language barrier that limits communities' full engagement, the lack of preparatory meetings among civil society and communities before the start of the country dialogue process, and low awareness among civil society of the need to engage continuously throughout the funding cycle. In addition, the report found that there is a need to ensure functional two-way channels of communication between CCM representatives and their constituencies.

Background, objective, methodology

The dual objectives of the report were: (1) to address whether the barriers to civil society and community engagement in the country dialogue process that were documented during the Global Fund's 2017-2019 funding cycle have been successfully addressed, and (2) to document the remaining or emerging barriers to meaningful civil society engagement in the

current funding cycle. The Global Fund's 2017-2022 Strategy includes an operational objective to "support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes". Practically, this is supposed to happen through the country dialogue process, where communities' and civil society's roles and views on the design, implementation, and monitoring of Global Fund grants are captured.

On the first objective, the report intends to build on a previous assessment of civil society and community engagement in four countries, published by APCASO in 2015. It also draws from the 2016 CRG Needs Assessment Report, and 'Between the Lines,' an assessment of the inclusion of CRG priorities in Global Fund concept notes in Asia and the Pacific.

The report's content and findings are drawn primarily from a September 2018 survey conducted by the Asia Pacific Community, Rights and Gender Communication and Coordination Platform (APCRG) in seven countries: Cambodia, India, Indonesia, Lao PDR, Pakistan, Sri Lanka and Vietnam – though the report expresses the hope that the findings will be relevant to Asia in general. APCRG received 305 responses to the survey, and followed these with 7 key informant interviews, to add qualitative depth and context.

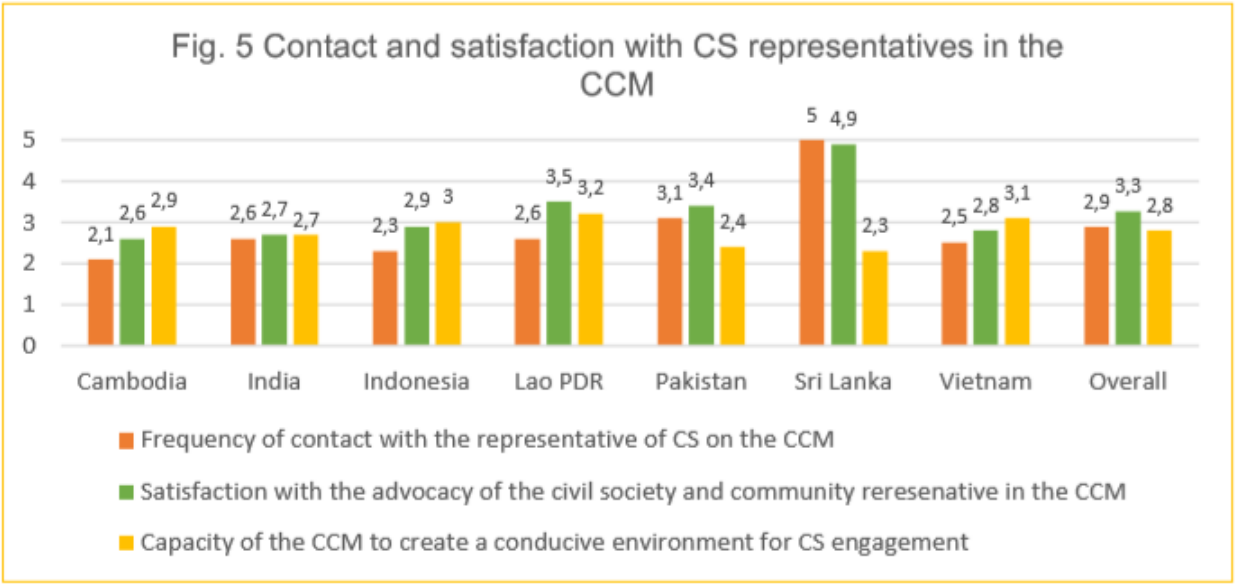
The survey, which was anonymous, asked respondents to discuss their experience of engagement in Global Fund processes since October 2016. It was translated into seven languages and disseminated through APCRG key country partners, in some cases face to face, in others online or through phone interviews. The majority of the respondents worked for community organizations (52%), and the second-largest group for NGOs (38%), with others from INGOs (3%) and about 7% for key-populations networks. HIV-related civil society represented 95% of the respondents, reflecting (the report said) the high level of civil society mobilization on HIV as compared to TB and malaria.

Main findings

CCM's role in creating an enabling environment

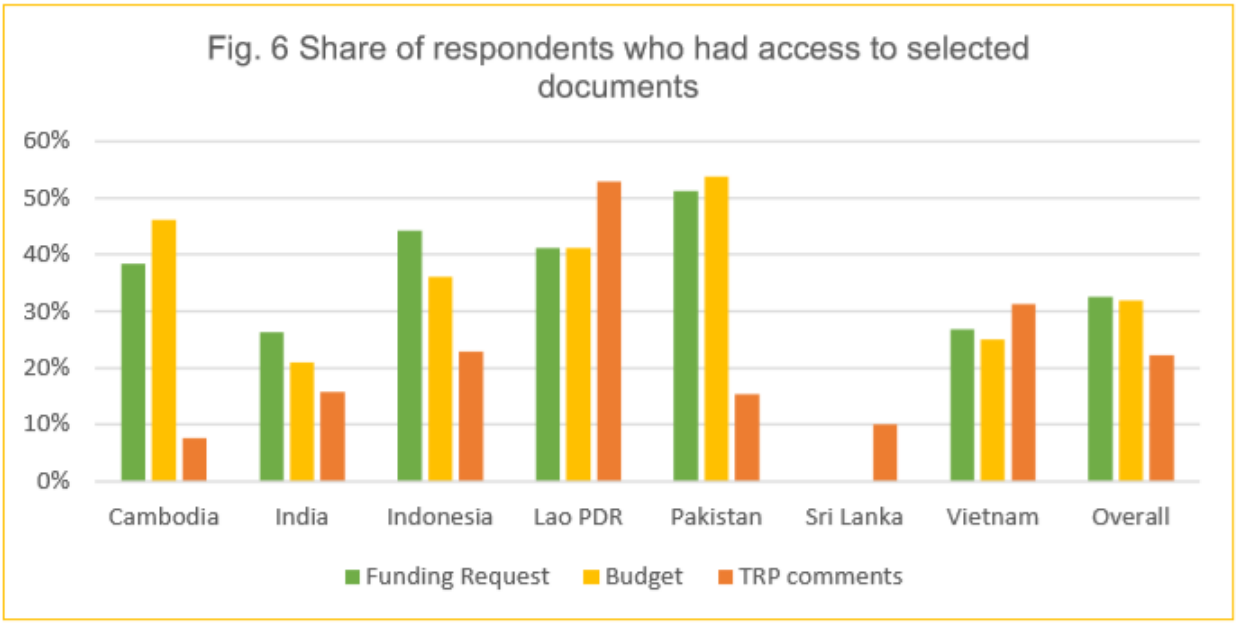
Because it is the Country Coordinating Mechanism's responsibility to create an enabling environment for civil society engagement, the survey included five questions whose aim was to assess the level of engagement. Results varied from country to country in terms of the CCM's capacity to create an environment "more conducive" to civil society, community and key population engagement, with Sri Lanka and Pakistan expressing "an overall scepticism with regard to the achievements of the CCM". In contrast, Cambodia and Vietnam rated their CCM performance highly. The report points out that these findings should be seen in the context of the CCM Evolution process, with these gaps having been pointed out before.

Fig. 4 Access to the CS and KP CCM representatives		
	Knows Representative	Knows how to contact
Cambodia	85%	69%
India	32%	32%
Indonesia	74%	66%
Lao PDR	63%	61%
Pakistan	79%	69%
Sri Lanka	100%	100%
Vietnam	68%	70%
Overall	71%	67%



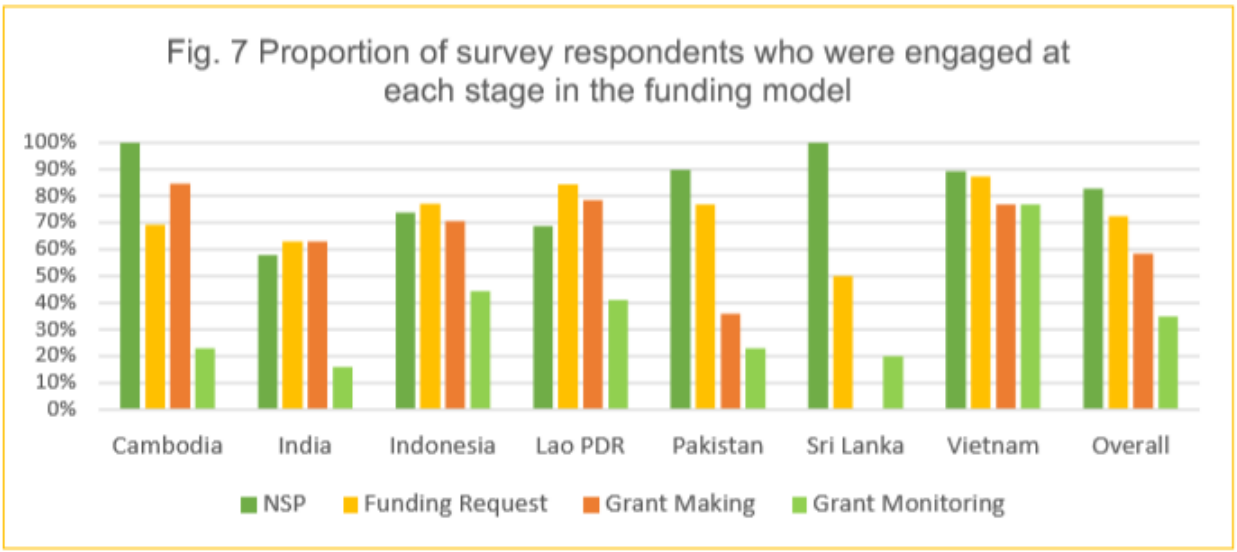
Access to information

The survey asked about specific items of information to which civil society representatives may have had access: the finalized funding request, the finalized budget, and the TRP comments specific to their respective countries. The reports says that the survey results showed that on average only one third of respondents had access to the finalized funding request and budget, and only one fifth to the TRP comments – but that these averages mask a variation in which documents are or are not available across the seven countries. The report says this suggests the need for clear guidelines from the Global Fund regarding the dissemination of essential information to certain audiences.



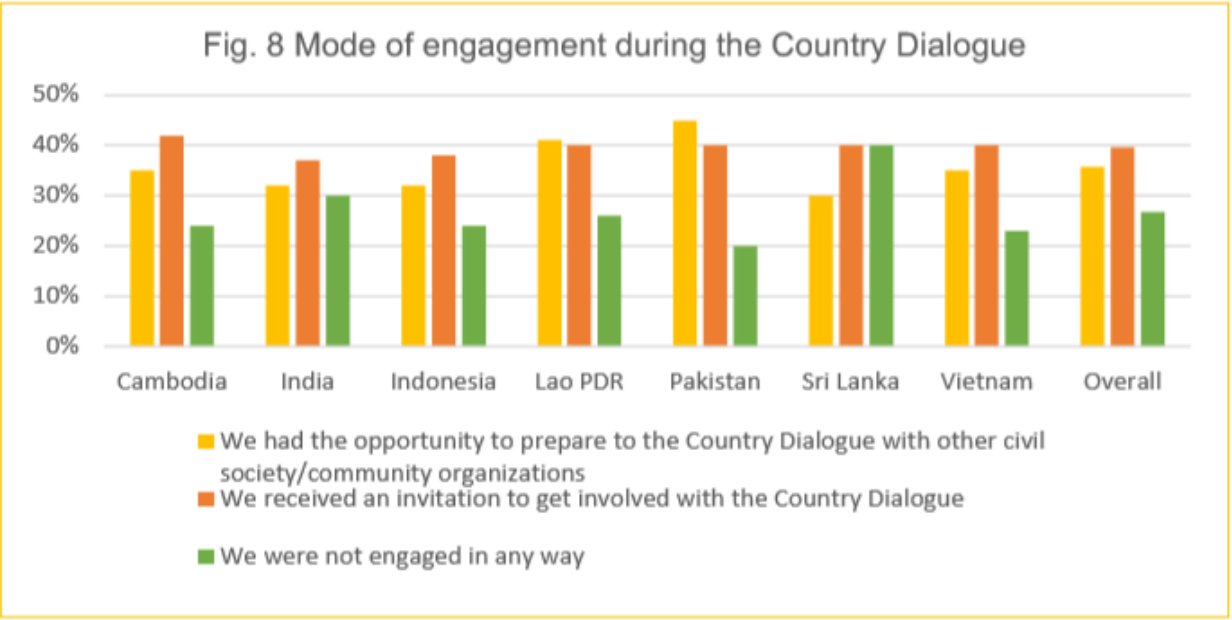
Civil society engagement: opportunities, degree of satisfaction

While the country dialogue process creates opportunities for civil society and community engagement throughout the 'key stages' of the Global Fund processes (preparation of the National Strategic Plan (NSP), national stakeholders' consultation meetings, developing the funding request, grant-making negotiations, monitoring of grant implementation), it seems that grantmaking continues to be a 'key bottleneck' for civil society and communities.



Survey results indicate that representatives of CS and affected communities were present at each stage of the country dialogue process in six of the seven countries, but the lack of opportunities for civil society, communities and key population groups to meet and strategize before national consultation meetings was highlighted by APCASO in 2015 as a barrier to meaningful engagement.

In terms of respondents' satisfaction with the degree of their engagement specifically in three aspects of the country dialogue process (NSP development, funding request development, grant making), the report says there was a correlation between the level of engagement at each stage and respondents' satisfaction with the outcomes – the more they were engaged, the higher their level of satisfaction. However, during the funding cycle, the levels of both engagement and satisfaction decreased, with the highest levels of participation and engagement occurring at the at the beginning of the process (NSP) and the lowest at the end (grant making). This trend was consistent in six of the countries (Lao PDR was the exception), and reinforces one of the conclusions of APCASO's 2015 report: as the focus moves increasingly towards specific resource allocation, "there is increasing resistance against engagement of non-traditional stakeholders, especially civil society and community representatives". Nonetheless, in 2018 there was still some engagement of civil society towards the end of the process, unlike in 2015, when it stopped before grantmaking.



Open questions on key enabling or obstructing factors

The survey included open-ended questions to allow respondents the opportunity to offer a more narrative version of key barriers to their engagement. In answer to a question asking them to identify the key factors that had enabled or hindered their capacity to engage in Global Fund processes during that grant cycle, three common issues emerged:

1. "Lack of information" or "ineffective channels for information exchange"
2. The CCM's role in supporting them – respondents could engage when there were community representatives on the CCM, or had difficulty engaging when there weren't or the CCM did not function well
3. Challenges in meeting Global Fund standards for monitoring and evaluation.

Conclusions and recommendations

The conclusions drawn by the report are reframed as updates to the three primary issues identified in APCASO's 2015 assessment of civil society engagement:

- Lack of opportunity for preparatory meetings among CS and community stakeholders before the start of the country dialogue process: This has improved, with CS or community-led preparatory meetings organized in all seven countries surveyed before the country dialogue and during the development of the NSP and funding request (with some variation in the degree of inclusiveness);
- Low awareness among CS of the need to engage throughout the funding cycle/model, especially during grantmaking, resulting in the defunding of community priority programs: "Significant improvements have been made on this front," the report says.
- English as the primary language during key stages of the process limiting CS and community representatives' capacity to meaningfully engage in discussions during multi-stakeholder meetings: This remains a persistent issue.

In addition, "the key emerging issue" identified through the survey, the report says, "is the lack of institutional mechanisms to ensure a functional two-way channel of communication between CCM representatives and their constituency", with a "varied level of progress on the inclusiveness of the CCMs across the region" since the last funding cycle. Though most interviewees welcomed the fact that someone was on the CCM to speak on their behalf, the absence of an effective two-way communication channel "undermined the legitimacy of their representatives", the report says, as the representatives had limited knowledge of the actual stance of their constituents on specific issues. The report says that grassroots organizations in most countries "continue to feel little ownership for the decisions taken within the CCM".

However, the "overall trajectory" in the countries surveyed (with the exception of Sri Lanka) is positive, the reports says. In answer to a question about what changes respondents had seen in how civil society was engaged during [that] funding cycle, respondents "overwhelmingly report[ed] improvements," in terms of program impact and their own meaningful engagement.

Recommendations

The recommendations ultimately emerging from the report call for policy interventions that the authors believe would have a positive impact on the meaningful engagement of civil society and communities in the Global Fund's processes.

1. Take a proactive approach to the diffusion of key documents relative to the funding request development process (draft and finalized funding request, budget, and the TRP comments): translate them into local languages, promote the circulation of short and understandable executive summaries, and support the launch meetings for stakeholders, civil society, and communities.
2. Support opportunities for civil society and communities to organize in-person strategic meetings ahead of consultations.
3. Promote the use of local languages through the funding request development process.
4. Promote the development of mechanisms to ensure the continuous engagement of CCM representatives with their constituencies, including regular in-person meetings.

Further reading:

- *APCASO's 'Global Fund Realities on the Ground' full report (January 2020)*
- *APCASO and APCRG's press release for the report's launch*
- *'Global Fund CCM Evolution pilot has enhanced CCM oversight and linkages, Secretariat says', (GFO 368, 16 November 2019)*

***

TOP

---

3. ANALYSIS: Global Fund finances majority of all long-lasting insecticide-treated nets for malaria globally

Almost two billion nets distributed globally since 2004

Samuel Muniu **12 February 2020**

The Global Fund to Fight AIDS, Tuberculosis and Malaria funds the delivery of more than half of all long-lasting insecticide-treated nets (LLINs) distributed globally. In sub-Saharan Africa, LLINs are the most-used tool to prevent malaria transmission from infected mosquitoes to humans and reduce the burden of malaria. The Global Fund's support for the delivery of LLINs to countries is in line with the World Health Organization's (WHO) recommendation for universal coverage – access to one bed net for every two individuals – of LLINs to all people at risk of contracting malaria. In 2018, the Global Fund funded the distribution of 131 million mosquito nets in Global Fund-supported countries.

The Global Fund is a major international financier of malaria control programs; it provides 65% of funds to fight malaria globally. As of December 2019, the Global Fund has invested more than $12.5 billion in malaria. These investments account for close to one third of all Global Fund investments since its creation. Some of the malaria control programs that the Global Fund support include vector control (protecting humans from mosquito bites), malaria testing, and treatment.

Malaria is a preventable and curable disease caused by *Plasmodium* parasites, which are transmitted to humans through the bites of a malaria vector, the female *Anopheles* mosquito, according to the World Health Organization. Most strategies for preventing malaria focus on preventing mosquitoes from biting humans. WHO recommends two main malaria vector control strategies to prevent malaria transmission; use of LLINs and indoor residue spraying (IRS). LLINs are factory-treated nets with insecticide incorporated in their fibre and maintain effective levels of insecticides for at least three years, regardless of repeated washing. LLINs are more effective than conventional insecticide-treated nets (ITNs) due to the quality of their controlled insecticide application. Indoor residual spraying involves spraying the interior walls of homes with residual insecticide to kill insects including mosquitoes landing on or crawling over the treated surface. However, use of some insecticides, particularly the use of DDT (an organochlorine insecticide), to kill insects has been controversial for many years

due to its link to negative effects on human health and environment degradation. After extensive research and testing showing the use of DDT in well-managed IRS programs to pose no harm to humans, the WHO has approved it for use to control malaria.

In this article, we highlight the global delivery of long-lasting insecticide-treated nets and the contribution of the Global Fund in the delivery of LLINs.

Data for this article comes from several sources. Long-lasting insecticide-treated nets delivery data, for 2004-2019, comes from the Alliance for Malaria Prevention (AMP), a multisectoral partnership that was established in 2004 within Roll Back Malaria to support malaria-endemic countries to plan and execute insecticide-treated bed nets' (ITNs) mass distribution campaigns. Through its Net Mapping Project, AMP collects information on the number of ITNs delivered to countries from all WHO Pesticide Evaluation Scheme (WHOPES)-approved ITN manufacturers, every quarter. AMP has had data for insecticide-treated bed nets delivered to countries in sub-Saharan Africa since 2004, and to countries outside sub-Saharan Africa since 2009. Data on malaria burdens comes from the WHO's World Malaria report of 2019. Data on the Global Fund's fight against malaria originated from the Global Fund Results report of 2019 and the Office of the Inspector General's (OIG) audit reports.

Global malaria burden

Malaria has remained a disease of international concern for decades. Between 2010 and 2014, the annual number of malaria cases was in decline, going from 251 million cases of malaria in 2010 to 217 million cases in 2014, globally, according to the WHO's World Malaria report of 2019. However, since 2014, malaria cases have been rising, reaching 228 million cases in 2018, making it a disease of major public health concern. Africa is the region with the highest burden of malaria globally; India is the only country outside of Africa which is among the 19 countries that account for 85% of all malaria cases worldwide. According to the WHO's World Malaria report of 2019, half of all malaria cases globally occurred in just six African countries in 2018: 25% in Nigeria, 12% in the Democratic Republic of the Congo (DRC), 5% in Uganda, while Cote d'Ivoire, Mozambique, and Niger accounted for 4% each.

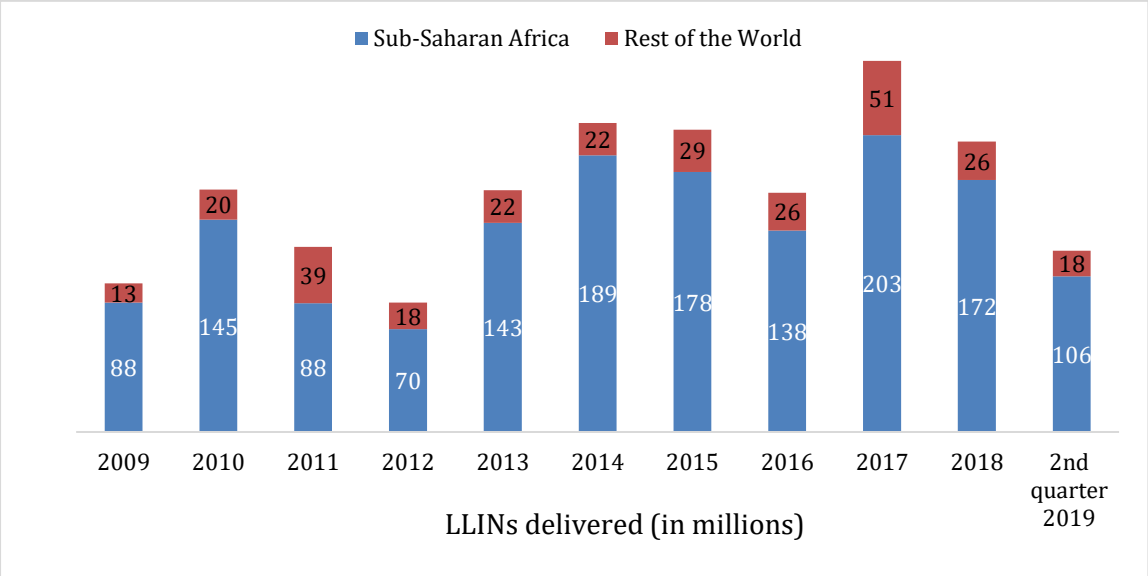
In terms of deaths attributable to malaria, there was a decline from 585,000 in 2010, to 405,000 in 2018, globally, according to the WHO's World Malaria report of 2019. As with malaria cases, Nigeria leads in deaths attributed to malaria, with 24% of all malaria deaths worldwide. DRC follows it at 11%, Tanzania at 5%, and Angola, Mozambique and Niger, each accounting for 4% of global deaths attributed to malaria.

Global delivery of LLINs

About 1.98 billion long-lasting insecticide-treated nets were delivered globally between 2004 and the second quarter of 2019, according to data from AMP. The large majority (86%) of the LLINs were delivered to countries in sub-Saharan Africa, and the remaining 14% to the rest of the world. The number of LLINs delivered globally reached a peak in 2017 when the Global Fund and other international donors funded the delivery of 254 million LLINs, of which 251 million were delivered to malaria-endemic countries. The number of LLINs

delivered to countries was lowest in 2012 when 88.4 million LLINs were delivered globally, of which 87.7 million were delivered to malaria-endemic countries.

Figure 1: Number of LLINs delivered globally from 2004 to 2019

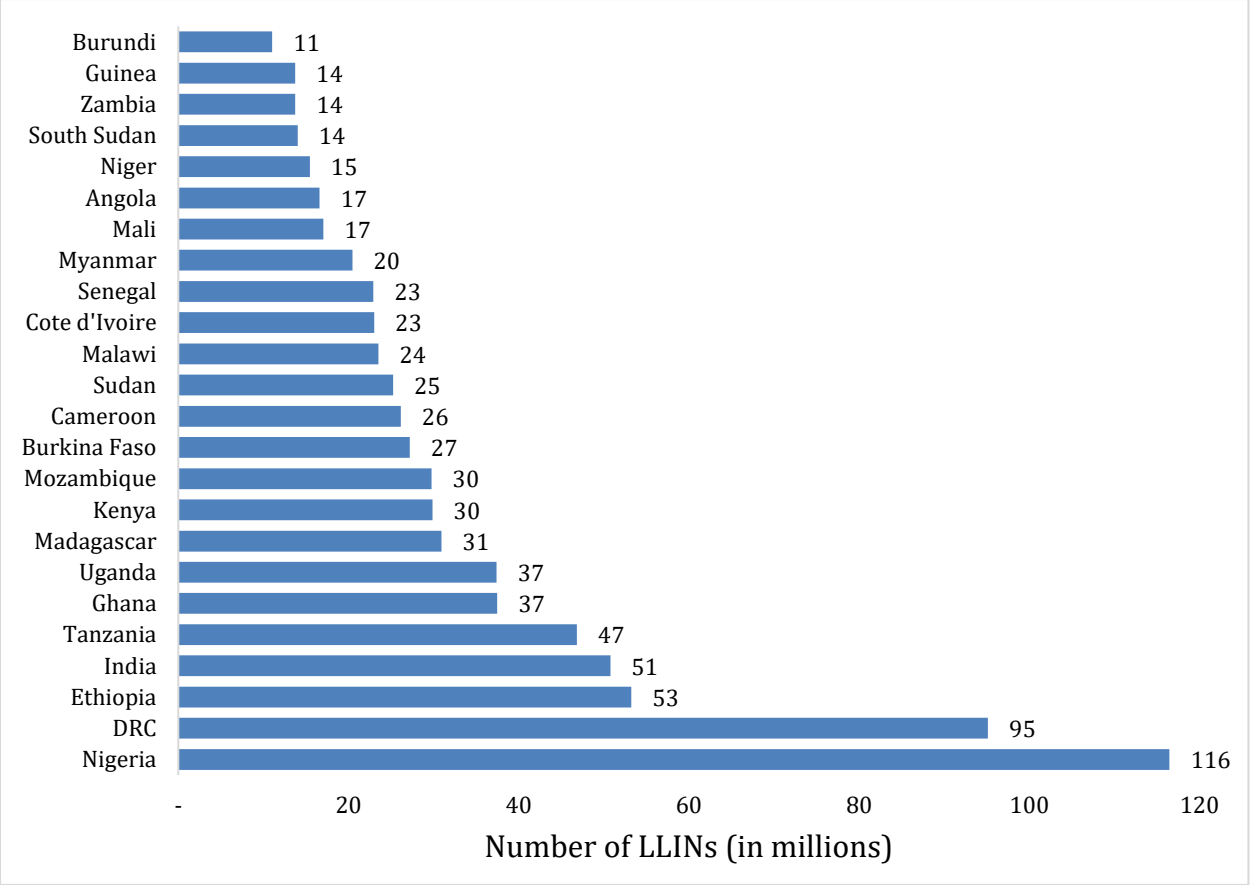


Source: Aidspan, using data from the Alliance for Malaria Prevention

Nigeria and DRC had highest number of LLINs delivered in 2015-2019

Among the malaria-endemic countries, Nigeria had the highest number of LLINs delivered, at 116 million, followed by the Democratic Republic of the Congo at 95 million. Both Nigeria and DRC account for 22.6% of all LLINs delivered to malaria-endemic countries between 2015 and the second quarter of 2019. These numbers correlate with the large population at risk of malaria in the two countries: 149 million out of a total population of 195 million in Nigeria, and 81 million out of a population of 84 million in DRC, in 2018. In contrast, El Salvador had the smallest number of LLINs delivered: 8,600.

Figure 2: Total LLINs delivered between 2015 and the second quarter of 2019

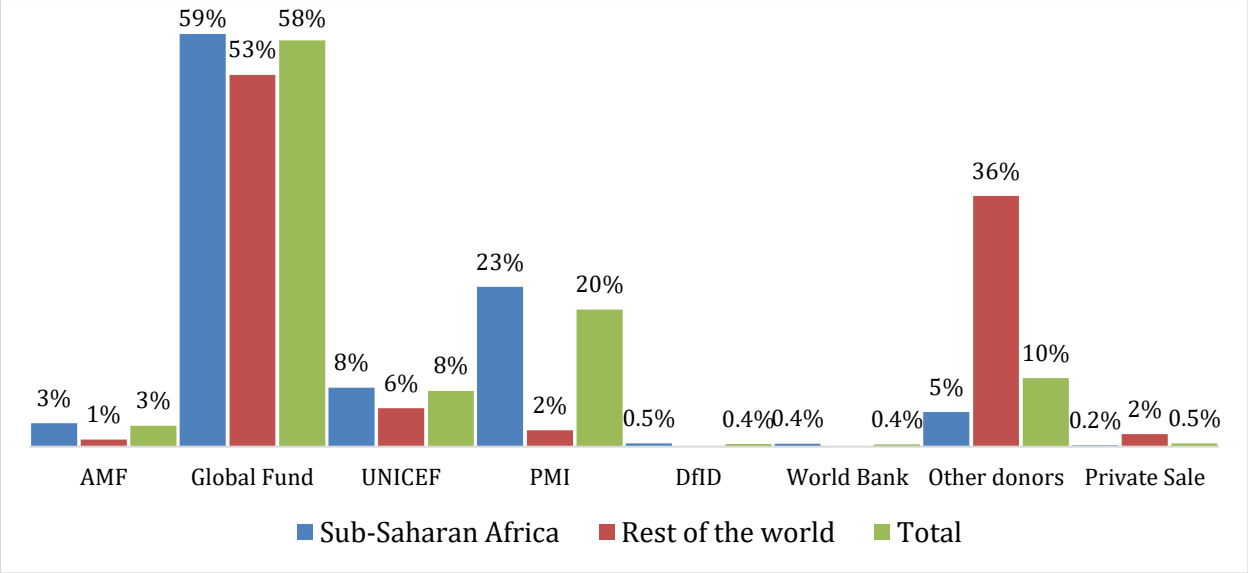


Source: Aidspan, using data from the Alliance for Malaria Prevention

Global Fund is the leading international financier for LLINs delivered to countries in 2015-2019

Globally, 946 million long-lasting insecticide-treated nets (LLINs) were delivered between 2015 and the second quarter of 2019. In the same period, the Global Fund financed more than half (58%) of the LLINs delivered globally, followed by the President's Malaria Initiative (PMI) at 20%, the United Nations Children's Fund (UNICEF) at 8%, the Against Malaria Foundation (AMF) at 3%, while other donors financed 10% of the LLINs delivered globally. Between 2015 and the second quarter of 2019, the Global Fund's contribution to LLINs delivered to countries in sub-Saharan Africa was 58% (359 million), followed by PMI at 23%.

Figure 3: Total LLINs deliveries by donor organizations between 2015 and the second quarter of 2019



Source: Aidspan, using data from the Alliance for Malaria Prevention

Quality concerns on LLINs manufactured January 2017- April 2018

In 2019, a Pakistan-based company, H. Sheikh Noor-ud-Din & Sons (HSNDS), raised quality issues concerning the LLINs produced under the brand DawaPlus 2.0, manufactured by Tana Netting Company Limited, according to the Global Fund's Quality Assurance for Health Products Information Notice. The quality concern raised was that the LLINs manufactured between January 2017 and April 2018 were not fully in conformity with approved specifications of the required amount of insecticide. Based on that information, the Global Fund suspended the delivery of DawaPlus 2.0 LLINs ordered though the Global Fund's pooled procurement mechanism (PPM). This affected LLIN deliveries to countries such as Cameroon, DRC, Laos, Pakistan, and South Sudan.

Distribution challenges

In the same period, the in-country distribution of LLINs delivered with the support of the Global Fund faced challenges in some countries. For instance, there were delays in the mass distribution of LLINs in Kenya, Nigeria and Zambia. In Kenya, the LLINs arrived 87 days late in 2017 and thus could not be distributed before the malaria peak transmission season, as indicated in the OIG audit report of 2018 on Global Fund grants to Kenya. Also, coordination and distribution plans of the LLINs were inadequate as 109,694 people eligible to receive the LLINs were missed during mass distribution, despite the availability of 299,000 excess LLINs in other parts of the country. In Nigeria, the delay in LLIN mass distribution in 2017 was due to limited experience of one of the Principal Recipients (PRs) in LLIN distribution, as captured in the OIG audit report of 2018 on Global Fund grants to Nigeria.

In Zambia, there were delays in LLIN distribution by two months in 2016, arising from the Global Fund's delaying the release of funds, as grant implementers had submitted incomplete documentation, according to the OIG audit report of 2017 on Global Fund grants to Zambia. In Chad, the Global Fund funded LLIN mass distribution to 13 out of 19 prioritized regions during the 2016-2018 implementation period, as indicated in the OIG audit report of 2018 on

Global Fund grants to Chad. The grant arrangements were that the government of Chad was to fund LLIN distribution to the six remaining regions, to an estimated 3.8 million people. However, due to the country's economic crisis, the government was unable to honor its commitment and those regions were not supplied with LLINs.

In 2017, the Global Fund-supported mass distribution of LLINs in South Sudan was poorly planned, as it happened outside the malaria peak season thus hampering the effectiveness of the intervention, as captured in the OIG audit report of 2019 on Global Fund grants to South Sudan. Similarly, in South Sudan, LLIN mass distribution was undertaken outside the peak malaria transmission season in 2017 (see the OIG audit report of 2019 on Global Fund grants to Sudan). In Uganda, there were inefficiencies in LLIN mass distribution in 2017/2018, according to the OIG audit report of 2019 on Global Fund grants to Uganda. The country's distribution exceeded the required number of LLINs by two million, due to the overestimation of the population at risk of malaria.

The Global Fund, however, does not control in-country LLIN distribution. Because the Global Fund is not an implementing agency, it is the mandate of Global Fund-supported countries to plan and execute mass distribution of LLINs to malaria prone areas using country systems.

Conclusion

The Global Fund and other donors, including the US Presidential Malaria Initiative (PMI), have played their role in ensuring LLINs are delivered to malaria-endemic countries. However, it is the responsibility of countries to ensure the use and targeted distribution of LLINs to people at risk of malaria if the global targets of reducing malaria case incidence by at least 90% by 2030 is to be achieved.

Further reading:

- *WHO 2019 report, 'World Malaria report of 2019'*
- *Global Fund 2019 report, 'The Global Fund Results Report 2019'*
- *OIG 2018 audit report, 'Global Fund Grants in the Republic of Kenya'*
- *OIG 2018 audit report, 'Follow-up Audit of Global Fund Grants to the Federal Republic of Nigeria'*
- *OIG 2017 audit report, 'Audit of Global Fund Grants to the Republic of Zambia'*
- *OIG 2018 audit report, 'Global Fund Grants to the Republic of Chad'*
- *OIG 2019 audit report, 'Global Fund Grants in the Republic of South Sudan'*
- *OIG 2019 audit report, 'Global Fund grants in the Republic of Sudan'*

***

TOP

4. ANALYSIS AND COMMENTARY: Has the Global Fund's focus on HIV treatment and care shifted from quality to quantity?

A health-rights activist says "care" and "support" overshadowed

Simon Kaboré **12 February 2020**

There have been several developments in the response to HIV/AIDS, in particular in the African countries for which we have the most data. We have left behind the period marked by a lack of government initiatives, a time in which associations were the entities investing in prevention, advocacy and even care. The establishment of the Global Fund pushed states to become involved in the response to HIV/AIDS and to make the treatment and care of patients at public health facilities a reality. The pioneering engagement of the community sector, via associations, produced evidence of the necessity of combining community and medical care and treatment for good quality antiretroviral treatment, in order to reduce the viral load of an infected person to a satisfactory level.

However, this evidence seems to have been forgotten and the focus has been on the quantity, rather than the quality, of care and treatment for people living with HIV (PLHIV). Is this a mere assumption or the actual situation? What could possibly justify an option that is so prejudicial to combatting the diseases? What are the obvious consequences?

With respect to the care and treatment of PLHIV, our suspicion that quantity is given greater weight than quality is based on the current indicators in the Global Fund to Fight AIDS, Tuberculosis and Malaria's Modular Framework Handbook, which is used by the Global Fund to organize programmatic and financial information for each grant throughout its life cycle. The only indicators included in the "treatment, care and support" section of the Modular Framework, made public in October 2019, are as follows: percentage of children (under the age of 15) on ART of all children living with HIV at the end of the reporting period, percentage of people on ART of all people living with HIV at the end of the reporting period, and percentage of adults (over the age of 15) on ART of all adults living with HIV at the end of the reporting period.

These indicators concentrate, for the most part, on the number of people on ART and do not provide information on the quality of that treatment. The "care" and "support" parts of the section title have been overshadowed. The UNAIDS and WHO guidelines have always called for holistic care for PLHIV and have suggested combining medical care with community care, which includes therapeutic education services, tracing patients lost to follow-up, and psychosocial support. Combining those services with medical care has always been seen as crucial in terms of ensuring quality follow-up. For example, it is important to know the percentage of PLHIV on ART who are familiar with the treatment regimen, the percentage of appointment attendance, the number of patients lost to follow-up, and the percentage of people receiving psychosocial care, among other things.

Within the "treatment" section of the Modular Framework, there is no mention of biological monitoring, even though it is important to ensure that the biological parameters of patients on ART be monitored, in order to anticipate secondary effects and therapeutic failures. In the same section, the question of ART stock-outs is not addressed. However, community observatories provide sufficient

data to show that many patients on ART experience temporary treatment interruptions, which can negatively affect treatment efficacy or even lead to drug resistance.

The main justification for omitting indicators related to community interventions is, in our opinion, not related to reduced awareness of their importance. Rather, it is mainly tied to financial resource issues, including the substantial weight given in the budget to acquiring ART with grant funding. Indeed, the relaxing of conditions for receiving treatment has boosted the number of people on ART, which in turn has resulted in a de facto increase in the drug-acquisition budget. In addition to the increased number of people on ART, 2nd- and 3rd-line drugs have been included in national protocols, the costs of which have remained high, despite the various price decreases that have been announced. Another possible justification relates more directly to community interventions: limited documentation and capitalization of community data combined with a lack of regional and international coordination to support the importance of these indicators and shed light on community interventions.

On the other hand, it is difficult to explain the absence of indicators for biological follow-up and drug stock-outs, especially given the fact that the Global Fund is showing renewed interest in access to treatment observatories. We can understand the concern with avoiding a plethora of indicators, but we note that this concern was not taken into account with respect to prevention.

Our concern about the lack of indicators in the Global Fund's Modular Framework is due to the fact that the organization is the principal donor for national responses to HIV in a number of African countries. All efforts now focus on elements it sees as important, to the detriment of those that have been overshadowed.

One of the direct consequences is a reduction in the weight given to community interventions, which receive less and less funding. Without adequate biological monitoring, the ongoing availability of ART and proper adherence to treatment regimens, there is a concern that even if the second '90' is achieved with respect to the number of people on ART, the third concerning suppressed viral load may not be.

Simon Kaboré founded the Network of Access to Essential Medicines (Réseau Accès aux Médicaments Essentiels, or RAME) in 2003, of which he is currently Regional Executive Director. In addition, he is the technical focal point for the Regional Francophone Platform of the Global Fund, and for a citizens' observatory on access to healthcare services (OCASS). He describes himself as a health rights activist, especially for the most vulnerable populations.

This article originally appeared in French, in the Observateur du Fonds Mondial, numéro 95 (23 January 2020).

***

TOP

5. OF INTEREST: News for and about the Global Fund partnership

Adèle Sulcas **12 February 2020**

GLOBAL FUND'S NEW TB AND MALARIA GRANT TO NORTH KOREA

On 23 January 2020, the Global Fund announced that it had reached agreement with partners for a consolidated grant for tuberculosis and malaria in the Democratic People's Republic of Korea (DPRK). Grant implementation began in January 2020, the Global Fund's website says. There will be different grant implementers for different components of the grant: for the drug-susceptible TB and malaria components the implementers will be UNICEF and the World Health Organization. The multi-drug-resistant tuberculosis (MDR-TB) component will be implemented by the Eugene Bell Foundation, a U.S.-based foundation that provides medical humanitarian assistance to rural DPRK, and focuses on MDR-TB.

In February 2018, the Global Fund announced its decision to "not go ahead" with new grants to the DPRK "due to serious concerns arising from the unique operating environment that prevent the Global Fund from being able to provide the Board with the required level of assurance and risk management at this time". In the same announcement the Board noted that the DPRK remained eligible for Global Fund financing, and said it hoped "to re-engage with DPRK when the operating environment allows the access and oversight required".
Years earlier, in 2005, the Global Fund cancelled a TB grant to DPRK "after extensive negotiations failed to resolve the remaining obstacles to grant signing," the Executive Director said in his address to the 10th Board Meeting (GF/B10/3).

The Global Fund's news release says of the new consolidated grant that "the Global Fund is confident that partners can serve more people affected by tuberculosis and malaria, and achieve required levels of assurance that the grant is being implemented effectively."

See the Global Fund's full news release...

++++++++++

TERG THEMATIC REVIEW ON SUSTAINABILITY, TRANSITION AND CO-FINANCING POLICY

On 31 January 2020, the Global Fund published a thematic review by the Technical Evaluation Reference Group (TERG) of the operationalization of the Fund's Sustainability, Transition and Co-financing (STC) policy. The STC policy was established in 2016; the TERG review was conducted in 2019. The policy outlines principles of engagement between the Global Fund and implementing countries to strengthen the sustainability of programs and support successful transitions from Global Fund financing. The review explores the initial impact of the policy across a wide variety of thematic areas at the country and corporate levels, the Global Fund's news release says, and highlights initial efforts to implement the policy. It also provides insights into ways in which the implementation of the policy might be

improved, providing recommendations to the Fund, to implementing countries, and to technical partners.

(Editor's note: The GFO will publish a more detailed analysis of the review in the next edition.)

See the Global Fund's full news release on the TERG's thematic review...

+++++++++

UNIVERSAL HEALTH COVERAGE IN THE AGE OF CORONAVIRUS

In the February 3 edition of the International Health Policies newsletter (IHP News #558), Dr Renzo Guinto has written an article called 'UHC in the age of the coronavirus,' in which he discusses the tensions between the aspirational idea of universal health coverage and the realities of the 'securitization' of health. WHO Director General Dr Tedros Adhanom Ghebreyesus had previously expressed UHC and global health security as "two sides of the same coin" – but in the current climate of urgency and fear surrounding the Wuhan-based coronavirus outbreak, Dr Guinto says, the two concepts "hugely diverge in terms of purpose and principles".

See the International Health Policies newsletter...

***

TOP

This is issue #373 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. 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. To subscribe to GFO/OFM, go to www.aidspan.org.

GFO Newsletter is a free and independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org).

Aidspan (www.aidspan.org) is a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, aiming to benefit all countries wishing to obtain and make effective use of Global Fund resources. Aidspan does not fund any other organizations. Aidspan finances its work through grants from foundations and bilateral donors. Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products. The Board and staff of the Global Fund have no influence on, and bear no responsibility for, the content of GFO or of any other Aidspan publication.

GFO Newsletter is now available in English and French. The French-language edition becomes available within one week after the publication of the English edition.

GFO Acting Editor: Adèle Sulcas (adele.sulcas@aidspan.org). OFM Editor: Christelle Boulanger (christelle.boulanger@aidspan.org). Aidspan Executive Director: Ida Hakizinka (ida.hakizinka@aidspan.org).