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COUNTRIES IN WEST AND CENTRAL AFRICA SET NEW AND AMBITIOUS TARGETS FOR DECEMBER 2017

- Double the coverage of ART in 2017.
- Increase the TB notified cases from 100,000 in 2014 to 135,000 in 2017.
- Increase the treatment success rate from 77% in 2014 to 90% in 2017.
- Increase malaria testing in health centers from 75% in 2015 to 80% in 2017.
- Improve the data collection system and strengthen the procurement and supply management (PSM) and laboratory networks.

These are the commitments made by 11 countries in West and Central Africa – Benin, Burkina Faso, Cameroon, Chad, Côte d’Ivoire, Guinea, Mali, Niger, Democratic Republic of Congo, Senegal, and Togo – at the end of the Global Fund Partners workshop in Dakar held on 28-30 June 2016.

€ 850 million unspent during the second half of 2015

The workshop was in response to a preliminary analysis made by Global Fund Secretariat, technical partners and countries on coverage indicators of signed grants for the period from January to December 2015 in the 11 countries involved. The analysis showed that the performance of half of the indicators had improved, while the performance of the other half remained constant or deteriorated.

The utilization (or “absorption”) rate of resources in the 11 countries was 67%, meaning that about € 850 million remained unspent. The analysis also revealed problems with management of the grants. Many unexpected factors that were beyond the control of grant implementers impeded grant implementation. These factors included elections and the changes in government that followed; Ebola; security problems; and political and social crises. In addition, there were also factors related to content and programmatic

approaches and effective operationalization of interventions, such as the inoperative community component in several countries; the restrictive environment for the implementation of activities towards key populations such as men who have sex with men (MSM); and the delay in the materialization of the counterpart funding. These factors have had a negative impact on when grants started; on the recruitment and contracting of sub-recipients; on disbursements; on ordering medicines; and on implementing management actions required by the Secretariat.

Key milestones set in Abidjan on 3-4 August 2015

Stakeholders from the 11 countries first met in Abidjan, Côte d'Ivoire, on 3-4 August 2015 to discuss operational issues related to the grant implementation and to propose practical approaches to improve absorption capacity and program management. Representatives from the Global Fund and technical partners participated in that meeting.

Issue raised at that meeting included the need to improve PSM procedures; strengthen coordination between principal recipients and technical partners to accelerate implementation; and strengthen the structures and internal mechanisms at the Global Fund for monitoring financial risk management. Action plans were produced with key activities, such as the finalization of grant start-up tasks in all countries; and the inclusion of countries in the Global Fund Secretariat's ITP initiative (Implementation Through Partnership). The ITP initiative is designed to support countries to find solutions to the problem of grants starting late, and to accelerate implementation of the grants.

\$768 million may be unspent at 31 December 2017

The Dakar workshop was an opportunity for the participants of the Abidjan meeting to continue their discussions, to review the progress made since the Abidjan meeting, to enhance partnerships, and to agree on the best way forward.

Participants observed that some progress had been achieved. Thanks to the ITP Initiative, at 31 March 2016: One third of countries finalized grant start-up activities; PSM procedures were enhanced by the creation and operationalization of quantification committees for antiretroviral therapies; CCM oversight committees were more involved in supporting PRs to overcome implementation bottlenecks; and in one country, Guinea, it was noted that better coordination between the PR and technical partners had accelerated grant implementation.

(The next evaluation is scheduled for September 2016.)

However, in looking at the most important grants, participants noted that while Benin, Côte d'Ivoire, and Democratic Republic of Congo have been able to finalize start-up activities in time, the majority of countries are facing delays, especially in the selection and contracting of SRs, as well as disbursements to SRs. In addition, delays were experienced in ordering health products, which negatively affects scale-up, impact, and absorption. If these challenges are not adequately addressed, it is estimated that \$768 million will go unspent in the region at 31 December 2017. From the second half of 2015 to the second quarter of 2016, the spending rate decreased from 67% to 57%. Participants observed that the late start of programs had negatively affected the performance of most grants.

Challenges that persist

Although there has been some progress, there are still areas that require special attention – areas such as building a legal framework for national health information systems; strengthening the capacity of human resources; increasing community involvement; improving HIV diagnosis in the new-born and in children; strengthening the operational capability of laboratory networks and quality control; making more second-line drugs for TB available; increasing the involvement of the private sector; motivating community

health workers; and creating an integrated and functional supply system for malaria medications.

New recommendations emerged from the meeting in Dakar. Some of the key recommendations were as follows:

- Establish a regional pool of experts to support countries for health systems strengthening.
- Establish a regional task force to support countries for early HIV diagnostic for children and newborns.
- Set up a regional warning system for TB second-line drugs.
- Motivate community workers.

The first evaluation of these recommendations will occur in six months. The Global Fund, technical partners and countries will be accountable for their implementation.

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