



Global Fund Grants to the Republic of Namibia

Background

On 2 August 2023 the Office of the Inspector General (OIG) published its report on the Global Fund grants to Namibia during the period January 2021 to December 2022.

Approximately 54% of the active grant of \$53.15 million for the 2021-2023 implementation period, which covers all three diseases, had been disbursed as of December 2022.

The Ministry of Health and Social Services (MOHSS) is the Principal Recipient (PR) of the HIV/TB and malaria combined grant. Grants are implemented by sub-recipients, including the National Tuberculosis and Leprosy Programme (NTLP), National Vector-Borne Diseases Control Programme (NVDCP), National HIV Programme, Advanced Community Health Care Services Namibia (CoHeNa), Intrahealth Namibia, Ministry of Education, Arts and Culture, Positive Vibes, Development Aid from People to People (DAPP), One Economy Foundation and Society for Family Health.

Progress in fighting HIV, TB and malaria is summarised in the following table from the report:

HIV / AIDS	TUBERCULOSIS (TB)	MALARIA
<p>220,000 people are living with HIV in Namibia as of 2021, of whom 92% know their status. Among identified people living with HIV (PLHIV), 91% were on treatment; and 84% had suppressed viral loads (vs. an estimated 98% PLHIV on ART and 91% viral suppression in 2020).</p> <p>Annual new infections decreased by 39% since 2010,²² from 11,000 newly infected people to 6,600, giving Namibia the sixth highest HIV rate in the world.</p> <p>AIDS-related deaths reduced by 26% from 3,900 in 2010 to 2,900 in 2021.</p> <p>The epidemic is generalized. Namibia demonstrated a downward prevalence trend from 13.5% in 2010 to 11.8% in 2021, with higher prevalence in key populations²³ (19.9% among sex workers and 7.8% among MSM).</p> <p>41% of the new infections occurred in the 15- to 24-year-old age group, with high HIV prevalence rate (15.1%) among women aged 15 to 49.</p> <p>Source: UNAIDS – Namibia fact sheet (accessed on 16 April 2023) and UNAIDS Data 2022</p>	<p>Namibia is among the 30 high TB and TB/HIV burden countries, with 12,000 estimated cases, of which 58% are notified.</p> <p>TB incidence has reduced by 49% since 2010, from 892 to 457 per 100,000 people in 2021.</p> <p>99% of TB patients have a known-HIV status. Of the 30% positive patients, 90% are enrolled in TB preventive therapy (TPT).</p> <p>TB treatment success rate is at 88% (2020), putting it 2% short of the WHO End TB Strategy target of 90% by 2025.</p> <p>In 2022, MDR/RR-TB was reported with 253 cases.</p> <p>Missing TB and MDR-TB cases were 42% and 59% respectively in 2022.</p> <p>Source: WHO TB Report 2021- Namibia and https://www.stoptb.org/stopit_page/NAM_Dashboard.html (accessed on 16 April 2023)</p>	<p>Namibia is the 33rd largest contributor to total malaria cases globally.</p> <p>Namibia carries less than 1% of the global malaria burden and less than 1% of the mortality rate.</p> <p>There was a sharp increase in malaria with 21,322 estimated malaria cases in 2021. There were 2,590 cases in 2010.</p> <p>Estimated malaria-related deaths increased from 6 in 2010 to 54 in 2021.</p> <p>Source: World Malaria Report 2022</p>

Audit objectives and scope

The objectives of the audit were to assess the adequacy and effectiveness of:

1. Implementation and oversight arrangements of Global Fund supported programs to ensure achievement of grant objectives, with a particular focus on the Project Management Unit (PMU) and the Country Coordinating Mechanism (CCM);
2. Community-based interventions to ensure access to quality services by beneficiaries with a focus on: vulnerable and key populations (including adolescent girls and young women (AGYW), female sex workers (FSW), and men who have sex with men (MSM)), multi-drug resistant TB (MDR-TB) and malaria vector control intervention (indoor residual spraying (IRS)) ; and
3. Adequacy and effectiveness of financial controls and in-country assurance mechanisms in

safeguarding Global Fund resources.

First Finding

The first finding is that gaps in financial and procurement management have resulted in weak accountability for Global Fund grants. Inadequate design and non-compliance of some of the existing guidelines are impacting both the transparency and competitiveness of procurement processes, as well as the achievement of value for money. There is therefore a need to enhance the design and compliance of financial and procurement processes to safeguard grant funds.

Second Finding

The second finding is that the PR's reporting structure and capacity are hindering effective delivery of its roles and responsibilities. This has impacted efficient and effective grant implementation. Delayed implementation of the CCM Evolution Strategic Initiative has impacted CCM's governance and oversight. Improvement is therefore needed in implementation and oversight mechanisms to ensure achievement of grant objectives. See our article in GFO 438 on the [OIG audit of the CCM Evolution Strategic Initiative](#).

Third Finding

The third finding is that the gains made in the HIV, TB and malaria programmatic outcomes could be hindered by limited availability of community health workers, insufficient planning and execution of malaria IRs, and challenges in HIV prevention interventions for AGYW, FSWs and MSM. Therefore, while significant progress has been made in the fight against the three diseases, improvement is needed in community interventions.

Audit Conclusions

In terms of the audit objectives, OIG's overall assessment was that:

1. The adequacy and effectiveness of implementation and oversight arrangements of the Global Fund supported programs is partially effective.
2. The adequacy and effectiveness of community-based interventions to ensure access to quality services by beneficiaries is effective.

3. The adequacy and effectiveness of financial controls and in-country assurance mechanisms in safeguarding Global Fund resources needs significant improvement.

Agreed Management Actions

The agreed management actions (AMAs) to address each of the three findings are as follows:

1. The Global Fund Secretariat will work with the PR to:

- a). assess, by 31 March 2024, the financial management and reporting systems to address weaknesses identified during the audit; and
- b). operationalize the outcomes of the assessment in (a) by 31 December 2024.

2. To address the second finding, the Global Fund Secretariat will:

- a). work with the MOHSS and relevant in-country stakeholders to: (i) by 30 June 2024, conduct a functional review of the PMU to strengthen operational management which supports the effective and timely implementation of grant activities. Building on the PR's recent progress to address procurement processes, this review will also include the PMU procurement arrangement to define roles and responsibilities that support procurement oversight and quality assurance measures; and (ii) by 31 March 2025, provide evidence of the operationalization as stipulated in part (i); and
- b). work with the CCM in Namibia to: (i) by 30 November 2023, facilitate inclusive representation including active involvement of government stakeholders, and via the CCM Evolution, improve the CCM functionality in oversight and clarifying roles and responsibilities for the CCM and sub-committees; and (ii) by 30 June 2024, provide evidence of the operationalization as stipulated in (i).

3. To address the third finding, the Global Fund Secretariat will work with the PR to leverage data to routinely assess, by 30 June 2024, the referrals and linkages for HIV counselling and testing, sexual and reproductive health and other support services for KPs (AGYW, FWS and MSM), in order to improve the effectiveness of services.

Commentary

This report conveys good news about the progress in fighting the diseases but, given the increase in malaria cases in 2021, it may be optimistic to assume that malaria will be eliminated by 2030.

Against the background of well performing disease programs, it is disappointing to note the concern about the reliability of reported financial information. This is an example of the issue of data reliability that is something that the authors of the study report on GHIs should look into; and review their findings and conclusions accordingly. See our article [here](#).

It is interesting to note that the OIG reports that “early gains from the evaluation project (that is the CCM Evolution Strategic Initiative) have not been achieved due to implementation delays”. This supports a general concern about CCMs – see our article on the [OIG audit of CCMs](#).

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