



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 281: 24 February 2016

GFO is an independent newsletter about the Global Fund.

[GFO Live >>](#)

[Aidspace Website >>](#)

[Contact GFO >>](#)

CONTENTS OF THIS ISSUE:

1. ANNOUNCEMENT: [Aidspace seeks to recruit an Executive Director](#)

Aidspace is looking to fill the position of Executive Director. The deadline for applications is Friday 26 February.

2. COMMENTARY: [The Global Fund and its stakeholders would be better served if the Fund released more information related to concept notes](#)

In withholding some documents related to concept notes, and in releasing others late, the Global Fund is failing to live up to its commitment to transparency, David Garmaise says.

3. NEWS: [OIG audit of public sector grants to Tanzania uncovers many of the same problems that were identified in a 2009 audit](#)

The Office of the Inspector General has issued a hard-hitting report on how public sector grants to Tanzania have been managed. This article provides a brief summary.

4. NEWS: [Fund addresses shortages of ARVs in Uganda](#)

In response to a shortage of antiretrovirals in Uganda, The Global Fund arranged to procure and ship an immediate supply of the drugs. The Fund is also procuring a full year's supply to guard against future shortages.

5. NEWS: [Report shows that transgender people are left behind in the fight against HIV](#)

Despite the fact that transgender people are the most affected by HIV, they are largely excluded from policy, program, and funding decisions at national, regional, and global

levels, according to a report released in February. Out of more than 130 CCMs, only 17 include transgender representation.

6. NEWS: [Transition preparedness assessment framework tool developed](#)

A tool has been developed to assist countries to assess their readiness to fund and implement TB and HIV programs once Global Fund support is withdrawn.

7. NEWS: [After months of delay, the framework agreement for grants to Pakistan is set to be signed](#)

Delays in signing the framework agreement forced The Global Fund to extend existing grants to Pakistan to ensure that disbursements and services were not interrupted. Sources at the Fund informed GFO that the agreement would be signed the week of 22 February.

ARTICLES:

1. ANNOUNCEMENT: Aidspan seeks to recruit an Executive Director

Aidspan Board

12 February 2016

Aidspan is seeking applications for the position of Executive Director.

Reporting to the Board of Directors, the Executive Director will work from the Aidspan Secretariat office based in Nairobi (Kenya, East Africa). The E.D. will have overall strategic and operational responsibility for up to eight full-time staff and a network of national and regional correspondents and watchdog partners in various countries.

The desired qualifications include the following:

- deep knowledge of The Global Fund governance and assurance structures including The Global Fund Board and committees, and operations of the country coordinating mechanisms;
- excellence in organizational management with the ability to coach staff, manage, and develop high-performance teams, set and achieve strategic objectives, and manage a budget;
- an advanced degree, ideally an MBA, MPH, JD, Master degree in political science or similar (equivalent). Advanced qualification in program management will be an added advantage;
- at least eight years of senior management experience with a track record of leading, and regionally or nationally scaling an organization or program; and
- at least five years of relevant senior leadership experience with a reputable Global Fund implementer at the country or regional level or a local watchdog.

The deadline for applications is midnight (GMT) on **Friday 26 February 2016**. Applications may be considered after this date only if a suitable candidate has not been found.

The full vacancy announcement can be found on our Careers page [here](#).

[TOP](#)

2. COMMENTARY: The Global Fund and its stakeholders would be better served if the Fund released more information related to concept notes

David Garmaise

23 February 2016

The Global Fund is more transparent than probably any other major funder, but there are nevertheless gaps in transparency that the Fund needs to address. This is the first in a series of commentaries on this topic.

The iterative, back-and-forth process for concept notes that was introduced under the new funding model has resulted in much stronger proposals than was possible under the rounds-based model. Unfortunately, by declining to make public information on how the concept notes were strengthened, the Global Fund is missing an opportunity to build on lessons learned and to live up to its commitment to transparency.

Let me explain what I mean by using the example of an HIV concept note submitted by Country X in Eastern Europe and Central Asia. This is a true story, but I have to use “Country X” instead of the real name of the country (and I need to alter some details) because some of the information I am about to give you is not in the public domain.

The modular template for Country X’s HIV concept note – *which is made public*, but only after the grant agreements emanating from the concept note are signed – lists about 10 modules, one of which is “Prevention activities for people who inject drugs and their partners.” One of the interventions shown for this module is “Provision of opioid substitution therapy.” The intervention is described as follows:

“The four existing sites will be maintained and three new ones will be added. Support for the sites includes human resources, tests, equipment and office supplies. Methadone will be procured. In addition, technical assistance will be obtained to (a) ensure coordination among service providers and (b) provide monitoring and evaluation. Regular workshops will be organized to ensure the quality of project implementation. The activities under this initiative include providing outreach to PWID and their families to improve (a) enrolment for OST and (b) treatment adherence.”

The modular template for Country X indicated that the percentage of individuals receiving OST for at least six months was 45% at baseline; the target for Year 1 was set at 57% and was maintained at that level for Years 2 and 3.

Feedback from the Technical Review Panel was summarized in the concept note review and recommendation form, *which is not made public*. The TRP said:

“The OST targets are too low and there are concerns about the quality of services. The applicant is requested to explain how it will improve quality and how it plans to scale up OST services.”

In the applicant response form, *which is also not made public*, the CCM described measures taken or planned to improve services. The measures included updating OST clinical protocols in line with World Health Organization recommendations; establishing home-base treatment for patients in stable remission; increasing the capacity of medical and care providers; and strengthening Country X’s multidisciplinary approach to providing medical and psychosocial support to OST clients.

The concept note review and recommendation form provided information on additional measures that were agreed to during grant-making – i.e.: (a) the PR will closely monitor the OST program scale-up, new enrollment and adherence support; and (b) the PR will conduct an assessment of OST services at the end of 2015. In addition, the OST targets were increased.

None of the information in the concept note review and recommendation form and the applicant response form has been made public with the exception of the revised targets which appear in the performance framework (which forms part of the grant confirmation form).

This information would be useful to other applicants preparing concept notes and to technical assistance providers. It would also be of interest to organizations that monitor The Global Fund at country, regional, and global levels.

The Global Fund has a mixed record with respect to which documents related to the concept notes are made public. The table below provides a summary.

Table: List of documents related to the concept notes and the ensuing grants, showing which are made public

Category	Document	Available publicly?
Concept note	Concept note form	✓
	Modular template	✓
	Financial gap analysis and counterpart financing table	✓
	Programmatic gap table	✓
Concept note review and grant-making	Concept note review and recommendation form	✗
	Applicant response form	✗
Grant agreement documents	Framework agreement	✓
	Confirmation form (summary program description, summary budget, performance framework)	✓
	Implementation arrangements map	✗
	Grant management workplan (implementation milestones, actions to address capacity gaps and risks)	✗
Grant implementation	Workplan ¹	✗
	Detailed budget ²	✗

Notes:

1. The Secretariat told Aidspace some months ago that the grant implementation workplan is being discontinued.
2. Some version of the detailed budget may be made public in future.

The implementation arrangements map, *which is not made public*, describes the arrangements that have put in place for the implementation of the grant. It shows the various implementing agencies and procurement agents, and the relationships among them. Country stakeholders are entitled to have this information.

And we think stakeholders are also entitled know what the grant implementation milestones are, and what specific actions will be taken to address capacity gaps and to mitigate against risk – all elements of the grant management workplan, *which is not made public*.

As I indicated above, the concept note form and its three attachments are not posted on the Global Fund website until the grants emanating from the concept notes are approved, a process that can take several months. Why are these documents not made public when they are submitted?

Finally, the concept note form and its attachments only describe the program that the applicant initially proposed. These documents do not tell you what will eventually be implemented because they are not updated during the concept note review process or during grant-making. There is no public document that describes the program that will be implemented. There is a potential solution to this problem. Of all of the documents that are made public, the modular template provides the most detailed description of the proposed

program. The modular template should be updated by the Global Fund when the grants are approved, and the updated version should be released publicly.

That would involve some work on the part of staff in the Secretariat. But if The Global Fund is truly committed to the principle of transparency, and if it is really one of its priorities, the Fund has to accept that transparency requires an investment of time and resources.

[TOP](#)

3. NEWS: OIG audit of public sector grants to Tanzania uncovers many of the same problems that were identified in a 2009 audit

David Garmaise

11 February 2016

In an audit of how public sector grants to Tanzania have been managed, the Office of the Inspector General handed out poor grades across the board. The OIG also said that many of the problems it uncovered had already been identified in an earlier audit in 2009.

The OIG released a [report](#) on the audit on 8 February. This article provides a brief summary of the OIG's findings. *We provide more details in a separate, [longer article](#). The latter includes information on actions the Secretariat plans to implement in response to the audit findings.*

The audit covered four grants for which the Ministry of Finance was principal recipient. The funds are managed by two program management units within the MOF and the Ministry of Health.

Governance, oversight and management

The OIG said that its findings raise questions concerning the adequacy and effectiveness of the MOF in executing its mandate as PR. Among the findings:

- delayed disbursement of funds from The Global Fund due to unfulfilled conditions precedent to disbursement, late submission of reports to the Fund, and tardy resolution of management actions;
- delayed disbursement of funds to implementers due to lengthy government processes for disbursing program funds;
- inadequate implementation arrangements; and
- limited effectiveness of assurance mechanisms in identifying and mitigating key risks to effective program implementation.

The OIG said its findings raise questions about the effectiveness of the country coordinating mechanism in mobilizing funds; coordinating government and development partners'

responses to the three diseases; prioritizing resources; and ensuring effective utilization of available resources. It also said that the CCM has yet to provide effective oversight over the PR.

Health services and products management

The OIG said that Tanzania's supply chain management system was ineffective in delivering health products to patients and in accounting for commodities. The audit identified stock-outs of health products of varying magnitudes at different levels of the supply chain. Among the findings:

- The Medical Stores Department's system generates inaccurate data, including negative stock balances.
- Only half of the facilities visited maintained stock records for antimalarial medicines and test kits.
- The Medical Stores Department takes an average of 65 days (versus the 21-day target) to distribute antiretrovirals and opportunistic infection medicines and laboratory commodities after a request is received.

With respect to the separate grant for health systems strengthening, the audit found that funded programs were not implemented as proposed, and that planning critical to the success of the grant was inadequate. The OIG said that its findings point to two systemic weaknesses:

1. The Global Fund has not defined its priorities with regard to funding health system strengthening and therefore lacks effective guidance on what interventions it considers critical for its achievement of impact.
2. The Secretariat lacks effective guidance on the unique risks and challenges that HSS activities present, such as the management of construction projects under HSS.

Financial and fiduciary management

The audit identified unsupported expenditures amounting to \$9.6 million. In addition, the audit revealed significant delays in the procurement of non-health commodities. Further, the audit identified lapses in fiduciary controls over procurement, the management of advances, and contract management.

Programmatic and performance management

The OIG said that the increase in the number of HIV patients on treatment will result in a treatment funding gap of at least \$232 million by 2017. That number rises to \$328 million if treatment is initiated when the CD4 count falls below 500 (which is the current World Health Organization recommendation). If the funding gap is not filled, the OIG said, this will result in commodity shortages and treatment disruptions by as early as mid-2016.

The OIG said that the government has not met its commitment to purchase antiretroviral medicines in 2014-2015 and that the government's plans to raise additional funding are unlikely to yield results in the short term. The audit also found that no consideration has been

given to the additional funding required to prepare health systems to treat the increased number of patients.

The audit revealed that programs are facing challenges in enforcing HIV treatment guidelines, retaining patients on treatment, and regulating funded program interventions so that they reach intended beneficiaries.

The OIG said that the national treatment guidelines for malaria have not been consistently enforced, resulting in patients being treated for malaria without confirmatory diagnosis.

The audit found that controls over the private sector co-payment mechanism were inadequate to support the achievement of its objectives with regard to the availability, affordability and accessibility of subsidized antimalarial medicines in private health facilities, pharmacies, and drug outlets.

Finally, the audit found that data quality issues have not received adequate attention.

[TOP](#)

4. NEWS: Fund addresses shortages of ARVs in Uganda

A full-year's supply is being front-loaded

Anne Ithibu

20 February 2016

In January, in response to a shortage of antiretrovirals in Uganda, The Global Fund Secretariat arranged to procure a supply of the drugs. In addition, as a precautionary measure, the Secretariat is providing Uganda with a full year's supply of drugs, the first batch of which is expected to arrive in March. This comes as a relief to the 241,000 Ugandans who are receiving ARVs purchased with money from The Global Fund.

With donor support, Uganda has scaled up antiretroviral treatment: The number of antiretroviral treatment facilities has risen from 475 in 2011 to 1,603 in June 2014. ART coverage increased from 43% in 2013 to 48% in June 2014.

These successes were under threat by the shortage that hit Uganda in the last few months of 2015. According to the Ministry of Health's pharmacy division stock status report of 1 October 2015, some of the key adult first- and second-line ARVs and some paediatric ARVs were out of stock out at the National Medical Stores. The NMS distributes essential medicines and medical supplies to all public health facilities in Uganda.

The report revealed that some ARVs were also out of stock at the facility level. However, the number of HIV-infected people affected by the shortage is not clear.

The shortage is believed to be caused by the depreciation of the Ugandan shilling and an increase in the number of HIV-infected individuals being placed on ART. The Ugandan

shilling depreciated by approximately 27% against the dollar in the 2014-2015 fiscal year. As a result, the principal recipient, the Ministry of Finance, Planning and Economic Development (MoFPED), was unable to purchase all of the ARVs it had budgeted for.

Uganda has been scaling up ART services through its test and treat strategy. Under this strategy, treatment is initiated immediately upon diagnosis, regardless of the CD4 count, for pregnant women, key populations, HIV/TB co-infected persons, infected persons with an uninfected partner, and children aged less than 15 years. According to the Fund, Uganda has been adding about 20,500 people to its ARV rolls every year since 2014.

In October 2015, the PR informed the Secretariat about the shortage and requested that planned drug deliveries be speeded up. The decision to send a year's supply was reached after the Global Fund conducted a risk-benefit analysis. The Global Fund will likely end up using more money than was budgeted in the grant for ARVs. This, in turn, could result in the grant running out of funds before it is scheduled to end in 2017. However, the Fund believes that this is a risk worth taking.

“Any other course of action would be worse,” the Fund’s media specialist Marcela Rojo told Aidspace, “The decision was based on weighing possible future treatment disruptions against definite current terminations of treatment.”

Meanwhile, The Global Fund is discussing long-term solutions with the PR. In 2012, the government of Uganda contributed 12% of the total amount of money spent on HIV while development partners contributed 68%. The remaining 20% was from private sources including money paid by individuals for the HIV services.

“We advise the government of Uganda to mobilize more resources from the Ministry of Finance and other partners to fill the gaps and find a long-term solution,” said Ms. Namirimu, Communications Officer at the Uganda Network of AIDS Service Organizations. She believes that operationalizing the HIV and AIDS Trust Fund could be one way of preventing future shortages. The Ugandan parliament set up the trust fund in 2014. The main objective of the fund is to ensure sustainable resources for HIV counselling, testing, and treatment. Sources of money include a 2% share of total taxes levied on soft drinks, beer, water, and other consumables; a share of the revenue from other taxable items; and donations. (See [GFO article](#).)

“If a person living with HIV on line one treatment misses out on drugs, he will become drug resistant to line one drugs and will need line two and this will be more expensive for the country” said Ms. Namirimu.

[TOP](#)

5. NEWS: Report shows that transgender people are left behind in the fight against HIV

Out of more than 130 CCMs, only 17 have transgender representatives

Stéphanie Braquehais

19 February 2016

Transgender people are the most affected by HIV but remain largely excluded from policy, program, and funding decisions at national, regional, and global levels, according to a report released in February.

The [report](#), entitled *Most impacted, least served*, was produced by IRGT (International Reference Group on Transgender women and HIV/AIDS) a global network of transgender women with the support of MSMGF (Global Forum on MSM and HIV).

The author of the report reviewed and analyzed studies assessing HIV infection burdens in transgender people published between 2000 and 2011 and interviewed a dozen key informants, activists and civil society organization representatives, and Global Fund officials and donors.

The report said that transgender people are at elevated risk of facing stigma, discrimination, and repressive laws and policies in many countries, which reduces their access to care and treatment.

According to the respondents, some initiatives have been successful in engaging transgender people in Global Fund processes, such as the Pehchan initiative in India, the Asia Pacific Transgender Network, REDLACTRANS in Latin American and Caribbean, and the IRGT.

But, globally, little data is available on the transgender population. The report aims to close the gap.

The report showed that according to studies, the HIV prevalence among transgender women is 19.1%, which is 49 times higher than the general population. It should be noted, however, that no data was collected in countries with generalized epidemics, including all of sub-Saharan Africa.

According to the report, only 39% of the countries reported to UNAIDS that their national AIDS strategies addressed transgender people.

Since 2009, The Global Fund has adopted several strategies and policies to increase the engagement of KAPs (key affected populations, which include transgender people) in funding and policy processes.

However, their participation remains low. In 2015, of the 140 countries receiving Global Fund support, only 21 individuals on 17 CCMs self-identified as transgender. The report identified several reasons for this, including the following :

- civil society organisations avoid speaking about problems for fear of undermining their relationships with principal recipients and CCM members;

- the selection of representatives is rarely transparent; and
- KAP representatives wear too many hats (LGBTI, sex workers, drug users, etc.).

The report said that in middle income countries transitioning from The Global Fund, transgender people are the hardest hit, particularly in countries with repressive laws.

Some progress has been observed in Latin America and Asia. However, the report said that these achievements are fragile, and at risk of being reversed. The recommendations in the report include (1) support trans-specific data collection; (2) build the capacity of transgender activists; and (3) reinforce the involvement of transgender activists in The Global Fund decision-making processes.

[TOP](#)

6. NEWS: Transition preparedness assessment framework tool developed

The tool will complement the Fund's policy on transition and sustainability, currently being developed

Tinatin Zardiashvili

23 February 2016

A transition preparedness assessment framework has been developed for the Global Fund by Curatio International Foundation (CIF), a Georgian NGO. The framework is designed to allow countries to assess their readiness to fully fund and implement their TB and HIV programs once they no longer receive financial support from The Global Fund and other donors.

The framework was developed by the CIF as part of a larger study designed to enhance the understanding of factors affecting sustainability.

The framework does not look only at financial readiness. Rather, it holistically reviews the local environment – including political, legal, fiscal and governance factors, country systems and capacities – as well as programmatic needs.

The assessment, which involves both a literature review and interviews with the stakeholders, is one of the tools available to support countries in transition planning. It helps identify the strategies and actions necessary to assure responsible and gradual transfer of HIV and TB programs.

The CIF developed a draft framework and tested it in Belarus, Bulgaria, Georgia, and Ukraine. CIF researchers then revised the tool, incorporating lessons learned from the pilot countries.

A report was produced in each of the four pilot countries and shared with local stakeholders. A synthesis report was also produced to help researchers refine the framework. There are no plans to make these reports public, though they may be made available upon request.

Nicolas Cantau, The Global Fund's Regional Manager for Eastern Europe and Central Asia, told GFO that "a key advantage of the transition readiness assessment framework is that it reviews both contextual and operational factors necessary for responsible transition." For example, he said, in Eastern Europe a key gap to ensure sustainability of programmatic interventions is the absence of a legal framework that allows governments to contract NGOs to provide services. He added:

"We are supporting a shared responsibility and a shared process. We can offer the methodology, which is very important, but we also offer a flexibility, as country teams are free to modify the tool or to use other tools as well. The assessment is a starting point for looking at the internal problems and thinking about the development continuum. The ownership of the countries is vital. This tool will help countries in developing their costed transition plans, which potentially show all potential gaps."

Mr Cantau said that The Global Fund is currently developing a policy on transition and sustainability, which will establish some general principles. The policy will be supported by a number of methodological tools, including the assessment framework developed by the CIF. Mr Cantau said that he expected the policy will be adopted by June 2016.

The framework tool may be used in a few countries in the next few months, and then become more widely available once the policy is adopted. Although the tool was developed in the EECA, it is intended for use in all regions. It is expected that the tool will be also used as the basis for developing operational guidance on transition for country teams at The Global Fund.

Dr Ketevan Chkhatarashvili, President of the CIF, said that the assessment "has revealed the complexity of issues that are crucial for responsible transition and similarities between countries. Not all issues might be fixed at a national level," she said. "There are problems that can and should be dealt with at a regional level. The Global Fund's regional programs might be appropriate for this."

Reports have been shared with Georgia and Ukraine stakeholders. So far, reactions have been positive. "We are planning to hold validation workshops in Belarus and Bulgaria in the Spring of this year," said Dr. Chkhatarashvili. "We very much hope that this framework will help countries to undertake a thorough planning of transition period and to avoid negative consequences that have been experienced by countries that have transitioned earlier."

Editor's note: The author of this article, Tinatin Zardiashvili, was part the international team of professionals who helped to develop the framework. Tinatin participated in the desk review and the piloting of the tool in Georgia.

[TOP](#)

7. NEWS: After months of delay, the framework agreement for grants to Pakistan is set to be signed

Existing grants have been extended to ensure that disbursements are not interrupted

David Garmaise

18 February 2016

After a delay of about six months, the framework agreement for Global Fund grants to Pakistan is set to be signed the week of 22 February.

Under the new funding model, each country signs a framework agreement which spells out the terms and conditions for all grants to that country. Then, separate grant confirmation forms are signed for each grant for which The Global Fund Board has approved funding.

According to an [article](#) in *The News International*, the Fund provided Pakistan with the text of the framework agreement in August 2015. Various line ministries expressed reservations about clauses related to tax exemptions, money laundering, access to information, and human rights.

GFO understands that The Global Fund agreed to make some changes to the language of these clauses that did not materially alter their substance, but the delays persisted even beyond that.

(*The News International* alleged that The Global Fund told Pakistan that if the framework agreement was not signed by mid-February, the country would not get any money. GFO has not been able to confirm whether such an ultimatum was made.)

Pakistan's total allocation for 2014-2016 was \$255 million. The Board approved funding in the amount of \$41.2 million for two malaria grants in March 2015; and funding in the amount of \$138.8 million for two TB grants in June 2015. There is also an HIV grant and a health systems strengthening grant currently in the grant-making stage.

During the delays, existing grants have been extended to ensure that disbursements to Pakistan are not interrupted. The Global Fund believes that there has been no negative impact on services.

The article in *The News International* quotes the national manager of the AIDS Control Programme, Dr Baseer Achakzai, as saying that "more than 350,000 HIV patients are in dire need of continuity of treatment in Pakistan. It is, therefore, a matter of immense satisfaction that all concerned have arrived at an understanding that the signing of the framework agreement is the need of the day."

The number of people mentioned by Dr Achakzai as being on HIV treatment is incorrect. There are about 6,300 people in Pakistan currently receiving antiretrovirals, a number that is expected to reach about 12,000 (9% of the estimated 137,000 persons living with HIV) when

the HIV grant is fully implemented. The figure of 350,000 may have referred to the number of people currently receiving treatment for TB.

[TOP](#)

This is issue #281 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Editor at david.garmaise@aidspan.org. To subscribe to GFO, 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 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 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. Some articles are also available in [Russian](#).

GFO Editor: David Garmaise (david.garmaise@aidspan.org).

Reproduction of articles in the Newsletter is permitted if the following is stated: "Reproduced from the [Global Fund Observer Newsletter](#), a service of Aidspan."

Are you a newcomer to Global Fund issues? See Aidspan's "A Beginner's Guide to the Global Fund – 3rd Edition" at www.aidspan.org/node/934.

Click [here](#) to unsubscribe.

GFO archives are available at www.aidspan.org/page/back-issues.

Copyright (c) 2016 Aidspan. All rights reserved.

[TOP](#)