Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 315: 28 June 2017

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CONTENTS OF THIS ISSUE:

4. NEWS: How the Global Fund's policy on CCM composition helped to boost LGBT participation in decision-making in the EECA

BY TINATIN ZARDIASHVILI

The Global Fund's policies on the composition of CCMs have had a big impact in Eastern Europe and Central Asia. The policies have resulted in increased participation of LGBT organizations on CCMs, and greater participation of LGBT representatives in the decisions of the CCMs and even of the governments in these countries, including decisions concerning prevention services, according to a new publication from the Eurasian Coalition on Male Health. ECOM also credits these policies with improving the quality of national HIV programs and with helping to combat homophobia.

5. NEWS: The Global Fund's *I Speak Out Now!* campaign enters a second phase

BY DAVID GARMAISE

The *I Speak Out Now!* campaign encourages implementers to denounce fraud and other wrongdoing. Phase I focused primarily on three pilot countries. Phase II targets all implementers as well as the Secretariat.

6. NEWS: Results of studies on Global Fund TA presented at "closing" meeting organized by the host of the LAC Regional Platform

BY DIEGO POSTIGO

The Regional Center for Technical Assistance, host of the Regional Communication and Coordination Platform in Latin America and the Caribbean, organized a two-day "closing" meeting in Bogota, Colombia. One of the highlights of the meeting was the presentation of the results from three studies on technical assistance provided to CSOs in three countries: Bolivia, Dominican Republic and El Salvador.

7. ANNOUNCEMENT: Communities delegation on Global Fund Board solicits applications for membership in the delegation

BY AIDSPAN STAFF

The Communities delegation is recruiting new members for the period August 2017 to August 2019.

TOP

ARTICLES:

1. NEWS: Ukraine's proposal to the Global Fund reflects a country in transition

As the government prepares to take on more financial responsibility, the country still faces challenges due to ongoing conflict

Andrew Green 27 June 2017

Ukraine has submitted a TB/HIV funding request worth $119.5 million that the country expects will help broaden services, especially among key populations. The proposal includes a further $39.2 million prioritized above-allocation request (PAAR).

The $119.5 million within-allocation request equals the country's full Global Fund allocation for 2017-2019. The Ukraine National TB and HIV Council, which is the country coordinating mechanism (CCM), submitted the full review funding request during the second submission window for the 2017-2019 funding cycle. Ukraine proposed an implementation period of 1 January 2018 to 31 December 2020 for grants emanating from its request.

The proposal focuses on increasing access to testing and treatment for multi-drug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) and improving access to HIV and TB services for the country's key populations. The PAAR focuses primarily on expanding those services to areas in the eastern part of Ukraine that are currently experiencing conflict.

Aidspan has learned that the Global Fund insisted that the CCM make certain additions to its composition before it would accept Ukraine's funding request. Specifically, the Global Fund required Ukraine to include members of key affected populations, including people who inject drugs (PWID), sex workers and men who have sex with men (MSM) on the CCM. These additions are in line with the Global Fund's minimum requirements for CCMs.

The funding request reflects a country that is in a transition, but also one that – with the ongoing conflict and Russia's annexation of Crimea in 2014 – the Global Fund has characterized as a challenging operating environment.

"It's a contradictory situation," said Andriy Klepikov, the executive director of the Alliance for Public Health, which is one of the three principal recipients (PRs) listed in the request. "Ukraine is categorized as not just a middle-income level country, but also a country facing a challenging environment." He said the request attempts to reflect both of those realities.

The Ukrainian government, which came to power last year, has expressed a commitment to centralizing responsibility for the HIV and TB responses under the Public Health Centre of Ukraine – another PR – and increasing its overall investments in health. Ukraine increased state funding for its HIV and TB programs more than two-fold in 2016 and has proposed a strategy for taking over 80% of basic services by 2020.

This is part of a broader, time-bound transition plan that includes the restructuring of the health system alongside transfers of specific programs from donor to domestic funding. The provision of opioid-substitution therapy (OST) for PWID is among the programs to be transferred.

Nataliya Nizova, the director general of the Public Health Centre, said these commitments are reflected in the proposal.

"We formulated a very strong message about the readiness of the government to take a very serious responsibility to provide the same quality services, same quality treatment and achieve the same goals," she said. "It's very ambitious."

The request acknowledges, though, that the current "scope of required actions necessitate further external financial support until government completes the process of taking over programmatic and funding needs of the national TB and HIV control programs."

Specifically, in its first objective the funding request addresses concerns about the adequacy of the country's ongoing TB response – especially the threats posed by MDR-TB and XDR-TB. Ukraine is on the World Health Organization's list of 30 countries with a high burden of MDR-TB; it has an estimated incidence rate of 49 cases per 100,000 people. Treatment success – at 44.3% for MDR-TB patients and 21.3% for XDR-TB – is the lowest among the high-burden MDR-TB countries.

The request proposes to continue the efforts advanced in the country's current grants, including integrating TB care at a primary health care level and improving the quality of TB and MDR-TB detection, diagnosis and treatment. This would happen, in part, through the use of better technologies like rapid testing for TB and drug resistance. The request includes funding for medicines for nearly 2,500 MDR-TB and XDR-TB patients.

The request also builds on earlier efforts to move Ukraine beyond its vertical, hospital-oriented TB program, expanding endeavors to integrate civil society into the work of identifying TB cases, to introduce new patients to treatment and to help maintain them on drug regimens. The request proposes to create a grant program for NGOs to improve TB detection among groups that are particularly vulnerable to TB, especially people in prisons. The request also contains specific civil society activities geared toward the conflict areas and people affected by the fighting.

The second objective of the funding request is to improve HIV prevention, diagnosis and treatment. The proposed program includes extensive outreach to key populations, which continue to be disproportionately affected by the disease. In Ukraine, those populations include PWID, sex workers and their clients, MSM, prisoners and people who are

transgender (TG). Although Ukraine's previous Global Fund allocation was used to pursue universal access to prevention, treatment, care and support services among these key populations, the funding request acknowledges a need to expand these services – including in the disputed territories – if the country is going to reach the 90-90-90 targets set by UNAIDS.

Currently, only an estimated 36% of people living with HIV are currently on antiretroviral therapy (ART). Only 17% of the estimated number of people living with the disease are virally suppressed. Ukraine's proposal would scale up testing and treatment, with the Global Fund tipped to support more than 25,000 people on treatment by next year and more than 44,000 by 2020. At the same time, domestic financing is expected to cover an additional 78,000 people on treatment by 2018, and up to 135,000 by 2020. The funding request also proposes to scale up prevention services, including behavioral interventions, condom and lubricant distribution and HIV testing.

The funding request's third objective is to build a resilient and sustainable health system, with an ultimate aim of achieving universal health coverage. This objective overlaps with the previous two specifically with respect to proposed efforts to remove some of the barriers that prevent TB and HIV patients from accessing treatment – including long distances to facilities, the high cost of care, and stigma. The planned activities include ensuring delivery of free HIV and TB care to "people in most acute need," removing any legal obstacles to the delivery of services, and restructuring and consolidating facilities to avoid duplication of services.

Although the proposal describes plans for the government to shoulder more financial responsibility for its HIV and TB programs, it acknowledges that sustainability remains a critical risk – especially for HIV detection, outreach and prevention programs. The government is developing a transition evaluation system to monitor the sustainability of the programs over which it is assuming primary funding responsibility. "It will ensure step-wise progression, address delays and challenges with the relevant stakeholders and introduce appropriate adjustments," the proposal states.

With the government set to take on so many new responsibilities, Klepikov said it will also be important to monitor the programs, like OST, that the government runs for continued quality. "I think it is a very good policy achievement that government agreed to take over so many programs," Klepikov said. "They are fully equipped and capable to do this. But it's still in process."

The ongoing conflict in the eastern part of the country has made HIV and TB programming difficult – and expensive – and threatens to undermine gains made in other parts of the country. While basic activities in the conflict areas are included in the within-allocation portion of the proposal, initiatives to improve and expand HIV and TB services in those areas are contained in the PAAR.

In fact, the PAAR is devoted almost entirely to these initiatives. The PAAR prioritizes TB detection and diagnosis, especially MDR-TB, and proposes to fund treatment for at least 300

MDR-TB patients in the conflict areas. It would also scale up HIV prevention and treatment programs for PWID, sex workers and their clients, MSM and TG in those regions.

Editor's note: This article was modified shortly after it was posted to correct an error concerning people living with HIV in Ukraine whose viral load is suppressed. We had said that 17% of the people on ART are virally suppressed. We should have said that 17% of the estimated number of people living with HIV are virally suppressed.

TOP

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2. NEWS: Study finds a major gap between policy and practice in efforts of the Global Fund to address gender inequality

"Too few grant agreements contain gender-sensitive or gender-transformative activities"

David Garmaise 27 June 2017

"The Global Fund's gender strategy is strong in its commitment to addressing gender inequalities that fuel the HIV epidemic (with a focus on women and girls), yet evaluation of its implementation and monitoring indicators suggests a major gap between policy intent and practice with too few grant agreements found to specify, fund or monitor gender-sensitive or transformative activities."

This is one of the findings of an analysis of 18 "global public private partnerships for health (GPPPH)" conducted by Sarah Hawkes, of the Institute for Global Health, University College, London, and two co-authors. A report on the results of the analysis was published in the journal *Globalization and Health* on 12 May 2017.

The authors define GPPPH as "global institutions with a formal governance mechanism which includes both public and private for-profit sector actors." In addition to the Global Fund, the 18 partnerships that were part of the study included, among others, Gavi, the Stop TB Partnership and Roll Back Malaria.

The authors stated that the majority of GPPPH are gender blind in their approach to health and lack simple mechanisms for enhancing gender accountability. They identified three notable omissions and gaps to gender transformative global health policies and programs, as follows:

1. The vast majority of partnerships are governed by boards with unequal gender ratios.
2. The majority of GPPPH fail to report or publish sex-disaggregated data on coverage, outcomes or impact of the programs they fund.
3. The gender-related work of the GPPPH is, for the most part, narrowly focused on maternal health, child health and communicable/infectious diseases.

(See section below on gender ratios on the Global Fund Board.)

With respect to disaggregated data, the authors said that where gender specific outcomes are reported, they are largely restricted to presenting what percentage of beneficiaries are women and girls.

"Such a view is not only limiting, but may be counterproductive to tackling the underlying determinants of the global burden of disease," the authors said. "Sex and age data disaggregation on risk exposure, prevention and treatment coverage and outcomes are essential for understanding ill health, ensuring investments are reaching those with highest need, and monitoring impact – including impact on reducing gender-based gaps in coverage and outcomes."

The authors said that such information is vital to the work of ensuring that no one is left behind in global health. For example, they said (citing a study in *The Lancet*), a systematic analysis of global incidence and mortality associated with HIV, TB and malaria over more than two decades found that mortality rates were higher in males than females for all three infections, while incidence rates were higher in females for malaria, higher in men for TB, and approximately equal for HIV. A gendered interpretation of this picture, the authors said, may conclude that programs concerned with gender norms around treatment seeking and health care coverage will need to include a focus on higher mortality rates in men (as an indicator of lower access to care). However, among the partnerships studied, they said, only Stop TB seems to be concerned with this dimension of gender.

"Holding GPPPH to account for gender and health outcomes means, at a minimum, having up-to-date sex disaggregated data on coverage and outcomes," the authors stated.

Regarding the focus of work, the authors said that the GPPPH had largely failed to address the highest burdens of disease which, they said, was non-communicable diseases and violence and injuries. In the opinion of the authors, this represents a failure to recognize "the gendered nature of health risks and suffering." This lack of attention, they said, "echoes the wider criticism of GPPPH that the business-orientation endorsed by them has a bias for 'safe issues' and narrow technical or 'magic bullet' approaches over tackling structural and more complex upstream determinants, including gender power relations."

The authors concluded that the GPPPH need to become more serious about how they "do gender."

"It is not sufficient to mention girls and women in advocacy documents," the authors stated. "Instead, a relational perspective on gender needs to be mainstreamed through [the organizations'] regular activities, deliverables and systems of accountability." From boardroom to delivery of and access to health services, gender needs to be fully taken into account, they said.

Gender ratios on the Global Fund Board

Currently, on the Global Fund's 26-member Board, there are 17 men and nine women. Among the 23 alternates, 11 are men and 12 are women. The Board has not established a goal with respect to gender representation on the Board. The Global Fund's Gender Equality

Strategy states that achieving a gender balance in membership of the Board (and its committees) is challenging because of the representative nature of the Board.

The study in The Lancet *mentioned in this article is available here (see "Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013.")*

TOP

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3. NEWS: "A Quarter for Prevention": Study finds Global Fund investments in HIV prevention in Africa fall short

Across 15 countries, just 15% of grant programs from the 2014-2016 funding cycle went towards HIV prevention

Gemma Oberth 27 June 2017

A new discussion paper released by ICASO and EANNASO suggests that the Global Fund might not be investing enough money in HIV prevention in Africa to meet its targets.

In its new strategy, the Global Fund has set ambitious new targets for HIV prevention. The Fund aims to achieve a 38% reduction in new infections over the 2015-2022 period, including a 58% reduction in HIV incidence in adolescent girls and young women aged 15-24 (see GFO article).

The discussion paper frames resource needs for HIV prevention in terms of global estimates. UNAIDS has modelled that ending AIDS by 2030 will cost about $25 billion a year, with a quarter (26%) of this amount required for HIV prevention.

The paper confronts the reality that the benchmark of investing "a quarter for prevention" is not being met, and progress on HIV prevention has stalled as a result. Indeed, since 2010, the number of new adult HIV infections has remained unchanged, with an estimated 1.9 million occurring globally each year.

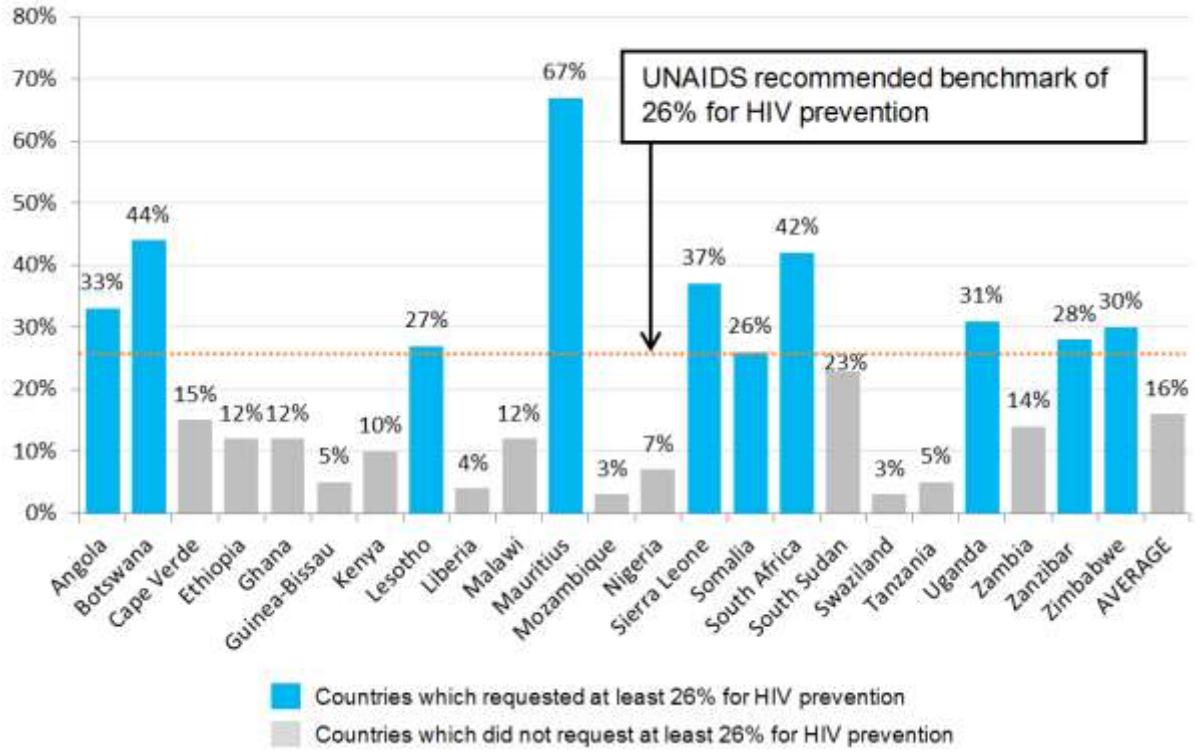
The research is also contextualized as follow-up to the recent expert meeting to Fast-Track HIV prevention implementation in 15 eastern and southern African countries, held on 23-24 March 2017 in Victoria Falls, Zimbabwe. At this meeting, the Interim Executive Director of the Global Fund, Marijke Wijnroks, presented a call to action on HIV prevention. One of the key objectives of the meeting was to explore opportunities for increasing investments for HIV prevention in the Eastern and Southern African Region, including through the Global Fund applications for the 2017-2019 funding cycle.

To support advocacy for increased investments in the 2017-2019 funding cycle, researchers from ICASO and EANNASO set out to determine current Global Fund investments in HIV prevention in a sample of 25 African countries over the 2014-2016 funding cycle.

Funding requests (or "concept notes" as they were called at the time) were accessed for 23 countries, and signed grant agreements were accessed for 15 of them. Some documents were not publicly available.

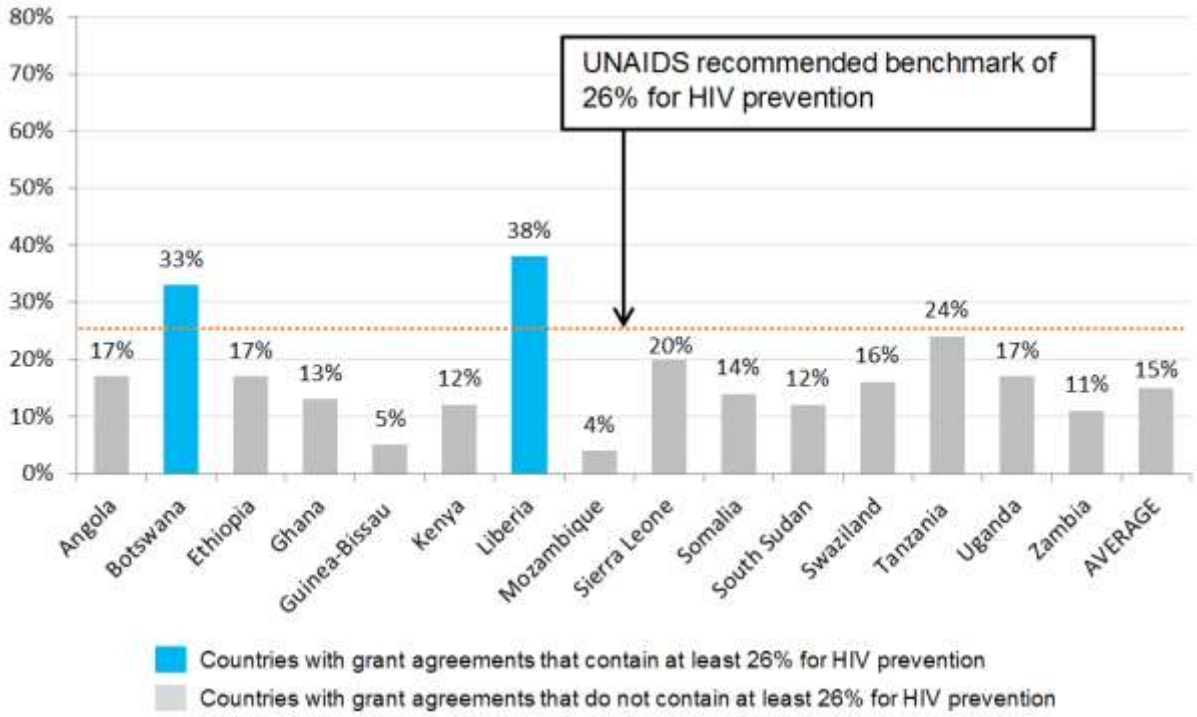
Of the 23 funding requests examined, an average of 16% of the total funding requested was dedicated to HIV prevention (see Figure 1). Mauritius' request for HIV prevention was the largest (proportionally), at 67%. The smallest proportional requests for HIV prevention interventions came from Mozambique (3%) and Swaziland (3%). The authors note that PEPFAR is a large investor in HIV prevention in Mozambique and Swaziland. As a result, the gap for the Global Fund to fill in these countries may have been smaller.

Figure 1: Proportion of HIV and TB/HIV Global Fund funding requests dedicated to HIV prevention interventions (2014-2016 funding cycle)



Of the 15 signed grant agreements examined, an average of 15% of the total funding invested was dedicated to HIV prevention (see Figure 2). This is slightly less than the 16% requested. Just two countries – Botswana and Liberia – had at least 26% of their Global Fund grant budgets dedicated to HIV prevention interventions. Liberia's grant had the largest proportion of HIV prevention funding, at 38%, while Mozambique's had the smallest, at 4%.

Figure 2: Proportion of HIV and TB/HIV Global Fund signed grant agreements dedicated to HIV prevention interventions (2014-2016 funding cycle)



The paper states that both within-allocation and above-allocation amounts for HIV prevention were included in the analysis of funding requests. This may help to explain why so many more countries requested "a quarter for prevention" as compared to those that achieved this level of funding in their signed grant agreements. However, it should be noted that, on average, the proportion devoted to HIV prevention in the funding requests (16%) and the proportion devoted to HIV prevention in the actual grant agreements (15%) were largely similar.

The authors call attention to the particularly low levels of investments in HIV prevention among key populations.

"Underspending on prevention hurts communities that face disproportionate rates of new infections," says Mary Ann Torres, Executive Director of ICASO. "This is especially true for adolescent girls and young women, men who have sex with men (MSM), transgender people, sex workers, people who use drugs, indigenous people, and people in detention."

The analysis shows that just 3% of HIV and TB/HIV programs in grants to 15 African countries are spent on HIV prevention among sex workers, MSM, transgender people and people who inject drugs. In the current funding cycle (2017-2019), the Global Fund aims to have 39% of investments in signed HIV and TB/HIV grants dedicated to programs targeting key populations (see GFO article). This is a key performance indicator (KPI) to measure the success of the Fund's corporate strategy. Concerted advocacy will be required to increase spending on key populations in order for the Global Fund to achieve this KPI.

The discussion paper illustrates some of these disparities. Adolescent girls in South Africa are eight times more likely to contract HIV than their male peers. Sex workers in Ethiopia have an HIV prevalence of 24.3 % – more than 16 times the national adult average of 1.5%.

The paper also raises concern that the Global Fund's HIV prevention investments appear to be decreasing over time. According to the Fund's 2012 results report, cumulative Global Fund grant expenditure on HIV prevention from 2002-2011 was 30% of all HIV spending – twice the proportion found in this study. The authors emphasize that any comparison of current and historical HIV prevention spending must acknowledge that millions more people now require sustained antiretroviral therapy (ART), much of which is procured through Global Fund grants.

One of the paper's recommendations is to encourage countries to increasingly absorb critical aspects of their HIV response – especially ART – into domestically-funded programs. This would enable the Global Fund to invest more in HIV prevention interventions, towards achieving its HIV prevention KPIs.

Another recommendation is to capitalize on opportunities with catalytic funding, especially the matching funds, as a new way to increase Global Fund investments in HIV prevention. Aidspan has previously reported on catalytic funding here, here and here. For matching funds, the $50 million set aside for HIV programs for key populations and the $55 million for HIV programs for adolescent girls and young women are critical opportunities to increase prevention spending among these groups.

"Sustaining community advocacy on HIV prevention investments is absolutely critical," says Olive Mumba, Executive Director of EANNASO. "Our results show that now, more than ever, we need to invest in communities to revitalize the prevention agenda."

This week, the UNAIDS Programme Coordinating Board (PCB) is meeting in Geneva. The third day of the meeting (29 June 2017) will be dedicated to the thematic segment "HIV Prevention 2020: a global partnership for delivery." ICASO and EANNASO's discussion paper forms part of the background note for the PCB, and will be shared during the thematic segment.

Dr. Gemma Oberth is the lead author of this discussion paper. It was produced in her capacity as a policy advisor for ICASO.

TOP

4. NEWS: How the Global Fund's policy on CCM composition helped to boost LGBT participation in decision-making in the EECA

Six case studies documented by the Eurasian Coalition on Male Health

Tinatin Zardiashvili 27 June 2017

Global Fund policies on the composition of country coordinating mechanisms (CCMs) have resulted in increased participation of LGBT organizations on CCMs in Eastern Europe and Central Asia (EECA). It has also resulted in greater participation of LGBT representatives in the decisions of the CCMs and even of the governments in these countries, including decisions concerning prevention services.

And, by extension, the participation of LGBTs on CCMs has improved the quality of national HIV programs in the EECA and has also helped to prevent the institutionalization of homophobia in some of the countries.

These are some of the key messages in a publication issued recently by the Eurasian Coalition on Male Health (ECOM) on LGBT involvement in national HIV decision-making processes in the EECA. The publication consists of case studies from six countries: Belarus, Kyrgyzstan (two case studies), Moldova, Russian Federation, Tajikistan and Ukraine. All but one of the case studies involve CCMs.

Some common themes emerge from the case studies. For example:

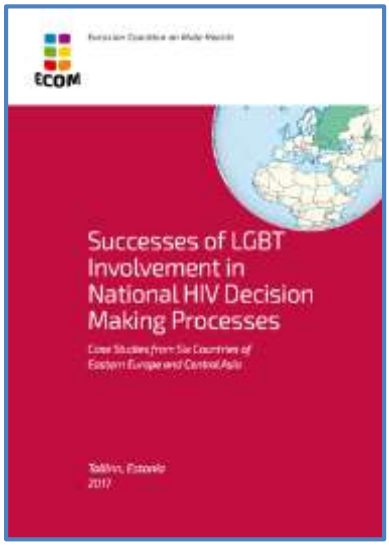
- In a context where stigma towards LGBT communities is high at all levels of the society, including among government officials, strong support from communities that have a longer history of partnering with the governmental structures – e.g. people living with HIV and even people who inject drugs – is vital in helping to make LGBT participation on CCMs and in governmental decisions a reality.
- Achieving progress in this area requires hard and long-term efforts.
- CSOs supported by the Global Fund played an important role in advancing the cause of LGBT organizations.
- The participation of the LGBT community, both in service delivery and strategy development within national HIV responses has improved the quality of programs funded by the Global Fund and national HIV/AIDS programs in general.
- For LGBT organizations, participation in CCMs is the most efficient way to be meaningfully engaged in the development and implementation of national strategies on HIV and TB.
- Systemic homophobia remains a significant barrier.

Gennady Roshchupkin, ECOM's Technical Support Coordinator, told Aidspan that ECOM is very keen to accurately collect and document cases that illustrate the evolution of the LGBT community and that describe positive outcomes of their partnerships with CCMs, CSOs and government stakeholders.

Below, we provide more information on each case study.

Moldova

The Moldova case study is particularly interesting because it describes in considerable detail how the participation on the CCM of one particular LGBT organization evolved over time. GENDERDOC-M (GDM), an LGBT health information center, has been a member of the CCM since 2005. However, at first GDM did not participate fully because of the high stigma towards the LGBT community, a lack of support from other CCM members, and a lack of knowledge on the part of GDM of the role and the rights of CCM members.



Then, the GDM representative began to participate in the CCM's technical working groups, which allowed the representative to involve other persons from GDM in different activities. This more active participation created a need to know more about CCM regulations and structure, and how the CCM worked. The GDM representative started putting LGBT issues on the agenda of CCM meetings. Gradually, GDM become a strong and influential member of the CCM, able to raise problems related to LGBT and men who have sex with men (MSM) at the national level; participate in the development of guidelines and national strategic plans; and engage in Global Fund programs and related processes.

The Moldova case study demonstrates that the effectiveness of LGBT representation depends not only on their presence on the CCM, but also on the capacity of their representatives, and their knowledge and understanding of their role on the CCM and of the opportunities for participation.

Roshchupkin told Aidspan, "Nowadays, when questions are raised about the representatives of key affected populations on CCMs" – (see GFO article) – "this particular case study is an inspirational example for any CCM member who represents a community, but feels that they are lacking the required skills."

Kyrgyzstan

One of the Kyrgyz case studies describes how the LGBT community came to be represented on the country's CCM. In 2005, a multi-sectoral country coordinating committee was created, followed by the formation of the CCM itself in 2011. In 2013, an alternate CCM member was elected from a Kyrgyz NGO representing the MSM community.

In 2015, a civil society forum was organized to, among other things, determine how the CCM election procedures should be overhauled. During preparations for the forum, communities expressed the desire that CCM members and alternates representing communities should be members of the communities they represent. During the forum, elections were held to select the CCM members from civil society; for the first time, the elected members included representatives of the MSM and transgender communities.

The case study identified several factors that contributed to this success, including the following: (a) the Global Fund's requirement that members to selected by their own communities; and (b) the active involvement of all representatives of all key populations in the 2015 forum.

The second Kyrgyz case study describes the inclusion of MSM and transgender representatives on the advisory group working on developing the national HIV program for 2017-2021. This was seen as a major breakthrough in the context of attitudes and perceptions towards LGBT people in Kyrgyzstan. (In the previous national HIV program, MSM and transgendered people were not even mentioned. They were included under the rubric "KAPs" without being named.)

Since 2014, the LGBT community in Kyrgyzstan has been living under the threat of criminalization, as Parliament debated two draft bills, one of which would have banned advocacy for LGBT rights, with associated fines. In the bill, this advocacy is defined as "propaganda of non-traditional sexual relations." The second bill would have imposed "foreign agents" status for community services organizations (CSOs) performing advocacy with foreign money. (Both bills are modeled after legislation in effect in the Russian Federation). The LGBT community opposed the bills; their efforts were supported by other CSOs. Although both bills were finally rejected by Parliament, in 2106 an amendment to the Constitution was proposed, defining "marriage" as a "voluntary union between a man and a woman."

Russian Federation

The case study involving the Russian Federation describes the process of sensitizing the Coordination Committee (CC) between 2014 and 2016. (The CC is the body that succeeded the CCM, which was abolished in 2010. It consists entirely of representatives of CSOs.) The CC members were elected during a country dialogue in 2014, in the context of the development of a proposal to the Global Fund under the NGO Rule. The CC that was formed in 2014 had no LGBT representation. However, two years of sensitization and advocacy culminated in a decision in 2016 to create two seats for the LGBT community.

It may seem surprising that it took two years to convince a body of CSOs about the importance of having LGBT representation. The explanation is that many CSOs were fearful that having LGBT representatives on the CC would diminish their reputation with the government, such that the government might not be willing to talk to them.

Over the course of the two years, from 2014 to 2016, representatives of the LGBT community actively carried out advocacy activities in various settings. They provided information to CC members on the LGBT community and the health needs of gay and bisexual men and transgender people. A training was organized for CC members, which allowed them to familiarize themselves with terminology related to MSM and LGBT and to better understand the role of MSM in the development of the epidemic. The issue of LGBT representation was widely discussed during the training.

In addition, HIV activists belonging to the LGBT community held meetings with representatives of the Ministry of Health and with parliamentary deputies to lobby for the inclusion of representatives of the LGBT community in the working group on the development of the government's strategy for fighting the HIV epidemic.

The main result of the sensitization and advocacy efforts, ECOM said, was recognition by the CC that "MSM are an important epidemiological group, whose needs are not limited to the standard package of prevention services, such as brochures, condoms, and HIV testing." However, ECOM said, the Russian Federation still has a long way to go to eliminate terminology such as "people of a non-standard orientation" from its national HIV strategy and to change discriminative legislation banning LGBT "propaganda" in the country.

Ukraine

The Ukraine case study describes an effort to include LGBT community representatives on the National Council (the body that covers the CCM function in Ukraine). Between 2014 and 2016, with support from the Global Fund, other international organizations and other key affected populations, the CSOs representing the LGBT community managed to change the policies and rules governing the formation of the National Council. The most significant barrier they faced was homophobia among government officials and religious leaders.

One very important result of this effort was that issues related to the provision of MSM services were included in the agenda of a national consultation on the response to HIV and TB. ECOM said that the LGBT community hopes that the participation of LGBT representatives on the National Council will help to defeat homophobia in Ukraine and to have members of the LGBT community acknowledged as experts in their own right.

Belarus

In Belarus, there are no registered LGBT organizations, so HIV-service NGOs represent the interests of the LGBT community on the CCM. Thanks to the efforts of the Belarussian Anti-AIDS Network, which represents people living with HIV, and other like-minded NGOs, services to MSM were included in Global Fund grants and, eventually, the national HIV program. For the latter, the NGOs received support from the Global Fund and the Ministry of Health. It helped that some members of the HIV-service NGOs were LGBT activists.

One of the NGOs, Vestrecha, provides HIV prevention services for MSM under a Global Fund grant. The organization raises issue of stigma and discrimination and access to treatment on behalf of the LGBT community.

This is an excellent example of other organizations "carrying the ball" for the LGBT community. It is unusual given that most community organizations normally just look after their own.

Tajikistan

The Tajikistan case study describes how a CSO serving as a Global Fund sub-recipient was recognized as having technical expertise and was invited by the Republican Center for the Prevention and Control of AIDS and the Ministry of Health to carry out the first estimation of the size of the MSM population ever conducted in the country.

TOP

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5. NEWS: The Global Fund's *I Speak Out Now!* Campaign enters a second phase

This OIG initiative encourages implementers and the Secretariat to denounce fraud and other wrongdoing

David Garmaise 27 June 2017

The Global Fund's anti-corruption initiative, the *I Speak Out Now!* campaign, is now into its second phase. The purpose of the campaign is to encourage grant implementers and the Secretariat to denounce fraud, abuse and human rights violations in programs financed by the Fund.

The Phase I campaign was designed to raise general awareness of wrongdoing and how to identify it. The campaign included a particular focus on three specific issues piloted in three countries: Côte d'Ivoire, Malawi and Ukraine. Phase II will target a broader audience of implementers as well as the Secretariat. While Phase I was the "Pilot" phase, Phase II is being labeled the "Sustain" phase. The OIG says that it is already moving towards Phase III ("Ingrain"), which is about embedding the anti-corruption initiative permanently within the Global Fund.

"It takes times to embed a culture of speaking out which is why our strategy is over three years," Thomas Fitzsimmons, the OIG's communications specialist, told Aidspan. "In phases II and III, we really want to emphasize that the OIG can help grants have more impact by disrupting wrongdoing as early as possible."

Some of the Phase I activities will continue into Phase II.

Phase 1: Three pilots

Malawi

In Malawi, the *I Speak Out Now!* campaign was designed to encourage the local population to speak out about drug theft. Mass distribution of flyers through the supply chain – every box of drugs that left the warehouse contained the campaign's flyers and posters – together with billboards and public service announcements on national radio, led to over 100 reports being made to a local hotline within a few months of the launch of the campaign.

The campaign was launched together with a USAID campaign called "Make A Difference," which also targeted drug theft. The OIG and the U.S. Agency for International Development (USAID) agreed to use the same local hotline provider and number to ensure a coherent and clear call to action for the local population.

As a result of the reports to the hotline, an anti-malarial drug theft task force – made up of agents from USAID, the OIG and the Malawi Police Service – was able to act on intelligence from the reports which identified multiple sites allegedly selling stolen anti-malarial drugs.

The task force subsequently found evidence that resulted in a number of high profile arrests, fines and prosecutions. The OIG told Aidspan that acting on leads from the OIG campaign, USAID and Ministry sources, Malawi's Drug Theft Investigations Unit has made dozens of arrests in the past few months, most of which have led to convictions and prison sentences. More information will be made available in an OIG report to be published soon on the actions taken following the campaign.

The budget of the investigations unit included $206,000 from a Global Fund grant. The OIG said that there is evidence that the Government of Malawi is now showing a greater commitment to the effort to reduce drug theft. The Ministry of Health has developed a Drug Availability and Security Action Plan, and the government has renewed funding for its investigations unit.

The Malawi campaign was extended into 2017. Fitzsimmons said that because the campaign is producing good results, with dozens of tip-offs coming in, and because there is good collaboration between in-country partners, "it seemed premature to end it now, especially as drug theft is still widespread."

In 2017 and beyond, the campaign will use the same approach as in Phase I – radio ads, billboards and distribution of flyers and posters. However, the OIG has changed the visuals and the messaging based on feedback that they were a little too "sophisticated" or "western-centric" for the Malawi market.

Côte d'Ivoire

The objective of the Côte d'Ivoire *I Speak Out Now!* pilot was to reduce the supply and demand of an unauthorized version of the anti-TB drug, RHZE. This drug was available by prescription through programs financed by the Global Fund. However, "unprescribed" versions of the drug were being sold in street markets throughout the country. The pilot identified that TB drugs were being bought by the public to treat other ailments. This has real public health consequences: It can lead to a multi-drug-resistant form of TB, which is far more difficult to treat.

An investigation conducted by the OIG in 2016 found that the facility responsible for receiving, warehousing and distributing medicines, and a government agency acting as principal recipient for a TB grant, were jointly responsible for a massive theft of TB drugs financed by the Global Fund (see GFO article).

Old Poster for Malawi pilot

Revised Poster

In collaboration with the country team, the Ministry of Health and the country coordinating mechanism (CCM), an *I Speak Out Now!* campaign was launched, designed to raise awareness among the local population of the dangers of taking unprescribed versions of RHZE bought from street markets. The campaign consisted of a targeted distribution of flyers in health centers, together with public service announcements on national radio.

The OIG believes the campaign contributed to a dwindling supply and demand for the illicit drug on the street. In early 2017, after the end of the campaign, nine nationwide street markets were surveyed. These where places where Global Fund–financed RHZE had been found for sale during the 2016 investigation. The survey found that the supply of the drug had dwindled significantly.

Since the objective of the Côte d'Ivoire pilot has been achieved, the pilot will not continue into Phase II.

Ukraine

In Ukraine, the *I Speak Out Now!* campaign addressed the problem of people who inject drugs being forced to pay bribes to get on to free opioid substitution therapy (OST) treatment financed by the Global Fund. In partnership with the local OST hotline, the campaign messaging focused on the many OST centers. However, although a local hotline received an increase in reports thanks to the campaign, a parallel investigative review by the OIG could not find evidence to indicate if, in fact, people who inject drugs were having to pay bribes. This suggested that the problem, if real, was not widespread. The Ukraine pilot will not continue into Phase II.

Phase II

Phase II will keep the *I Speak Out Now!* brand for implementers but will target all implementers. The objective remains the same – i.e. to encourage people to report problems quickly and provide quality information so that the Global Fund can disrupt wrongdoing as rapidly as possible before grant impact is compromised.

Tool kit for implementers

At the same time, Phase II is being "repositioned" internally to emphasize the role of the Secretariat as a key player in partnership with the OIG, using the spin-off slogan *We Speak Together!* (This slogan will only be used internally.) The OIG said that it wants to encourage the Secretariat to come to the OIG more often and more informally to disrupt wrongdoing.

The OIG said that it is beginning to launch new content and materials. The www.ispeakoutnow.org e-learning platform has been refreshed with new case studies, a news section, a resources section and more social media functionalities. As part of the new resources, the OIG has produced an Anti-Corruption and Anti-Fraud Tool Kit for implementers with seven tools in four languages. About 700 hard copies of the kit have been sent to principal recipients and CCMs. Whenever the OIG goes on mission, particularly the Investigations Unit, it uses the materials to train implementers, often through the CCM.

For the Secretariat, the OIG has produced an animation video about the benefits of speaking early to the OIG. The OIG will also be holding internal training sessions and "brown bags" to raise awareness.

TOP

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6. NEWS: Results of studies on Global Fund TA presented at "closing" meeting organized by the host of the LAC Regional Platform

STC Policy was also discussed

Diego Postigo 27 June 2017

On 2-3 May 2017, the Regional Center for Technical Assistance (CRAT in its Spanish acronym), which is the host of the Regional Communication and Coordination Platform in Latin America and the Caribbean (LAC) under the Global Fund's Community, Rights and Gender (CRG) Initiative, organized a two-day "closing" meeting in Bogota, Colombia.

One of the highlights of the meeting was the presentation of the results from three studies on technical assistance (TA) for grant implementation financed by the Global Fund and provided to CSOs in three countries.

The meeting was billed as a closing meeting because CRAT's term as host of the Regional Platform ended on 31 May 2017. The Global Fund has issued a call for proposals for the next period. CRAT has submitted a proposal.

The objectives of the meeting were: (a) to provide information on recent changes in Global Fund policies and processes; (b) to report to civil society organizations (CSOs) on CRAT's collaboration with CRG; and (c) to obtain feedback on the current needs of CSOs and communities in the context of the implementation of the Global Fund's Sustainability, Transition and Co-Financing (STC) Policy.

CRAT coordinator Anuar Luna said that the meeting helped change the atmosphere among CSOs from discomfort towards the STC policy to acceptance of a reality and a need to move forward to achieve sustainability.

"We observed an evolution from the first regional platform meeting in Lima in 2016, when we started to work on transition and sustainability, to this meeting in Bogotá in 2017," Luna said. "The level of discussion improved from complaints to action."

Luna was referring to the fact that while the Lima meeting was characterized by complaints about the STC policy, by the end of the meeting in Bogota, participants were focusing on the positive steps they can take to promote sustainability and ensure that transition away from Global Fund financing is smooth.

A presentation on the STC policy by Global Fund staff during the Bogota meeting led to a very lively discussion on whether eligibility criteria to access funds that is based on per capita income is applicable to a region with the highest inequalities in the world. It was agreed, however, that the time has passed for complaints about the eligibility policy because the policy is not up for discussion at this time. The allocations for 2017-2019 have already been made, with decisions concerning eligibility having been based on the current eligibility policy.

Technical assistance

The three countries involved in the studies on TA were Bolivia, Dominican Republic and El Salvador. The objective of the studies was to improve knowledge concerning access, effectiveness and innovation in the provision of the TA.

Below, we provide information on the results from the individual studies. Following this, we provide a summary of findings that were common to all three studies.

Bolivia

In Bolivia, the study found that for HIV and TB, the only CSOs that received TA were SRs; and in all cases the TA was provided by the PRs (i.e. HIVOS and UNDP). For other CSOs,

access to TA was difficult. One of the reasons for this is that the national strategic plans and government regulations do not specifically provide for the provision of TA to CSOs.

For malaria, it was different: Some CSOs that were not SRs received TA.

With respect to effectiveness, 70% of the CSOs surveyed expressed satisfaction and said that the objectives of the TA were met. TA was considered effective in terms of improving the skills of people delivering the services; improving the quality of the interventions; and strengthening the core functions of the CSOs themselves.

Only a few TA initiatives were deemed to be innovative. They included an initiative on community surveillance of malaria; and one on program monitoring.

One important finding of the survey was the sentiment expressed by TA recipients to the effect that the decisions concerning what TA is provided should be based on a needs assessment conducted by the CSOs themselves.

El Salvador

TA for CSOs in El Salvador focused on three areas: outreach for prevention; administration and management strengthening; and knowledge management. Similar to the experiences in Bolivia, the TA in El Salvador revealed that the lack of a regulatory framework for the provision of TA hindered access by communities. Only bigger NGOs acting as SRs accessed TA. The study concluded that given that TA is a necessary asset for organizations, not being able to ensure access to TA constitutes a barrier to sustainability.

As was the case with Bolivia, the TA provided to CSOs in El Salvador was seen as being effective. The greatest satisfaction was expressed for TA that provided support to build local networks for the implementation of HIV programs, and TA on advocating for the approval of human rights-based regulatory frameworks for sex work and gender identity. However, some organizations pointed to a lack of follow-up as a major drawback of the TA provided.

TA seen as being innovative included initiatives on sustaining CSOs and community organizations; on advocacy for the regulation of sex work and gender identity; and on project management.

Cover of report on TA provided to CSOs in the Dominican Republic

Dominican Republic

The study in the Dominican Republic found that CSOs had more resources for TA in 2013 than they did in 2016. However, 2016 was the first year that TA was made available to organizations working on TB, which constituted a major achievement. Most TA initiatives examined in the study included a gender perspective, especially regarding issues of sexual

diversity, sex work and gender identity. CSOs and communities expressed concerns that their participation in the identification of TA needs has not been meaningful.

Initiatives that were seen as effective were the ones focused on strengthening M&E and quality assurance systems in CSOs, as well as TA provided in the framework of the program implemented by the Latin American and Caribbean Network of Sex Workers (REDTRASEX), which was the only TA that included a systematic follow-up. Initiatives identified as innovative were an online course for sex workers, and training related to the establishment of a Human Rights Observatory for Vulnerable Groups. The objectives of the training for the Observatory included building the capacity of the organization to identify human rights violations, and helping to develop the tools for filing complaints.

Common findings

There were several findings that were common to all three studies. They were as follows:

- There is a lack of official regulation of TA, which raises questions about who can access the TA. Accessing TA was more difficult for organizations not serving as sub-recipients (SRs).
- There is no system in place to ensure that the results of the TA are widely disseminated.
- There was a consensus that the TA was effective.
- CSOs and community groups are not well prepared to start the transition phase.
- Few TA projects were seen as being innovative.

There are different factors affecting who can receive TA. One factor is the official regulations of the country. Another factor is how each training is organized. The Global Fund advises that, whenever possible, training should be provided to all CSOs participating in the response to the disease, not just SRs. Global Fund TA is provided through PRs. The PRs do not always make the extra effort to include CSOs that are not SRs. This was one of the reasons the Secretariat initiated the studies – i.e. to find out if the trainings were reaching non-SRs. With PRs in newer grants, the Secretariat has been very insistent that the PRs present capacity building plans that include CSOs that are not SRs.

Other items

The meeting included a presentation of the Regional Platform's initiative on "dialogues for transition to sustainability," and its implementation in Belize, Panama and Paraguay (see GFO article for more details). Participants agreed that this initiative is needed in all countries facing transition because civil society and community groups need to agree on a common position and define a common strategy before the process starts. Requests for implementation of this initiative in other countries, including Bolivia, Dominican Republic and Peru, were expressed.

A panel of speakers presented and discussed initial findings and lessons learned on social contracting in six countries in LAC. Different models of social contracting were presented,

giving participants ideas to think about when planning for sustainability. This session included a report on an evaluation of an initiative in one country to integrate community services within the services provided by the public health system.

The meeting gave a space to representatives from Venezuela to update participants on the situation in the country and on the discussion that was about to take place at a Global Fund Board meeting in Kigali, Rwanda concerning whether to provide assistance to Venezuela (see GFO article). The participants showed a high degree of solidarity with their Venezuelan colleagues and a joint communique was signed and sent to the Board.

All documents presented during the Bogota meeting can be found on the regional platform website http://plataformalac.org/. The documents are in Spanish, with summaries in English.

TOP

7. ANNOUNCEMENT: Communities delegation on Global Fund Board solicits applications for membership in the delegation

Aidspan Staff 27 June 2017

The Communities delegation on the Global Fund Board is soliciting applications from persons wishing to become members of the delegation. The delegation is specifically looking for people from the following communities and populations:

> Women; key populations; and young people living with HIV or communities affected by TB and malaria

and from communities living with HIV or communities affected by TB and malaria from the following regions:

> Middle East and North Africa, Francophone Africa, Asia and the Pacific, and Latin America and the Caribbean.

The persons selected will serve for a two-year term: August 2017 to August 2019.

For more information please visit the Communities Delegation website. For inquiries, please send an email to info@globalfundcommunitiesdelegation.org.

The deadline for applications is Wednesday 12 July 2017 at 23:59 CET.

TOP

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

Aidspan Executive Director: Ida Hakizinka (ida.hakizinka@aidspan.org).

TOP