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NEWSLETTER

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In March, the Global Fund Board approved two country grants and awarded supplementary funding to a third. Egypt, a non-CCM applicant, received a new TB/HIV grant. The Board also approved a multi-country grant for the Caribbean region, and five sets of interventions from the Register of Unfunded Quality Demand.

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In a follow-up audit of Global Fund grants to Ghana, the Office of the Inspector General found that oversight and coordination, supply chain, data and financial management all need significant improvement, as do systems, processes and controls on quality of services for the three diseases. The OIG commended the country's progress against malaria, on community-level services, and in the development of its National Health Insurance Scheme.

[3. NEWS: Global Fund Secretariat human resources management processes 'need significant improvement', OIG says](#)

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In its audit of the human resources processes and practices of the Global Fund Secretariat, the OIG found that “underperformance is not managed effectively,” but that some other aspects of HR are “partially effective,” such as the 2017-2022 People Strategy and the Fund’s recent attention to its sexual harassment, exploitation and abuse policies. Five Agreed Management Actions on HR were included in the audit report.

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BY ANDREW GREEN

The shift to co-financing for many countries implementing Global Fund grants has civil society groups worried that as countries take over procurement of drugs and commodities, they may increase the risk of stock outs or the procurement of low-quality items. While acknowledging the difficulty of transition, Global Fund officials dispute this characterization, saying that protections are in place to help prevent this from happening.

[5. NEWS: Global Fund’s Strategic Review 2017 identifies gaps in several program areas, including differentiated approaches, absorptive capacity and transitions](#)

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In its Strategic Review 2017, the Technical Evaluation Reference Group found that all of the recommendations from a previous strategic review have been fully or at least partially implemented; and that the Global Fund is well-positioned to implement its Strategy 2017–2022. This article provides a summary of gaps that the review identified in three specific program areas: differentiated approaches, country ownership and strengthening RSSH. Although the review was essentially completed by the end of 2017, the final report was not issued until February 2019.

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ARTICLES:

1. NEWS: Global Fund Board approves a small 18th batch of grants from 2017-2019 allocations

Egypt, a non-CCM applicant, receives funding for a new TB/HIV grant

David Garmaise

2 April 2019

On 22 March 2019, the Global Fund Board approved funding for two country grants and supplementary funding for a third — for a total value of \$11.0 million. Interventions worth \$4.1 million were added to the Unfunded Quality Demand (UQD) Register. Domestic commitments for the programs included in the approved country grants amounted to \$28.5 million. (See Table 1 for details.)

Table 1: Country grants approved from the 2017–2019 allocations — 18th batch (amounts in \$US)

Applicant	Component	Grant name	Principal recipient	Amount approved ¹	UQD	Domestic commitment ²
Egypt	TB/HIV	EGY-C-UNDP	UNDP	2,058,336	3,883,661	0 ⁵
Guatemala	TB	GTM-T-MSPAS	MSPAS ³	5,849,483	161,884	9,206,207
Armenia ⁴	TB/HIV	ARM-C-MOH	Ministry of Health	3,138,925	61,187	19,320,177
Total				11,046,744	4,106,732	28,526,384

Notes:

1. Amounts shown are upper ceilings.
2. The domestic commitments shown are for the disease programs and exclude RSSH.
3. MSPAS = Ministry of Health and Social Assistance
4. Armenia TB/HIV is also included in Table 3 (funding for UQD interventions).
5. As a non-CCM applicant, Egypt is exempt from co-financing requirements.

The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). This was the 18th batch of approvals from the 2017–2019 allocations.

The Board also approved funding for a multi-country grant worth \$3.6 million. Interventions from this funding request valued at \$460,000 were added to the UQD Register. (See Table 2.)

Table 2: Multi-country grant approved from the 2017–2019 allocations — 18th batch (\$US)

Applicant	Grant name	Principal recipient	Amount approved	UQD
Multicountry Caribbean MCC	QRB-C-OECS	OECS ¹	3,550,000	460,000
Total			3,550,000	460,000

Note:

1. OECS = Organization of Eastern Caribbean States (regional coordinating mechanism)

In addition, interventions from the UQD Register valued at \$30.2 million were approved for five grants (see Table 3). The funds for these awards come from a portfolio optimization exercise that was carried out in 2018 for the 2017–2019 allocation cycle.

Table 3: Additional funding approved from the 2017–2019 allocations for UQD interventions (\$US)

Applicant	Component	Grant name	Principal recipient	Amount approved	Revised program budget
Armenia	TB/HIV	ARM-C-MOH	Ministry of Health	300,000	7,923,240
Malawi	TB/HIV	MWI-C-MOH	Ministry of Health	5,000,000	369,669,494
Niger ¹	Malaria	NER-M-CRS	Catholic Relief Services	13,392,807	68,887,214
Philippines	TB	PHL-T-PBSP	PBSP ²	10,000,000	108,543,887
Togo ¹	Q2waqq	TGO-M-PMT	PMT ²	1,513,088	35,748,826
Total				30,205,895	590,772,661

Notes:

1. For grants denominated in euros, an exchange rate of 1 euro = 1.132 dollars was used.
2. PBSP = Philippine Business for Social Progress | PMT = Primature de la République Togolaise

In its report to the Board, the GAC provided comments on two of the three country grants; and on the interventions funded from the UQD Register. In the balance of this article, we provide a summary of the GAC comments.

Country grants

Egypt TB/HIV

Egypt received an allocation for the 2014–2016 funding cycle, but no grants were awarded. What happened was that in 2015, the Office of the Inspector General (OIG) conducted an investigation and published a report identifying misuse of funds and ineligible expenses. (The report is available [here](#); a GFO article on the investigation from October 2015 is available [here](#).) At the time, Egypt had submitted a funding request for TB/HIV. The TRP recommended that the request proceed to grant-making and it identified some risk-mitigation measures to address concerns about financial management.

However, the Fund could not reach an agreement with the principal recipient (PR), which was the government, concerning the proposed risk-mitigation measures. As a result, grant-making was terminated. Instead, the existing TB and HIV grants were extended to enable essential interventions (including the purchase of antiretrovirals [ARVs] and MDR-TB medicines) to continue. A spokesperson for the Secretariat, Lindsay Smith, told the GFO that the extensions were financed with savings from previous rounds-based grants. In addition, from 2018 on, the Government of Egypt has been financing ARV purchases.

As Egypt does not have a country coordinating mechanism (CCM), a TB/HIV funding request for 2017–2019 was submitted by the U.N. Resident Coordinator on behalf of the U.N. The United Nations Development Program was proposed as the PR.

The HIV epidemic in Egypt has grown but remains mostly concentrated in key populations. According to the GAC, the most recent data, from the 2010 Integrated Biological and Behavioral Surveillance Survey, shows an overall prevalence of 0.5% among street boys and girls, 6.1% among men who have sex with men, 7.2% among people who inject drugs and 2.9% among female sex workers.

The grant aims to achieve the UNAIDS 90-90-90 targets through the following strategies: increasing key populations' access to HIV services; improving the quality of HIV testing and treatment; reducing stigma; and developing the institutional capacity of the National AIDS program.

TB incidence and mortality in Egypt has been declining. However, multidrug resistance is a concern — estimated at 14% for new patients and 30% for retreatment patients. The grant aims to reduce the incidence and prevalence of TB and MDR-TB through strategies that include expansion of molecular testing; introduction of the shorter treatment regimen for MDR-TB; and case detection and notification of TB among priority groups.

The GAC acknowledged concerns raised by the TRP about the limited potential for impact for both the TB and HIV programs, given the relatively small investment compared to the needs of key populations. However, the GAC said that the grant will have a catalytic impact by, among other things, enabling greater collaboration with partners in-country and facilitating data collection to better inform programming in future.

Armenia TB/HIV

In March 2018, Armenia submitted separate TB and HIV funding requests. The TB component was subsequently approved for funding. The HIV component was sent back for iteration; was resubmitted in September 2018; and has now been approved. All activities will be implemented as a single TB/HIV grant.

Armenia was awarded \$3.1 million for its TB/HIV grant; and a further \$0.3 million from portfolio optimization (see next section).

Armenia has a low prevalence of HIV. The prevalence is higher in key populations (e.g. 2.0% among people who inject drugs and 2.7% among men who have sex with men) than in the general population (0.2%).

The grant's strategies include targeted prevention interventions among key populations; scaling-up antiretroviral treatment; and strengthening the enabling environment for the HIV program.

Armenia's domestic funding commitments exceed the Global Fund's co-financing requirements. The government has made specific commitments related to a progressive transition from Global Fund support to domestic financing. The grant confirmation document will include a requirement that the Ministry of Health (MOH) use domestic funding to co-finance civil society organizations to deliver HIV prevention services among key populations no later than 31 March 2020.

(Smith explained that as of 1 April 2019, grant funds for prevention services for these populations will be channeled through a social contracting mechanism established in the MOH. The NGO contracting documents are being adapted “to improve the transparency, organization and equity of the process,” Smith said. The 31 March 2020 date is the expected deadline for signing the contracts with the NGOs.)

As Armenia is an upper-middle-income country with less than a high disease burden, its TB and HIV components will not be eligible for regular funding in 2020–2022, but they will still be eligible to receive transition funding.

The GAC said that Armenia is in the process of finalizing reforms related to TB care. A program to improve adherence to treatment for drug-sensitive TB patients is planned. So is the introduction of an additional intervention: performance-based bonus payments for outpatient TB and primary health care medical service providers.

The GAC said that because of several developments in the political scene in Armenia — including changes in government several times during 2016–2018; the revolution in April–May 2018; and multiple priorities of the newly elected government — a few planned actions, including the TB services optimization reform, have been delayed.

(According to [Wikipedia](#), the revolution involved a series of anti-government protests staged by various political and civil groups led by a member of parliament.)

Smith explained that Armenia has achieved substantial progress in the reform of the TB program governance structure, including the shift from inpatient to ambulatory care. These efforts have led to a reduction in TB beds from 428 in 2013 to 308 in mid-2017. The total number of patient bed days declined from 84,480 in 2013 to 55,015 in 2016. However, Smith said, the implementation of the reforms is not yet complete.

To finish the reform of TB services and the revision of the financing mechanisms, the MOH and the National Tuberculosis Program (NTP), with the support of the World Health Organization (WHO), developed a concept note on optimal model of TB care in Armenia, which they plan to implement in 2019. The Global Fund’s country team is very involved in the process.

Awards from portfolio optimization

Armenia TB-HIV. In Armenia, social support for both drug-sensitive and drug-resistant TB (DR-TB) patients has been provided under Global Fund–supported programs since 2011. Because Armenia’s allocation for TB was reduced in 2017–2019 compared to 2014–2016, the country had to prioritize social support for DR-TB patients over social support for drug-sensitive TB patients. The \$0.3 million from portfolio optimization will enable Armenia to provide more social support for drug-sensitive TB patients.

Malawi TB/HIV. The \$5.0 million from portfolio optimization will help Malawi meet its 90-90-90 targets. Of that amount, \$3.0 million will be invested in self-testing interventions and \$2.0 million will support voluntary medical male circumcision (VMMC). The VMMC

program will receive an additional \$3.0 million from in-country optimization. In all, 50,000 circumcisions are expected to be performed in 2019.

Niger malaria. The \$13.4 million from portfolio optimization will allow Niger to expand a planned long-lasting insecticidal net campaign to cover all 29 high-burden districts. In all, more than 6.8 million people will be covered by the expansion.

Philippines TB. With the \$10.0 million award, the Philippines becomes the first country to use funds from portfolio optimization to cover transition to the new MDR-TB regimens recommended by the WHO in August 2018. The additional investment will support initiating the new long oral treatment regimen in 42% of patients, a modified shorter regimen in 45% of patients; and enrolling the remaining 13% in an operational research protocol.

Togo malaria. The \$1.5 million from portfolio optimization will support the second phase of a project to improve the quality of integrated TB, HIV and malaria care in antenatal and postnatal services. It will also complement Togo's efforts towards reaching universal health coverage.

Extensions

The Board approved 3-month extensions for a TB grant and an HIV grant in Chad; and 6-month extensions for three grants in Mauritania, one for each disease. In all cases, the purpose of the extensions was to prevent program disruption while funding requests from the 2017–2019 allocations are in grant-making.

Smith told the GFO that the extensions are funded from the 2017–2019 allocations. The amount used for the extension will be deducted from the allocation amounts available for the coming grants; and the grant implementation periods will be shortened accordingly.

Most of the information for this article was taken from Board Document GF/B40/ER07 (“Electronic Report to the Board: Report of the Secretariat’s Grant Approvals Committee”), undated. This document is not available on the Global Fund website.

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2. NEWS: Third OIG audit of Global Fund grants to Ghana highlights ongoing issues in supply chain and data management

Progress against malaria and improvements in community-level services noted

Adèle Sulcas

2 April 2019

In the third audit of Global Fund grants to Ghana since 2012, the Office of the Inspector General has rated both implementation arrangements for oversight and coordination, and the

systems, processes and controls on quality of services for the three diseases as needing significant improvement.

The OIG report, which was published on 2 April 2019, reviewed a two-year period, from July 2016 to June 2018, and covered the two biggest of the country’s four Global Fund grants (see Table 1 below), namely the HIV/TB and malaria grants implemented by the Ministry of Health. The OIG considered the non-government HIV and malaria grants less risky.

The report concluded that a revised implementation structure by the Ministry of Health and Ghana Health Service has not yet improved oversight and accountability in Ghana’s Global Fund grants, with ambiguous reporting lines, lack of performance targets and duplicative roles contributing to weak performance and poor grant absorption.

The OIG acknowledged Ghana’s significant progress in malaria control, with reductions in prevalence, incidence, and mortality, but said that despite an overall decline in HIV prevalence, only 33% of the estimated 316,613 people living with HIV are on treatment, and that testing, treatment, and viral-load suppression challenges need to be tackled urgently if the country is going to reach its 2020 national targets. In addition, though the TB treatment success rate is a commendably high 85%, treatment coverage is only 32%.

Also receiving favorable mentions were Ghana’s geographical expansion of access to healthcare at the community level by increasing the number of Community-based Health Planning and Services (CHPS) points, and the National Health Insurance Scheme (NHIS), which currently covers 45% of the population and is required to cover antiretroviral therapy, first-line TB treatment, treatment for malaria, and for opportunistic infections.

During the audit, the OIG team travelled to four of Ghana’s ten regions (home to 56% of the country’s population), visiting 30 health facilities, four central and regional warehouses, and 30 storage facilities.

The Global Fund’s active grants in Ghana, from 2018 to 2020, amount to \$193,980,639, with three Principal Recipients (PRs) implementing four grants across the three diseases. There is additional catalytic funding of \$5.9 million to scale up interventions in key populations and human rights barriers to services.

Table 1: Ghana’s Global Fund grants included in the OIG audit

Component	Grant no.	Principal recipient	Grant period	Signed amount (US\$)
HIV/AIDS & TB	GHA-C-MOH	Ministry of Health	Jan 2018 – Dec 2020	76,502,454
Malaria	GHA-M-MOH	Ministry of Health	Jan 2018 – Dec 2020	94,148,208
Malaria	GHA-M-AGAMal	AngloGold Ashanti	Jan 2018 – Dec 2020	15,884,008

HIV/AIDS	GHA-H-WAPCAS	West African Program to Combat AIDS and STIs	Jan 2018 – Dec 2020	7,445,969
Total				193,980,639

Source: OIG audit 2019 (report number GF-OIG-19-009)

Country context

In 2002, Ghana became the first country to sign a Global Fund grant. To date, the Global Fund has signed grant agreements with Ghana for more than \$965 million and disbursed \$804 million. Ghana is considered a ‘high-impact’ country for the Fund (very large portfolio, mission-critical disease burden).

Ghana’s population is estimated to be 29.6 million people. With an economic growth rate of 8.5% in 2017, Ghana is classified as a lower-middle income country with one of the highest per capita incomes in the 27 West and Central African countries, and is ranked 81 out of 180 countries in Transparency International’s 2017 Corruption Perception Index.

Health expenditure in Ghana represented 3.6% of GDP in 2017, while the percentage of health expenditure coming from domestic resources actually decreased between 2010 and 2016, from 10.8% to 6.6%, before increasing to 7.8% in 2017. The World Health Organization includes Ghana as one of the 49 countries it deems to have a critical shortage in its health workforce (11 doctors, nurses and midwives per 10,000 people, against WHO’s benchmark of 23 for adequate coverage of essential health services).

Main findings

The OIG’s main findings focused on five key issues and risks in Ghana’s Global Fund grants, summarized below:

- Stronger oversight arrangements and fulfilment of government commitments are needed
- Enhanced visibility and utilization of supply-chain information needed for decision-making and inventory management
- Improvements needed in HIV testing, treatment and viral load suppression to achieve national targets by 2020
- Improvement needed in TB case detection and management of MDR-TB
- Improvements needed to ensure quality data for decision-making.

Stronger oversight arrangements and fulfilment of government commitments for the three diseases are needed

Before the current grant implementation period, the Local Fund Agent (LFA) had recommended the creation of a Project Management Unit (RMU/MOH) to improve the oversight, visibility and coordination of the three disease programs and of donor funds. In response, the Ministry of Health tasked its resource mobilization unit to oversee Global Fund-

supported programs, while the Ghana Health Service also established a ‘program secretariat unit’ (PSU/GHS) to oversee donor-funded programs.

This has resulted in overlapping roles between the two units, which have “as yet been unable to resolve structural complexities hampering the disease programs,” the OIG report said, and have not been able to address the underlying challenges contributing to a 32% absorption rate and below-average program performance of the current grants.

Though both units were established almost a year ago, they are not fully functional: there are outstanding staff contracts, unpaid salaries, incomplete standard operating procedures and unassigned roles and responsibilities. In addition, the integrated operational budget for supervision, training and human resources, and the grant performance indicators dashboard, are both outstanding.

Enhanced visibility and utilization of supply chain information is needed for decision-making and effective inventory management

Ghana has made some progress in addressing supply chain issues identified in the OIG’s 2015 audit, in part with support from the Global Fund and USAID. Since 2016, mechanisms have been in place to safeguard grant-funded commodities at the central level, with improvements in warehouse conditions and LMIS reporting.

However, the OIG says, at regional and facility levels inadequate inventory management persists, and there is limited use of logistics data for decision-making. This has contributed to \$1-million worth of drug expiries in the 30 facilities the OIG visited, and stockouts of key commodities, lasting more than 30 days, at 70% of the facilities visited. The poor storage conditions can damage drugs’ effectiveness, exacerbating the risks of treatment failure and drug resistance; only 13% of the facilities visited had received technical pharmaceutical supervision. Inadequate supportive supervision and training contributed to the inventory management issues, the OIG said.

Improvements needed in HIV testing, treatment and viral load suppression to achieve national targets by 2020

In 2016, in line with UNAIDS’s 90-90-90 targets, Ghana adopted a universal “test and treat” policy, with the goal of testing 13 million people by 2020 and increasing antiretroviral treatment (ART) coverage from 35% to 90%. In this context, the OIG pointed out major testing and treatment gaps, notably low coverage and quality of HIV testing, low linkage to treatment and inadequate follow-up of ‘lost’ patients, and weak monitoring of patients on ART because of low rates of viral-load testing (33%, nationally). Inadequate training (from a ‘targeted’ to a ‘routine’ testing approach, introduced in 2018), inadequate laboratory staffing, and sample transportation problems seem to be the cause; viral load testing machines are available in nine of the country’s 10 regions.

Of those patients who have tested positive for HIV, only 37% have been initiated on treatment (60% for the facilities the OIG visited) and 22% of those initiated are lost to

follow-up. The OIG identified a weak referral system linking patients to treatment as a major contributing factor.

Improvement is needed in TB case detection and management of MDR-TB

Though Ghana's treatment success rate is estimated to be 85%, the country's disease burden as defined in the 2015 TB prevalence survey is four times higher than previously reported, with a case detection of 33% (compared to the earlier estimated 80%), well below the average global case detection rate. The OIG said that the main reasons for this are: the under-utilization of GeneXperts for primary diagnosis (due to non-availability of guidelines or lack of training on the guidelines); the lack of a reliable mechanism to transport sputum samples from remote diagnostic sites to GeneXpert laboratories; and the "missed opportunity" of using Community-based Health and Planning services (CHPS) for TB services (only 17% of the country's 5000 CHPS are expected to report on TB services).

Ghana does not have a dedicated MDR-TB treatment center, and delays in the roll-out of a shorter treatment regimen (adopted by Ghana in 2016) had only been initiated in half the country's regions (five out of 10) by May 2018. Delays also in baseline test/culture results as well as stock-outs of MDR-TB drugs are other factors contributing to the 55% treatment success rate.

Progress made in data management but improvements needed to ensure quality data for decision-making

Ghana's system for collecting and reporting health data – relied upon by the Global Fund and other partners for decision-making – is the District Health Information Management System (DHIMS2). The OIG said that the TB and HIV data reported into DHIMS2 is incomplete, with two of the four teaching hospitals and 45 out of 375 ART centers not reporting into it, among other missing data, including from CHPS and private facilities.

While the timeliness of data reporting for the three diseases has improved, the OIG said (from 46% in 2015 to 89% in 2017), data accuracy remains problematic, with significant inaccuracies reported for HIV and malaria in data quality audits performed in 2018.

The missing data and inaccuracies in the data that are reported undermine the reliability of data used for decision-making and performance measurement, the OIG said, identifying the main causes of these issues as inadequate or ineffective supervision and training of data officers. Other contributing factors were stock-outs of data tools, and the limited functionalities of the HIV e-tracker.

Agreed management actions

The Secretariat will work with the Ministry of Health on four Agreed Management Actions (AMAs):

- To develop a mapping of the Ministry's and Ghana Health Services' roles (regarding multiple areas of overlap and duplication), as well as accountabilities, deliverables and key performance measures
- To complete the installation of a logistics management information system (LMIS) throughout the supply chain, while clarifying processes and accountabilities, and ensuring adequate supervision and training
- To develop and deploy an off-line HIV e-tracker in ART sites to improve HIV monitoring, as well as a plan to improve differentiated HIV testing
- To develop, for TB, a plan to improve the utilization of the now-widespread but underutilized GeneXpert machines, as well as accelerate treatment enrolment.

The first three of the AMAs are due by 30 June 2020, the fourth (for TB) is due by 31 March 2020. All AMAs are 'owned' by Mark Edington, Head of Grant Management. (See page 22 of the audit report for the complete Table of Agreed Actions.)

Further reading:

- This audit report, [Global Fund Grants in the Republic of Ghana](#), 2 April 2019 (GF-OIG-19-009)
- OIG [Audit of Grants to the Republic of Ghana](#), 29 October 2012 (GF-OIG-10-018)
- OIG [Audit of Grants to the Republic of Ghana](#), 27 October 2015 (GF-OIG-15-018)

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3. NEWS: OIG report says Global Fund Secretariat human resources management processes 'need significant improvement'

Managing poor performance called out as major problem

Charlie Baran

2 April 2019

In its March 2019 audit report to the Board, the Global Fund's Office of the Inspector General (OIG) determined that the Secretariat's management of human resources (HR) is not yet performing at an optimal level, despite the "substantial progress" made in recent years. The report states: "the design and operational effectiveness of Global Fund systems, policies and procedures to support HR management processes, especially performance management, employee relations and employee grievance process, need significant improvement."

The OIG identified weaknesses in managing poor employee performance as the main problem facing HR management at the Secretariat. Nonetheless, the OIG notes that the HR function overall, "has improved and substantially evolved since its establishment in 2009."

The audit, which covered the period July 2016 to June 2018, focused on the following:

- Adequacy of design and effectiveness of implementation of the People Strategy
- Design and operational effectiveness of systems, policies and procedures which support HR management, specifically: employee recruitment, performance management, employee relations (including sexual harassment, exploitation, and abuse), and separation.

The OIG audit report produced five Agreed Management Actions, which are described in Table 1 at the end of this article.

What's working

The People Strategy, i.e. the HR corollary to the Global Fund Strategy 2017-2022, is held up as a “key achievement” by the OIG. This review seems to center on the fact that the People Strategy was developed through a strong consultative process, and includes, “defined activities, deliverables, KPIs and timelines...” While performance management was not an individual component of the original People Strategy, it was added in mid-2018, after or near the close of the OIG’s audit period.

Despite frequent references to it, the OIG report contains only a modest explanation of the People Strategy, which according to the OIG is an internal document and not in the public domain; the GFO was therefore unable to obtain a copy of it.

Another “key achievement” for HR management was the HR Transformation Project—a component of the People Strategy. The transformation involved restructuring of the HR department and approach, with “improved processes and systems” to provide more streamlined support for employees, such as through “self-service” capacity where appropriate. The implementation of a user-friendly HR technology platform, [Workday](#), was also part of the transformation, as was the outsourcing of payroll services. These changes, and the decrease in the number of Secretariat HR personnel from 27 to 22, have contributed to annual HR department savings of \$800,000. At the same time, average staff-satisfaction ratings improved between 2017 and 2018.

What's not working

The OIG report identified three major areas considered “key issues” or “risks”, which are summarized below, along with the associated Agreed Management Actions (AMAs).

Poor management of poor performance

In unambiguous terms, the OIG stated: “Underperformance is not managed effectively.” Despite being raised in [a previous OIG audit of Human Resources](#) in 2011, the issue of ineffective management of poor performance has still not been adequately “tackled and addressed.” Three key pieces of evidence point to major flaws in how the Fund assesses and handles poor performance:

1. In 2017 only 2.5% of all Secretariat staff were rated as “poor performers,” representing fewer than 20 people, suggesting that assessments artificially skew towards positive ratings. (For comparison – not provided in the OIG report – the U.S.

Government's Office of Personnel Management [reports](#) that 3.7% of federal workers are listed as "poor performers," almost 50% more than the Global Fund's ratings.)

2. Only 2% of staff reported that they think the Fund takes appropriate action when dealing with poor performance. Thus management of poor performance is a widespread concern among employees.
3. Performance Support Plans (PSPs) are vastly underutilized to correct poor performance, with less than half of all poor performers being assigned to such plans in recent years. As of 2018, all employees who have a rating of 'some issues' or 'serious concerns' from their 2017 performance cycle must complete a PSP.

The OIG noted that people managers are responsible for performance management, and identified several underlying problems driving weak management, among them:

- A misunderstanding of the constraining power of legal frameworks on the ability of managers to manage poor performance. The [Administrative Tribunal of the International Labour Organization](#) (ILOAT) is regularly cited by Global Fund management as the basis for the Fund's "low appetite for legal and reputational risks," according to the report. However, the OIG found limited evidence for such conclusions, based on the outcomes of actual cases brought before the Tribunal— involving other employers and having to do with poor performance.
- People managers are not adequately trained on how to tackle poor performance. The trainings available on people management have low participation by staff, are not appropriately tailored to seniority, and are poorly rated by those who do participate.
- Despite issues with performance management having been a well-established problem since at least 2014, they have not been adequately addressed by senior management. The report states: "Although there is no clear plan to address the known weaknesses, the Secretariat now recognizes the issue and is undertaking a review of the performance management process, including the management of underperformance."

A survey of Global Fund employees performed as part of the audit unearthed numerous disconnects between expectations, supports, and consequences regarding people management. For example, 45% of staff said they do not receive adequate support from the HR team to adequately manage poor performance. Another striking finding was that only 24% of Global Fund employees believed that their manager provided "practical feedback on how to improve their performance on a continuous basis."

In response to this finding and in accordance with Agreed Management Action 1, the Secretariat will study the recent external performance and talent management review results and update policies and systems accordingly. The Secretariat has also committed to expand and "further embed" training for people managers and monitor their practices related to performance management.

In his November 2018 report to the 40th Board meeting, Global Fund Executive Director Peter Sands also highlighted issues around performance management, calling performance reviews "insufficiently differentiated." He appeared to acknowledge that these issues require his ongoing attention. "I have been taking a variety of steps to set higher standards on performance and collaboration and will continue to do so in 2019."

Inadequate dispute resolution and employee relations policies and practices

The second major area of concern for the OIG regards the scope, articulation, and practice of policies related to employee relations, including dispute resolution procedures, management of disciplinary case data, and sexual harassment, exploitation, and abuse issues.

The OIG noted that just after its assessment period closed in June 2018, the Secretariat began implementing a stronger system for employee dispute and grievance resolution. However, a lack of comprehensive employee relations policies and guidelines still presents a risk that the Fund may be in non-compliance with ILOAT norms. In particular, there are “deficiencies in the management of employee relations data.” The OIG highlighted that data on employee relations cases was being inefficiently tracked and stored, and that records were only being kept for 12 months or less (except for cases involving gross misconduct, which are filed permanently); this presents a risk to the organization, should a separated employee pursue action against the Fund.

As Agreed Management Action 2, the Secretariat will clarify roles and responsibilities for employee relations management and dispute resolution, and review its practices related to disciplinary case data management.

Regarding sexual harassment and sexual exploitation and abuse (SEA) issues, the OIG found that the Fund has been proactive and effective in tackling the issue – from a policy standpoint – and in updating policies and procedures for the management of these issues as they arise among Secretariat staff. However, the OIG noted, these policies do not currently extend to the wider Global Fund universe of “implementers, suppliers and other stakeholders...” The OIG suggested that such policies be adapted for application to external stakeholders.

Agreed Management Action 3 responds to the issues around sexual harassment and SEA:

“The Secretariat will develop a framework related to harassment, including sexual harassment, bullying and abuse of power in the context of Global Fund programs; this framework will cover the wider stakeholder environment of the Global Fund (including CCMs, implementers, suppliers and others) and define and clarify the roles and responsibilities across different functions within the Global Fund including [Grants Management Division], Ethics Office and OIG.”

The third area identified as a “key issue” was the delay in implementing Strategic Workforce Planning, the importance of which had been identified in 2012 but had been deprioritized until the 2017-2022 People Strategy had been developed. Strategic Workforce Planning identifies and puts in place the appropriate organizational design for organizations, with the right skills and competencies to match.

The 4th and 5th Agreed Management Actions associated with this audit relate to the Secretariat’s commitment to implement *Operational* Workforce Planning (AMA 4) to inform the 2020 budget, and *Strategic* Workforce Planning (AMA 5), “to enable strategic scenario planning, statistics and budgeting.” AMAs 1-4 are all scheduled to be completed by

December 2019; AMA 5 by June 2020. All AMAs are owned by the Head, Human Resources Department, Partick Nicollier, except AMA 3, which is owned by the Chief of Staff, Marijke Wijnroks.

Table 1. Agreed Management Actions

Agreed Management Action	Target Date	Owner
<p>1. The Secretariat will review the results of the performance and talent management review by Deloitte and update performance and talent management policies/processes and systems.</p> <p>The Secretariat will further embed current practices including mandatory training (e.g. Performance Support Plan training, competencies training and leadership training) and monitor the evaluation of line managers (e.g. Ongoing inclusion of mandatory people objective in performance objectives of line managers).</p>	31 December 2019	Head, Human Resources Department
<p>2. The Secretariat will clarify roles and responsibilities of the HR department, Ombudsperson, Ethics Officer and Staff Counsellor for employee case intake and employee conduct. The Secretariat will also complete the review of investigation and disciplinary processes including case intake and assessment, mapping key processes, data retention, and developing SOPs for case investigation.</p>	31 December 2019	Head, Human Resources Department
<p>3. The Secretariat will develop a framework related to harassment, including sexual harassment, bullying and abuse of power in the context of Global Fund programs; this framework will cover the wider stakeholder environment of the Global Fund (including CCMs, implementers, suppliers and others) and define and clarify the roles and responsibilities across different functions within the Global Fund including GMD department, Ethics Officer and OIG.</p>	31 December 2019	Chief of Staff
<p>4. The Secretariat will implement Operational Workforce Planning (WFP) to inform the 2020 Budget. This includes:</p> <ul style="list-style-type: none"> • Define the overall deployment approach, project plan and tool for Operational WFP. • Lead the pilot for the selected Division and integrate lessons learnt. • Build the multi-stakeholder governance and process to embed operational workforce planning into standard HR/Finance planning cycles. • Build the change management plan and related communication/training material to equip employees. • Deploy the operational workforce planning tool and facilitate the workforce consolidation, analysis and action plans. 	December 2019	Head, Human Resources Department

<p>5. The Secretariat will implement Strategic WFP to enable strategic scenario planning, statistics and budgeting:</p> <ul style="list-style-type: none"> • Confirm the case for SWP and selection of the SWP methodology (tool and process) and pilot. • Update the governance and process maps. • Update the change management material (communication / training material) and project plan. • Deploy Strategic Workforce Planning. 	<p>June 2020</p>	<p>Head, Human Resources Department</p>
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This audit report, accessible on the Global Fund website, is ['Global Fund Human Resources Management Processes'](#), 15 March 2019 (report number GF-OIG-19-007).

Editor's note: The 2015 OIG audit of Global Fund Human Resources is not currently available on the Fund's website.

[TOP](#)

4. FEATURE: The debate over shifting procurement responsibility for Global Fund countries ramping up domestic financing

Despite safeguards, more steps need to be taken to ensure countries are fully prepared to take on procurement, say advocacy groups

Andrew Green

2 April 2019

As countries shift from Global Fund-financed procurement of drugs and other commodities to domestic funding and national procurement control, civil society representatives warn of possible stock outs and difficulties procuring quality items. Global Fund officials agree that there are real challenges in some countries, and are encouraging partners to do whatever possible to reduce the likelihood of this happening.

Civil society organizations have told Aidsplan that a shift to co-financing has encouraged many countries to take on procurement, even though they may lack the negotiating power, commitment to quality, and forecasting capabilities that existing international procurement mechanisms have. They also warn that the shift to national procurement could undercut the market for drugs and other commodities, resulting in higher prices.

Matthew Macgregor, the senior project lead for Sustainability, Transition and Co-Financing (STC) at the Global Fund, told Aidsplan that while there are real challenges in some contexts, most shifts to national procurement are gradual and include support from the Global Fund, as well as monitoring to limit the likelihood of stockouts and to ensure quality. He emphasized that greater national ownership of this element of national disease responses is necessary, since it allows the Global Fund to invest more resources in other interventions.

"We take a very proactive approach to this issue," Macgregor said. Country teams are "encouraging countries to maintain quality procurement, they're encouraging countries to use international pooled procurement platforms, they're engaging on issues of quantification, they're thinking about the risks jointly with countries."

The rise of co-financing

The growth of global pooling mechanisms over the past decade, including the Global Fund's Pooled Procurement Mechanism (PPM) and the Global Drug Facility (GDF) – which focuses on TB drugs and commodities – has made purchasing quality items easier and less expensive for countries. The protocols and benefits include the following:

- Compiling orders allows for volume-based discounts and spurs competition among drug manufacturers, further reducing prices.
- Countries that receive Global Fund support must procure medicines assured under the World Health Organization (WHO) Pre-Qualification Program or a stringent drug regulatory authority (SDRA). The easiest way to do this is often through these international mechanisms.
- In countries where drugs and commodities are not registered, manufacturers receive a waiver under these mechanisms.
- These mechanisms can also include forecasting capabilities.

Civil society representatives warn that countries may lose some of these benefits as they transition to increased domestic procurement.

This transition, they say, has been spurred by the introduction of the [Global Fund Sustainability, Transition and Co-Financing Policy \(STC\)](#). Adopted in 2016, the STC policy promotes sustainability planning. All countries must now meet co-financing requirements that include growing the proportion of domestic funding for key Global Fund-supported programs each allocation period, including spending on human resources, essential drugs and commodities, and rights-based programs for key and vulnerable populations.

Global Fund officials said co-financing is not forcing countries to immediately shift to domestic procurement and that co-financing existed before the STC Policy was introduced. Macgregor emphasized that many countries were already responsible for procuring a range of medications and commodities and that in other cases the Global Fund will continue to provide support.

"What the co-financing policy does is it encourages countries to pick up program costs and increase overall health spending," he said. "That includes health products, but it also includes key and vulnerable population programs. It also includes human resources. We want countries, in a phased manner, to pick these things up."

Kerstin Åkerfeldt, health policy and advocacy advisor with Médecins Sans Frontières (MSF) and the medical assistance group's Global Fund liaison, worries, though, that the STC policy is emphasizing the wrong issues. "There seems to be very much a focus on the financial aspects, but not the quality and programmatic aspects of this co-financing for recurrent costs," she said.

The challenges to domestic procurement

Among the programmatic problems that might occur, NGOs highlighted that:

- Domestic regulations may not allow for access to global PPMs or governments may be unable to efficiently issue the waivers for drugs and commodities that have not been registered domestically.
- Domestic regulations may also compel countries to purchase the lowest-priced medicines and commodities or to prioritize those that are manufactured locally, regardless of whether they have been pre-qualified by the WHO or an SDRA.
- Countries individually may lack the market size to achieve volume-based discounts, which may lead to increased prices or lack of interest from suppliers to bid on tenders.
- Some countries do not have the technical expertise to issue tenders and forecast effectively, which could lead to drug stock outs.

The Technical Review Panel highlighted some of these concerns in [its report](#) on investments in resilient and sustainable systems for health in the 2017-2019 funding cycle. Despite these challenges, countries presented funding requests that utilized domestic funding for purchasing first-line drugs, the report said, "while not paying adequate attention to addressing the documented [procurement and supply chain management] challenges, including putting risk mitigation measures in place." The report went on to encourage that "during the development of funding requests, applicants and Secretariat are encouraged to pay attention to the complementary health systems that need to be addressed to enable successful transition of commodity budgets to domestic funding."

According to the Global Fund Secretariat, there is only anecdotal evidence of problems that have arisen, including in [Guinea](#) where MSF said the transition to co-financing has contributed to jeopardizing the supply of HIV medication. Before any additional problems arise, MSF called for more rigorous preparation efforts and more comprehensive monitoring of countries that are making the shift to co-financing for commodities and drugs.

As countries begin the process of transitioning from Global Fund support, the Secretariat supports countries to conduct a robust readiness assessment, Macgregor explained. He said that Fund staff "look at the whole space around health products to identify issues where countries have health challenges. We highlight the challenges we think they're going to have."

Civil society representatives worry that that same rigor does not take place as countries begin the process of co-financing, though, which can happen well before a transition.

Angelica Perez, a manager with the Health Products Management team, said that Global Fund staff have been working with governments to address these challenges before they arise. That includes encouraging countries to use grant funds, when appropriate, to address identified challenges, like strengthening information systems and data flows.

She said there are also robust monitoring systems in place in case problems arise. These include reports from countries on their progress toward national targets roughly every six months, but also spot checks by Local Fund Agents of the availability of medicines at the central and facility level.

"The only thing that can happen in the short term is that a [domestic] monetary commitment doesn't flow through on time or isn't released on time," Martin Auton, the Global Fund's manager of Global Sourcing Pharmaceuticals, told Aidspace. "Then you can get into a short-term crisis."

Meanwhile, some of the challenges, including domestic regulations or legislation that introduce procurement restrictions, are not solely under the control of the Global Fund to solve. Macgregor said the Global Fund can only work with countries to improve their regulatory environments.

The NGOs have suggested in public documents that the Global Fund take a number of additional actions, including more rigorous risk and readiness assessments as countries introduce co-financing strategies, developing and strengthening mitigation strategies, working with governments to improve procurement access and increasing the flexibility of co-financing agreements.

NGOs have also called for greater collaboration between all the stakeholders involved in procurement activities and monitoring, including the WHO and country representatives. "The issue around where problems are arising and how to prevent negative impact can only be answered if different actors get together to discuss the different risks and mitigation measures that are in place," Åkerfeldt said.

She emphasized that there was also a role for manufacturers to play in making prices more transparent, for donors to support the watchdog capacity of civil society groups and, especially, for governments to take steps to adapt their own regulatory environments to enable continued access to affordable and quality-assured drugs and commodities at a national level.

Diluting global procurement mechanisms

Lucica Ditiu, the executive director of the Stop TB Partnership, told Aidspace that civil society groups share an additional concern that if countries begin to drop out of global procurement mechanisms, like the GDF, it could undercut the clout of those mechanisms and undermine their ability to procure affordable, high-quality drugs for countries that still want to participate.

"If big countries are moving away from buying [from global pooled procurement mechanisms] and are buying locally produced, we will not be able to maintain quality-assured products globally," she said.

Global Fund officials said there have been several attempts to respond to this challenge already, even as they acknowledge that additional solutions may be needed.

Auton said countries from Latin America and the Caribbean have pooled \$150 million of their domestically-financed health products so far into Global Fund tenders through the PPM, which allowed the Global Fund to leverage those volumes in their negotiations.

The Global Fund also launched [Wambo](http://wambo.org) in 2016. This online procurement tool (wambo.org) allows countries to place orders under Global Fund terms and conditions, but using their own money. The Global Fund Board has limited countries to 10 transactions with domestic funds,

although a decision to expand access is under discussion at the Strategy Committee and is expected to be on the agenda of the next Board meeting in May 2019.

The civil society groups said Wambo is not an overarching solution, though, as it doesn't address issues like the regulatory problems that come with spending domestic resources to buy drugs and commodities.

All sides agree that greater domestic responsibility, including relating to procurement, is important to ensure a sustainable response, and are willing to engage with each other on the best way to make that shift happen, while still ensuring access to affordable, high-quality medicines and commodities.

Further reading:

- *The Global Fund [Sustainability, Transition and Co-financing Policy](#)*
- *The [OIG's 2017 country audit of Global Fund grants to Guinea](#)*
- *The [article from the GFO on challenges wambo.org has faced](#)*
- *The Technical Review Panel report on [Investments in Resilient and Sustainable Systems for Health](#)*
- *[MSF appeal to the Global Fund Board](#) on to make urgent changes to prevent drug stock-outs and quality issues*

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5. NEWS: Global Fund's Strategic Review 2017 identifies gaps in several program areas, including differentiated approaches, absorptive capacity and transitions

Final report, released in February 2019, found that the Fund performed well in operationalizing strategic plans

David Garmaise

1 April 2019

A report prepared in late 2017 – but not released until February 2019 – is the end product of a strategic review conducted by the Technical Evaluation Reference Group (TERG) on how well the Global Fund has been able, and will be able, to operationalize its strategic plans.

The Strategic Review 2017 found that although at a global level, the Global Fund has embraced the concept of differentiated approaches across the grant lifecycle (e.g. applications process, grant implementation), it was not clear whether this extends to programs at country level. In addition, the review identified a number of critical issues that need to be addressed, including country absorptive capacity and how best to ensure that programs are sustained after the Global Fund withdraws support.

The strategic review was initially carried out by the consultant firm Itad in association with the Euro Health Group. The consultants were guided by continuous dialogue and feedback from the TERG. The methodology for the review included a document review, key informant interviews and country case studies.

The consultants were engaged in December 2016 and their report was submitted in July 2017. The TERG presented the findings of the Strategic Review 2017 to the Board in November 2017. However, the [final report](#) on the review was not published until February 2019.

Commenting on the delay in publishing the final report, Seth Faison, director of communications for the Global Fund, told Aidsplan that “the TERG Review 2017 was completed in 2018, and it took time to conduct consultations on this issue, agree on a way forward, and then coordinate a management response. We anticipate that future TERG reports will be published in a more timely fashion.”

The final report consists of: an executive summary (two pages); the report submitted by the consultants in July 2017 (67 pages); a discussion section with recommendations, prepared by the TERG (eight pages); and a “management response” from the Global Fund Secretariat prepared in December 2018 (two pages).

In the balance of this article, we present a summary of the final report.

Overall conclusions

In its final report, the TERG presented “overall conclusions” for seven topic areas:

1. Implementation of recommendations from previous reviews;
2. Whether the Secretariat is well positioned to implement the 2017–2022 Strategy;
3. Introduction of differentiated approaches;
4. Operationalization of sustainability and transition considerations, including addressing complex issues related to country ownership and absorptive capacity;
5. Integration of resilient and sustainable systems for health (RSSH), human rights and gender issues into Global Fund processes;
6. Increasing focus on value for money and renewed emphasis on data modelling and measuring outcomes and impact; and
7. Alignment between the 2017–2022 Strategy and an evolving global health context.

There is some overlap among the topic areas.

The final report concluded that the vast majority of recommendations from a [previous strategic review in 2015](#) were fully or at least partially addressed. The report also concluded that “the Secretariat has planned and prepared itself well for implementing the 2017–2022 Strategy.”

In addition, the report prepared by the consultants in July 2017 stated that:

“For the first time, the Secretariat has holistically considered the key linkages between its strategy, the identification and prioritization of activities, the allocation of funds, and the measurement of results. This strategic planning process is a major step forward, with the broad set of strategic priorities for 2017–2022 translated into a prioritized and actionable implementation plan for 2017.”

In Tables 1, 2 and 3 below, we present the findings of the Strategic Review 2017 on three specific issues included in the seven topic areas — (1) differentiated approaches; (2) country ownership; and (3) strengthening RSSH. In addition to showing the review findings, the tables provide the relevant recommendations and responses from the Secretariat.

Table 1: Summary of findings and recommendations, and Secretariat response: Differentiated approaches

Review findings	The Global Fund has demonstrated a significant commitment to introducing differentiated approaches across the grant lifecycle. Although active efforts have been taken to reorganize the Fund’s core grant and management structures to deal with the implications of the differentiated approach, there is insufficient evidence that these changes have been or will be translated into modified behavior and results at country level.
Recommendation	Monitor and, if necessary, course correct the ongoing implementation of differentiation measures and policies. (Rec. 4)
Secretariat response	There is a need to continue to differentiate across the portfolio in terms of staffing, knowledge and processes; this is an area of ongoing work.

Table 2: Summary of findings and recommendations, and Secretariat response: Country ownership

Review findings	The Global Fund needs to be clearer about degrees of authority and responsibility between itself and its country partners. The Fund needs to determine the extent to which the Global Fund Strategy complements national priorities. Although the Fund has made statements on what it considers country ownership to be, there are issues and tensions in implementing the principles into practice. The tensions include differences between country and donor requirements; and layers of ownership within countries (e.g. national government vs. ruling party vs. civil society ownership).
Recommendation	Undertake a thorough review of issues related to country ownership with a view to developing a better defined yet flexible framework for operationalizing the Global Fund’s policies and principles in this regard. (Rec. 7)
Secretariat response	The TERG has been assessing country ownership through desk reviews, prospective country evaluations and a thematic review on partnership models. Country ownership is strengthened in the Global Fund’s programming by ongoing efforts such as the CCM evolution initiative. The Secretariat currently provides detailed operational guidance in many areas, which outlines the Fund’s principles with respect to country ownership, and defines the roles and responsibilities of the different stakeholders involved in Fund grants. There is flexibility in how the principles and guidance are operationalized at country-level. This flexibility is needed to effectively operate in over 100 countries with highly varied contexts.

Table 3: Summary of findings and recommendations, and Secretariat response: Strengthening resilient and sustainable systems for health (RSSH)

Review findings	Although the Global Fund has accorded a high priority to RSSH (as well as human rights and gender) issues, there is a need for greater clarity at the country level on how to operationalize these priorities through programming decisions; and there is a specific need for the Global Fund and partners to further promote attention and engagement by country stakeholders and decision makers around these issues.
Recommendation	Further clarify to countries the priorities and intended focus of investments in RSSH. (Rec. 9)
Secretariat response	The Secretariat agrees that greater clarity is required in some areas, and thanks the Technical Review Panel and the TERG for providing their joint observations and recommendations, which have resulted in seven key actions to improve the Global Fund investment in RSSH. We look forward to more detailed advice and recommendations from the TERG's ongoing thematic review and the Office of the Inspector General's advisory work on RSSH.

Note: The seven key actions identified by the TRP and the TERG fed into a discussion by the Strategy Committee on strengthening RSSH. The TERG's thematic review has just been completed. The Secretariat told Aidsplan that a report on the thematic review will be published in due course. The OIG's advisory review is expected to be completed shortly. Reports on OIG advisory reviews are normally not made public.

In addition, the Strategic Review 2017 concluded that although the Global Fund has developed definitions, policies and guidance concerning sustainability and transition, and has begun to operationalize them, there are a number of critical issues that need to be addressed.

Critical issues to address

The critical issues include the following: (a) how best to ensure the sustainability of key programs after the Global Fund has exited the country (particularly those programs that engage civil society and key populations); (b) addressing complex issues related to country absorptive capacity; (c) ensuring country ownership over the transition process; (d) addressing a lack of clarity on the extent to which principles of country ownership apply; (e) a lack of engagement to discuss issues where country and Global Fund objectives do not meet and align; and (f) the need to better leverage partnerships that support the achievement of tangible results and long-term impact.

The TERG presented 15 recommendations in all, divided into three categories: 'Continue and embed'; 'Monitor and course correct'; and 'Act now' (see Figure).

Figure: Summary of the recommendations in Strategic Review 2017

Continue and embed		
<p>Rec 1: Embed the process of strategic implementation further.</p> <p>Rec 2: Continue the drive toward prioritization for impact.</p> <p>Rec 6: Continue to operationalize policies and guidance related to sustainability, transition and co-financing with a view to promoting country ownership over these issues.</p> <p>Rec 8 : Continue the focus on working with technical and development partners with a clear focus on achieving long-term impact and ensuring accountability for results.</p> <p>Rec 10: Continue to focus on integrating human rights and gender issues into country programs.</p> <p>Rec 14: Where practical, embed principles of "modeling for impact and efficiency" into national decision-making processes.</p>	Monitor and course correct	<p>Rec 3: Ensure short-term activities are fully aligned with achieving longer-term impact.</p> <p>Rec 4: Monitor and, if necessary, course correct the ongoing implementation of differentiation measures and policies</p> <p>Rec 5: Take stock of risk management processes.</p> <p>Rec 9: Further clarify to countries the priorities and intended focus of investments in RSSH.</p> <p>Rec 13: Monitor and review the impact of catalytic funding.</p> <p>Rec 15: Ensure that the Global Fund is well positioned as a relevant and value adding global health initiative for the next replenishment and beyond 2023.</p>
		Act now
		<p>Rec 7: Undertake a thorough review of issues related to "country ownership" with a view to developing a better defined yet flexible framework for operationalizing the Global Fund's policies and principles in this regard.</p> <p>Rec 11: Strengthen collaboration with technical and development partners for addressing key issues and ensure joint accountability for results.</p> <p>Rec 12: Ensure that AIM delivers.</p>

Source: Strategic Review 2017

Note: The recommendations shown in bold are ones to which the TERG accords a higher priority.

The Technical Evaluation Reference Group's strategic reviews are available in English on the Global Fund website:

- [Strategic Review 2017](#)
- [Strategic Review 2015](#)

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6. OF INTEREST: Other news of interest to the Global Fund partnership

World TB Day, paediatric formulations of HIV drugs, new research on Universal Health Coverage

Aidsplan Staff

2 April 2019

ACKNOWLEDGING WORLD TB DAY

On March 24, World TB Day, the Global Fund (in its email newsletter) and several related advocacy organizations, including Friends of the Global Fund Europe and the Global Fund Advocates Network, highlighted the fact that TB is now the world's leading killer infectious disease, killed 1.6 million people in 2017 (including 300,000 with HIV), and is expected to cost the world economy \$1 trillion by 2030. The Global Network of People Living with HIV

(GNP+) along with TBpeople distributed [a joint press release](#) calling for a ‘paradigm shift’ putting people who have experienced TB and people who are living with HIV jointly at the center of the world’s collective responses to the two diseases.

[Read the press release...](#)

On March 20, the Lancet Commission on Tuberculosis ‘[Building a tuberculosis-free world](#)’, a 54-page document available to all on the publication’s website, highlighting four fundamental points: Many people with tuberculosis cannot afford or access high-quality TB services; strategies to identify people with active disease in high-risk populations (such as the household contacts of people with active TB, people living with HIV, migrants, and prisoners) are implemented in a piecemeal manner; TB research and development is underfunded; and global efforts to end TB have been undermined by lack of political will and financial investments.

[Read the Lancet Commission report...](#)

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PAEDIATRIC FORMULATIONS OF ANTIRETROVIRAL DRUGS

Though paediatric formulations of HIV drugs have advanced substantially over the past decade and more, incentives for the pharmaceutical industry to dedicate more research and resources into paediatric drug development are still low. A series of market factors make these efforts costly and complex, discouraging drug manufacturers – especially those producing generics – from prioritizing investments in new paediatric treatment options. (An estimated 1.8 million children worldwide are living with HIV, and only 52% of them are on antiretroviral treatment.)

The International AIDS Society’s (IAS) Industry Liaison Forum recently developed [a policy brief](#) exploring the opportunities of advance procurement as a pragmatic approach for the largest antiretroviral (ARV) buyers – most notably national governments (particularly the Government of South Africa), PEPFAR and the Global Fund– to incentivize the development of priority paediatric drug formulations. The brief explores the concept of advance procurement as a method for reducing uncertainty within the paediatric ART market and spurring investment in adapted child-friendly drug formulations.

“Used in conjunction with other market-shaping approaches,” the brief says, “[...] advance procurement has the potential to help close the persistent gap between adult and paediatric treatment coverage.”

[Read the brief...](#)

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SHATTERING THE MYTHS AROUND ‘UNIVERSAL’ HEALTH COVERAGE

New research conducted by Aidsfonds, Frontline AIDS and the London School of Hygiene and Tropical Medicine in Indonesia, Kenya, Uganda and Ukraine, in a report called ‘Towards transformative integration of the HIV and AIDS response into Universal Health Coverage’ (UHC), reveals opportunities but also major areas of concern as countries move towards UHC, while at the same time transitioning from international to domestic funding for HIV programmes.

An excerpt from [a blog](#) by Mark Vermeulen, Executive Director of Aidsfonds, and Christine Stegling, Executive Director of Frontline AIDS, says, “This research shows that by pushing for active and meaningful involvement in UHC at a country level, civil society can bring the learnings of the past four decades of responding to HIV to help shape a vision for a rights-based, person-centred UHC that, if implemented, leaves no one behind.”

[Read the blog....](#)

[Read the full report...](#)

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7. ANNOUNCEMENT: Global Fund launches Replenishment Partner Update

Monthly update for partners provides communications tools, news and events

Aidspace Staff

3 April 2019

The Global Fund launched its Replenishment Partner Update on 2 April 2019, a monthly email digest of new communications resources to support the Global Fund’s Sixth Replenishment. The update includes access to the Global Fund’s photo and video library, selected news highlights, and a calendar of upcoming events and resources.

Resources in this update are

- The Sixth Replenishment Investment Case toolkit
- A World TB Day toolkit
- Step Up the Fight toolkit
- Donor and impact reports

In addition, the update features links to highlights of recent Global Fund mentions in news media.

The update is sent out by email to Global Fund partners, but anyone interested can now [subscribe to the update](#) in the Replenishment section of the Global Fund’s website.

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This is issue #353 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Acting Editor at adele.sulcas@aidspan.org. To subscribe to GFO, go to www.aidspan.org.

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