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# Global Fund Observer

NEWSLETTER

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## CONTENTS OF THIS ISSUE:

### [1. NEWS: Global Fund Board and Secretariat use of KPI data is 'partially effective', OIG says](#)

**BY SAMUEL MUNIU**

In a follow-up audit of the Global Fund's Key Performance Indicators, the Office of the Inspector General found KPI Framework reporting, governance and oversight arrangements to be 'generally effective'. However, on KPI data utilization, the OIG said, the Global Fund Board and the Secretariat have room for improvement.

### [2. CCM EVOLUTION: Global Fund Country Coordinating Mechanism evolution initiative: mid-term lessons from Tanzania, Niger, Uganda and Burundi](#)

**BY DJESIKA AMENDAH**

The Country Coordinating Mechanism evolution initiative project is at mid-point. Information from four African countries suggests mixed results: two countries with early signs of success and two where it is too early to measure success, country representatives say. Aidspace's policy team highlights the challenges and keys to success discussed with representatives from each of the four countries featured in this article.

### **3. FEATURE: Greater Mekong Subregion multicountry grant to eliminate malaria focuses on artemisinin resistance**

**BY SHOBHA SHUKLA AND BOBBY RAMAKANT**

In the lead-up to World Malaria Day 2019, and with Thailand as Chair of ASEAN gearing up to observe Malaria Week from 22 to 25 April, we examine the Global Fund's largest multicountry grant to accelerate malaria elimination. Thailand's borders (and the Greater Mekong Subregion) have a history of antimalarial drug resistance, and a surge in artemisinin resistance threatens the gains made in the fight against malaria; we take a closer look at this grant from Thailand's perspective.

### **4. REPORT: Case study examines how Community, Rights and Gender Strategic Initiative has advanced Global Fund objectives**

**BY ANDREW GREEN**

A joint case study from the six Regional Platforms examines four key questions emerging out of the Global Fund's \$15 million, three-year catalytic investment in the Community, Rights and Gender Strategic Initiative (CRG SI). The CRG SI was designed to ensure that all people affected by the three diseases that are the focus of the Global Fund's investments are able to play a meaningful role in the Fund's process. The case study asks how forums supported by the CRG SI have facilitated meaningful connections, how they have contributed to the Global Fund's strategic objectives, how they have added value, and how they might evolve in the future.

### **5. ANNOUNCEMENT: ICASO and APCASO team up to provide human rights technical assistance**

**BY AIDSPAN STAFF**

The International Council of AIDS Service Organizations and the Asia Pacific Council of AIDS Service Organizations have created a partnership, funded through the Global Fund's Human Rights Strategic Initiative, to provide technical assistance to implementers of Global Fund grants in 20 countries, to reduce barriers to accessing services.

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

**BY AIDSPAN STAFF**

Introductions and links to items of possible interest to those who are part of or connected to the Global Fund, its partners and communities.

[TOP](#)

## ARTICLES:

### 1. NEWS: Global Fund Board and Secretariat use of KPI data is ‘partially effective’, OIG says

*Audit report says utilization of KPI data needs improvement*

Samuel Muniu

16 April 2018

In a follow-up audit of the Global Fund’s Key Performance Indicator (KPI) Framework, the Office of the Inspector General (OIG) found that reporting, governance and oversight arrangements are effective but that the Global Fund Board and the Secretariat have room for improvement in their use of KPI data for their operations.

[The audit report](#) was published on 27 March 2019. The Global Fund Board approved the 2017-2022 KPI Framework in June 2016 as a tool for monitoring progress and improving the organization’s accountability.

This audit focused on:

- Adequacy and effectiveness of KPI data collection, aggregation and reporting
- The utilization of KPI data by the Global Fund Board and the Secretariat in performance-based decision
- The established governance and oversight arrangements for the KPI Framework.

The audit covered all Strategic and Implementation KPIs, except for KPI 12a and KPI 12b, which relate to the availability of affordable health technologies, and iKPI-h about the Pooled Procurement Mechanism (PPM). KPI 12a, KPI 12b and iKPI-h were reviewed in an OIG audit report published in September 2018 ([Procurement processes: Follow-Up Audit](#)).

#### Context

##### *Key Performance Indicator Framework 2017-2022*

The Framework contains 12 Strategic KPIs and nine Implementation KPIs (iKPIs). The Strategic KPIs measure the Global Fund’s strategic objectives progress. The iKPIs, which were approved in January 2017 by the Global Fund’s Management Executive Committee, track inputs, outputs and outcomes required to achieve the Strategic KPIs and operational objectives.

**Figure: Strategic Key Performance Indicators**

Strategic Targets				
<b>Strategic Targets</b>	1 Performance against impact targets (i) Estimated number of lives saved and (ii) Reduction in new infections/cases		2 Performance against service delivery targets 17 sub-KPI on HIV (7), Tuberculosis (6) and Malaria (4)	
<b>Strategic Objectives</b>	<b>Maximize Impact Against HIV, TB and malaria</b>	<b>Build resilient &amp; sustainable systems for health</b>	<b>Promote and protect human rights &amp; gender equality</b>	<b>Mobilize increased resources</b>
<b>Strategic KPIs</b>	3 Alignment of investment & need 4 Investment efficiency 5 Service coverage for key populations	6 Strengthen systems for health a) Procurement b) Supply chains c) Financial management d) HMIS coverage e) Results disaggregation f) NSP alignment 7 Fund utilization a) Allocation utilization b) Absorptive capacity	8 Gender & age equality 9 Human rights a) Reduce human rights barriers to services b) Key pop. And human rights in middle income countries c) Key pop. And human rights in transition countries	10 Resource mobilization a) Pledges b) Conversion 11 Domestic investments 12 Availability of affordable health technologies a) Availability b) Affordability

Source: The Global Fund's KPI Framework Follow-up Audit Report

*Changes in the management of the KPI Framework*

As of mid-2017, the handling of the KPI monitoring and reporting process was transferred from the Global Fund Finance department to the Strategy and Policy department. This was done to enhance the alignment of the KPI Framework with strategy monitoring.

**Main Findings**

The OIG had two main findings:

- KPI data collection, aggregation and reporting significantly improved but control weaknesses were noted
- Limitations in KPIs’ design hinder their integration into daily operations

*KPI data collection, aggregation and reporting significantly improved but control weaknesses noted*

The OIG report noted that generally there has been a significant improvement in KPI data collection, aggregation and reporting. This is following the implementation of the KPI Accountability Framework, since early 2017, which details data collection and calculation methodologies. The roles and responsibilities for strategic and implementation KPIs were clarified in the KPI Accountability Framework. Moreover, the Secretariat established focal points in different departments that specifically deal with KPI data collection, processing and validation and this has improved KPI results reporting. The use of internal information systems like the Global Fund System (GFS) and the Grants Operating System (GOS) has enhanced data collection processes, the OIG said. The OIG noted that there are plans to fully automate data collection processes for certain KPIs.

Despite these improvements, the audit noted gaps in data collection and aggregation, specifically in quality control. For instance, data for KPI 7 – Fund Utilization: Absorptive Capacity – is obtained from two different information systems – GFS and GOS – without a

proper reconciliation mechanism to ensure the quality and accuracy of the information obtained. This lack of reconciliation results in duplicated data to the Global Fund Board.

Methods for collecting documentation to aggregate KPI 11 data – Domestic Investment – are not standardized and routine, and lack a mechanism to trace how each country’s results are put together. This lack of documentation means that only the staff who were involved in the original data gathering are sources of information on the methodology of data aggregation. For some of the KPIs, data collection and aggregation are manual and thus prone to human error during data ‘cleaning’. An example is KPI 9b on Human Rights where data is extracted from detailed grant budgets and analyzed manually.

Considering the volume of grant budgets received by the Global Fund, this is a tedious and error-prone process. Another gap the OIG identified was that some KPIs had incomplete process maps (implementation arrangement maps) at the time of the audit. This was noted for half of the iKPIs and four of the 22 KPIs. However, the Secretariat had completed all but one of the KPI process maps by the end of 2018. For some of the KPIs, their data is not readily available. For instance, the Global Fund does not have the primary data for KPI 11 on Domestic Investment and so the data is obtained from external sources. The Global Fund has limited control on availability and consistency of parameters obtained from such data.

KPI data reporting is done annually or semi-annually. The KPI data is submitted to the KPI focal points for calculation and reporting. The audit noted significant delays in KPI data submission. A case in point: only one KPI met the KPI team’s internal submission deadline during the November KPI reporting process. Another challenge the OIG noted is the lack of secondary review of the data collected, calculated and reported by the focal points in different departments. The lack of validation of data, and of the process involved in the KPI focal points’ report writing, leaves inaccuracies undetected, the OIG said, as KPI team may not be well versed on the underlying data.

#### *Limitations in KPI design hinder their integration into daily operations*

The Global Fund Board approved the current Strategic KPI Framework eight months before the beginning of the 2017-2022 strategy implementation. This is a significant improvement, considering that it took the Board 18 months after the implementation of the strategy had begun to approve the last framework. The KPIs are aligned to the strategy, and the strengths and weaknesses of each indicator have been identified and documented in the KPI framework.

However, the audit noted areas that require further improvement. The methodologies for measurement and processes related to KPI 6a (Strengthen Systems for Health: Procurement systems) remain undefined despite the KPI Framework having been in use for over a year. This was also the case for three of the ten implementation KPIs. The Global Fund Secretariat had not defined indicators, set targets and agreed on data collection tools for three iKPIs, namely the ‘forecast accuracy – commodity demand’, ‘commodity procurement under management’ and ‘roll-out of innovative products’. However, the OIG noted that major

restructuring of the departments responsible for these KPIs was underway at the time of the audit.

The current KPI Framework lacks performance tracking for three of the seven sub-objectives that make up the lion's share (65%) of Global Fund's RSSH investments. The three sub-objectives are for 'Human Resources for Health', 'Communities', and 'Integrated Service Delivery'. However, the Secretariat monitors the progress of these sub-objectives through the Global Fund Strategy Implementation Plan (SIP) reporting.

The audit noted the use of interim indicators for two KPIs – 5 and 9c - to monitor performance due to unavailability of data to measure their progress. In other instances, availability of data was limited for KPI 2. Data for one of the sub-objectives under KPI 2 – Indoor Residual Spraying: service delivery target - was only available for 30% countries implementing the intervention.

Entrenching KPIs into the Global Fund's daily operations is hindered by limitations in their design, the OIG said. For instance, the Global Fund Board has evolved from discussing methodology or targets for each KPI to discussing data being reported. However, limitations in obtaining additional data and analysis prevents the Board from carrying out a detailed assessment of organizational performance. At the Secretariat level, some KPIs are integrated into day-to-day activities, and some are not. For example, KPI 11, KPI 2 and KPI 7 are embedded within Grant Management operations, which is not the case for KPI 4 on Investment Efficiency.

### **Agreed Management Actions**

The Strategy and Policy Hub will work on two Agreed Management Actions (AMAs) by 31 December 2019:

- Review and fine-tune the KPI process maps and Accountability Framework to include KPI data quality controls
- Develop and implement new standards for measuring, reporting and monitor organizational performance

### **Further reading:**

- *This audit report, [The Global Fund's Key Performance Indicator Framework Follow-up Audit](#), 27 March 2019 (GF-OIG-19-008)*
- *Earlier KPI audit report, [The Global Fund Key Performance Indicator Framework Audit Report](#), 26 March 2016 (GF-OIG-16-009)*
- *Earlier strategy audit report, [The Global Fund Strategy Planning, Implementation and Monitoring Processes](#) (GF-OIG-16-008)*
- *Current strategic KPI Framework, [2017-2022 Strategic Key Performance Framework](#), (GF-B35-07a).*

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[TOP](#)

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## 2. CCM EVOLUTION: Global Fund Country Coordinating Mechanism evolution initiative: mid-term lessons from Tanzania, Niger, Uganda and Burundi

*Mid-point results mixed, suggest room for improvement in implementation*

Djesika Amendah

16 April 2019

The Country Coordinating Mechanism (CCM) evolution initiative aims to strengthen CCMs' performance in four areas: their internal functioning, oversight of the grants, engagement between the CCM and its constituency members, and linkages with other national governance bodies. The Global Fund Secretariat [announced in September 2018](#) that it had invited 18 countries to be part of the pilot phase of this initiative for a year. (See [our report on the Board approval of the initiative in GFO 336](#), 12 May 2018.)

The CCM evolution pilot phase is slated to run from “September 2018 through the end of 2019,” according to the Global Fund website. As this pilot phase reaches its mid-point, we take stock of its early implementation challenges, successes, and lessons learned. The Global Fund will decide on the future of this CCM evolution initiative at the end of the year.

Information for this article comes from countries' presentations at the African Constituency Meetings in March 2019 and subsequent interviews with the executive secretaries of the CCMs in Tanzania, Uganda, and Burundi, the CCM chair in Niger, as well as Global Fund CCM Hub staff.

### CCM evolution in four African countries

Information from four African countries suggests mixed results: two countries (Tanzania and Niger) show early signs of success, while in Uganda and Burundi, “it is a bit too early to measure [anything],” according to their respective CCM representatives.

The Global Fund divided the 18 participating CCMs into [three contextual groupings](#): standard, transition preparedness, and challenging contexts. The Global Fund also ranked countries according to three maturity levels. The first level is “functional,” which indicates that the CCM applies basic governance principles; the intermediate level is “engaged,” and the third level is “strategic,” which means the CCM engages at the national level and tackles long-term sustainability issues. The evolution project's aim is to advance countries along these progressive levels of maturity.

Tanzania and Uganda have standard CCMs while Burundi and Niger are classified as challenging contexts. The maturity levels in these four countries ranged at the baseline from “working towards functional” in Burundi and Niger to “functional” in Tanzania and Uganda. In practice, the Secretariat had to add “nuances” to the initial three classifications to account for situations where the country CCM does not meet all the criteria for a specific level.

The CCM evolution process begins with the Secretariat selecting consultants, through a competitive process designed to account for quality and costs, who are assigned to different

countries. Those consultants start by conducting baseline evaluations in the four areas specified for strengthening – namely functioning, oversight of the grants, engagement between the CCM and its constituency members, and linkages with other institutions. Then they establish with the CCM a workplan detailing activities needed to improve the CCM’s performance in these areas. The workplan is then costed and submitted to the CCM Hub, which has to approve the activities and any associated budget. The CCM leads the activities specified in the workplan.

In all four countries, the CCM evolution initiative focused on the oversight function of the CCM, funding technical assistance for it as well as the position of an “oversight officer”. This area was very important from the perspective of the CCM Hub, which explained that oversight was highlighted by the Global Fund Strategy Committee before the committee put forward the CCM Evolution Initiative to the Global Fund Board.

Some countries in this first half of the project also addressed improving the internal functioning of the CCM (Niger and Burundi) as well as engaging their constituencies. All have addressed the question on and linking with other national governance bodies. For example, in Burundi, the CCM evolution evaluated links between the CCM and other coordination platforms in health. Such an exercise is especially important when the government is not the principal recipient, as is the case in Burundi (the PR is the United Nation Development Agency for both the HIV/TB and malaria grants).

### **Early signs of success in Tanzania and Niger**

The oversight officer’s role in the CCM is to support a proactive CCM oversight committee. In Tanzania, early signs of success are apparent in the new way the Tanzania Coordinating Mechanism (TCM) oversees the grants. The TCM oversight committee now concentrates its attention on fundamental and strategic issues like grant performance, risk management, and co-financing commitment, using data; in the past, the oversight committee focused only on PRs’ implementation challenges, such as ‘where is the money, equipment, drugs, human resources and other [similar] issues,” according to Dr Rachel Makunde, the TCM executive secretary.



*Dr Rachel Makunde, Executive Secretary of the Tanzania Coordinating Mechanism*

Such a change requires more time from all those involved: the quarterly oversight committee now schedules a full day meeting with the PRs and other stakeholders instead of just two to three hours, as happened in the past.

In Niger, the CCM has improved its internal functioning. The CCM has been restructured, with stronger leadership, and a pool of experts to support the CCM. The membership was reduced from 28 to 21, with reduced representation for both government and civil society organizations. The restructuring aimed to improve performance while maintaining adequate representation. The new CCM representation is more aligned with the epidemiology of the country: it now has a representative of the mining industries and civil society organizations active in the humanitarian sector. The CCM has developed new framework documents that received input from all the stakeholders, including civil society and technical partners.

### **Initiative's short duration and funding issues present challenges**

The main challenge of this CCM evolution initiative is its short duration: one year. This tight timeline makes even small delays consequential. All four countries experienced a delay in implementing this project for several reasons: the end-of-year holiday season, the length of time necessary for the Secretariat to approve the CCM evolution activities and associated budget, and the timely availability of the consultants. For instance, it took about six weeks for the CCM hub to approve the workplan and give feedback on the approved budgets for Uganda and Burundi. While this duration is not excessive in normal circumstances, it represents about 10% of the total duration of the project.

The second challenge is the overall level of funding, as well as which activities were funded for the CCM evolution pilot phase. In Uganda, the CCM Hub funded about one third of the costed activities recommended after the baseline evaluations by the consultant; among those

unfunded activities were the installation of a dashboard to improve oversight of the grants. The CCM Hub explained that one of the important elements of this CCM evolution pilot is that the PRs provide actionable data to the CCMs, which can be used for oversight. In that context, the CCM Hub estimated that the CCM dashboard was beyond the scope of this initiative.

The approved budget favored international consultants' remunerations over other local activities. A [Secretariat presentation to the Board indicates](#) that most of the CCM evolution activities are geared towards technical assistance, and training of the CCM members. However, the CCM Hub explained to the GFO that the CCM evolution budget globally is balanced with respect to expenses on technical assistance, guidance and other tools needed for CCM activities.

For Tanzania (and other countries not included in this article), CCM evolution activities were fully funded the German development agency (GIZ). In Niger and Burundi, some of the activities were co-funded by the GIZ, and the French Ministry of Cooperation and Development (through the 5% initiative), respectively. The CCM Hub explained that it is looking into more sustainable and local funding options for the initiative's full roll-out.

### **In-country keys to success**

In Tanzania and Niger, the initiative obtained strong buy-in from high-level authorities. This high-level support is complemented on the ground by the commitment of the CCM's leadership and permanent secretariat. In addition, in Tanzania, open and trusting relationships between the CCM Secretariat, the Oversight Committee and consultants have facilitated continuous consultations.

Country context also matters. For instance, success in Tanzania lies partly with an early start and a particular desire for change: a couple of months before the country was invited to join this initiative, the then-CCM chair had initiated a series of actions to improve the TCM performance. The TCM went to a retreat to discuss and agree on what was then called "Business Unusual" or a new way of running the CCM business both at the Secretariat and the membership levels. In this case, the CCM evolution initiative supported an existing desire to change. ([GFO reported in October 2018](#) on the TCM aspiration "to become a best-practice model for the Global Fund's CCM evolution initiative".)

In Niger, the implementation of the project coincided with the renewal of the CCM membership, which comes with training and capacity building for new members. Since the implementation of the CCM evolution initiative, Niger has updated its CCM framework document. (The Secretariat [provides a framework that can be customized](#)) and has adopted other legal documents such as the framework for engagement of civil society.

Finally, an important key to success is the support of other partners. We described how the GIZ and the 5% initiative funded – totally or in part – the CCM evolution project in several countries; they also provide other in-kind assistance as members of the CCM.

### **Suggestions from the field**

Most CCM representatives we talked to find that just one year for the project is insufficient, even if this is considered a pilot phase. They suggest adding at least a few months to this pilot phase to be able to obtain results, especially considering the delays in implementation. They also insisted on timely adherence to the workplan by all (CCM, CCM Hub, and consultants) and the timely disbursement of funds.

Another suggestion is that the CCMs' input be considered for the selection and deployment of international consultants, although the CCM Hub asserts that CCMs are asked whether they have an objection to the selected consultant. The consultants, even though they are recruited by the Secretariat, should also share their reports with the CCMs in good time. Better yet, the CCMs suggested that when possible, a local consultant be added to the international team so the CCM can continue working with the local consultant after the pilot phase ends.

The Secretariat told the GFO that the Global Fund Board will decide in November 2019 if the CCM evolution project will continue and be extended to other countries. In the meantime, the Hub is encouraging all CCMs – not just those participating in the pilot – to continue to look for ways to strengthen their performance. Their intent is to strengthen the strategic engagement of CCMs – not only their compliance – given the critical role CCMs play in ensuring inclusive decision-making about Global Fund grants.

***Further reading:***

- From GFO 343 (3 October 2018), [“Tanzania National Coordinating Mechanism aspires to become best-practice model for Global Fund’s CCM evolution initiative”](#)
- The Global Fund’s [Country Coordinating Mechanism website page](#).

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[TOP](#)

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### **3. FEATURE: Greater Mekong Subregion multicountry grant to eliminate malaria focuses on artemisinin resistance**

*Civil society’s role is crucial in hard to reach areas, and needs strengthening*

**Shobha Shukla and Bobby Ramakant**

**16 April 2019**

This year’s World Malaria Day theme, [“Zero Malaria Starts With Me.”](#) re-energizes the fight to eliminate malaria, which, though preventable and treatable, still kills more than half a million people every year. While major progress has been made against the disease in the past 15 years (with over 7 million malaria deaths averted and about a 40% reduction in malaria cases globally), the fight against malaria is approaching a negative tipping point - progress has slowed down in some parts of the world and has reversed in a few.

One major challenge impeding malaria elimination is the emergence of drug-resistant malaria in the [Greater Mekong Subregion \(GMS\)](#), especially in Thailand, Cambodia, Myanmar, Laos and Vietnam.

## **Second Southeast-Asian regional grant to accelerate progress on malaria elimination**

In 2013, in response to the emergence of drug-resistant malaria in the GMS, the Global Fund launched the [Regional Artemisinin-resistance Initiative \(RAI\), which spanned 2013 to 2017](#). From 2018, a second phase of RAI was launched, the [Regional Artemisinin Resistance Initiative towards Elimination of Malaria](#) (RAI2E), a \$243-million multicountry grant to accelerate elimination of *Plasmodium falciparum* malaria in the GMS over a three-year period (2018-2020). Of this amount, Thailand received \$23 million, Myanmar \$97 million, Cambodia \$43 million, Laos \$13 million, Vietnam \$33 million, with \$34 million dedicated to a regional component that focuses on ensuring malaria service coverage for remote populations in border areas.

Alistair Shaw, Senior Program Officer of the Raks Thai Foundation, which is a sub-recipient of the Global Fund RAI2E grant, said that RAI2E is the biggest regional grant from the Global Fund across the five GMS countries, and may be the first time a Global Fund grant is split 50:50 between civil society and government. *[Editor's note: the Global Fund confirmed that RAI2E is the biggest multicountry grant in the Fund's portfolio in terms of dollar value; the GFO was not able to confirm Shaw's assertion about the grant 'split' by the time of publication.]*

Thailand's Minister of Public Health, Professor Piyasakol Sakolsatayadorn, said: "This area is the epicentre of drug-resistant malaria, which could become a global health threat if we cannot manage and eliminate drug-resistant malaria in Thailand and the GMS."

Thailand's National Malaria Elimination Strategy was endorsed in 2016 with the elimination goal of 2024. Since then, malaria morbidity and mortality have continued to decline in Thailand, with new malaria cases dropping by [39% from 2016 to 2017](#) and by 51% from 2017 to 2018.

Sakolsatayadorn reaffirmed the country's target date for ending local transmission (within Thai borders) by 2024, and Thailand's commitment to the regional effort: In 2014, 23 Asia-Pacific heads of government committed to eliminate malaria in this region by 2030, which is in line with Sustainable Development Goal 3.

Thailand is chair of the Association of Southeast Asian Nations (ASEAN) and is hosting [Malaria Week](#) from 22 to 25 April 2019 in Bangkok. The Global Fund is among the partners of this year's Malaria Week, which focuses on eliminating malaria in Asia and the Pacific by 2030.

## **Drug-resistant malaria: a threat?**

Shaw says that this regional project is of global significance because if drug resistance spreads beyond the Greater Mekong Subregion, it will have a devastating impact on countries with a high malaria burden.

Historically, the GMS has been the epicentre of antimalarial drug resistance. Forty to forty-five years ago, chloroquine resistance started in this region and spread globally; now, fears about the resurgence of malaria are because of artemisinin resistance.

But science is inconclusive about whether the spread of drug resistance is a risk. “It is mostly the asymptomatic patients that carry gametocytes [cells in *Plasmodium falciparum* that specialize in the transition between the human and the mosquito host]. In Thailand, less than 5% of patients have gametocytes that can transmit to the next mosquito cycle. There is no strong evidence so far whether a person who has drug-resistant malaria can transmit it to the mosquito and the mosquito carrying that phenotype [could] transmit it to another person,” says Professor Jetsumon Sattabongkot Prachumsri, who is the Director of Mahidol Vivax Research Unit (MVRU), Faculty of Tropical Medicine, Mahidol University in Thailand.

### **Civil society plays key role in creating malaria-resilient communities**

Under the RAI2E grant, six civil society organizations (CSOs) are working in 14 provinces across Thailand, which also cover Thai border areas with Myanmar, Malaysia, Laos and Cambodia. In 2018, CSOs conducted health-education sessions for over 70,000 people in very hard-to-reach communities and worksites (formal and informal) - most of them on Thai borders. These sessions provided information on malaria prevention and support for testing and treatment. CSOs have also distributed 75-80% of all bed nets in Thailand.

Shaw explained: “Our role has been to create malaria-resilient communities that can themselves identify malaria, and can respond to it through different mechanisms that have been set up and links that have been made to health services. We have also made strong relationships with local government officers to conduct mobile testing and prevention education in vulnerable populations.”

These vulnerable populations mainly include mobile migrant populations (MMPs) from Cambodia, Vietnam, Laos and Myanmar, as well as Thai ethnic-minority communities who are mobile or traveling through forests or across borders for short-term work. MMPs are not accessing conventional health services, so CSOs, in partnership with the Thai government, are zeroing in on communities in malaria transmission sites.

“Our work is to extend the reach of the government services to communities that are located far from local government health services and do not feel comfortable, or are unable, to access a conventional health service,” Shaw says.

### **Ensuring access to malaria services for populations most in need**

Shreehari Acharya, Project Manager with the [Regional Malaria CSO Platform](#), rues that while in the first RAI grant there were many malaria test-and-treat posts within a kilometer or

two from the border (most of which is forested), in RAI2E their number has been reduced. “This is fine for those areas where there is no malaria anymore. But the removal of some of these posts, especially in areas where government health centres are far from the community, has made access to health services difficult.” This is aggravated in some malaria high-risk border areas where there is no internet access, no mobile network, and/or no public transport.

Other barriers to healthcare that MMPs face include a language barrier and the absence of legal documents. “They are still not comfortable to go straight to a health facility,” Acharya says. “They need someone they can trust, and who speaks their language, to accompany them to the health facility.”

To help address these challenges, the Global Fund is encouraging countries to put their resources into high-risk zones and to focus on hard-to-reach populations. Acharya agrees: “Thailand needs to put extra resources in areas where there are high number of malaria cases and not assume that central health centres will provide services to all in their surrounding areas.”

As CSO volunteers are not allowed to test and treat malaria in Thailand, they depend on government staff to go with them to forests or farms to provide these services to high-risk populations. But government health facilities are at times understaffed, which poses a challenge. Both Alistair Shaw and Shreehari Acharya believe that this restriction on services provided by CSO volunteers should change, for hard-to-reach communities in Thailand, and that CSOs are perhaps best placed to provide malaria control within the reach of these communities.

“Either CSO volunteers or someone trained in their community should be able to test and treat malaria. Most malaria cases except those in pregnant women or severe advanced cases, can perhaps be tested and managed by trained community volunteers at village level,” said Acharya.

Shaw agrees: “What is missing is a strong community-based initiative as part of RAI2E. While the role of CSOs is to create resilient communities that can identify and respond to malaria as and when it occurs, if communities are not provided with the tools and are not empowered, they cannot become resilient.”

In addition, Acharya says, volunteers sometimes follow up malaria cases 20km or 30km away, yet “they are reimbursed [only] a flat incentive for their travel cost, which is not fair,” she says.

### **Risk of malaria re-emergence if surveillance goes down**

On World Malaria Day 2018, Thailand declared 35 provinces (out of a total of 76) malaria-free. However, as Thailand moves towards malaria elimination, the perception of risk among the general population is decreasing. On the one hand, communities are being told that they are at risk of malaria, while on the other hand, they are seeing very few malaria cases.

Professor Prachumsri cautions: “As malaria cases decline, people’s awareness also declines, especially in areas that were malaria endemic in the past.”

As Thailand and other nations accelerate their efforts to end malaria, surveillance is the lynchpin in stopping malaria’s re-emergence, according to Shaw. “We need to maintain our presence in all areas where malaria has already been eliminated to prevent reintroduction,” he cautions.

Acharya agrees: “Surveillance becomes more important as we move towards elimination because we need to know where the case is, where it is coming from and what the history is of that case. The [importance of] civil society’s role in surveillance also needs to be recognized and outlined by the government, so that together we can end malaria.”

***Further reading:***

- [World Health Organization launches new ‘country-led’ malaria response](#) (GFO issue 347: 12 December 2018)
- [World Malaria Day 2019 theme](#)
- [Malaria Week 2019](#)
- [World Malaria Report 2018](#)
- [Reactions to World Malaria Report's sobering news underscore need to ramp up malaria response](#) (GFO issue 347: 12 December 2018)

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[TOP](#)

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#### **4. REPORT: Case study examines how Community, Rights and Gender Strategic Initiative has advanced Global Fund objectives**

*Among key findings, CRG SI has improved awareness of technical assistance and positioned communities to scale up human rights work*

**Andrew Green**

**16 April 2018**

A [newly released case study](#) establishes the impact the Global Fund's \$15 million, three-year Community, Rights and Gender Strategic Initiative (CRG SI) has had building connections between key communities and advancing the Fund's operational objectives.

The communities that benefited from this catalytic funding, including civil society and key affected populations, reported that through the six [Regional Platforms](#) supported by CRG SI, their knowledge of how to access technical assistance improved and they were better positioned to monitor the implementation of Global Fund grants. Nearly a third of the 146 respondents to a survey that formed part of the case study also reported meeting people from

countries where they previously had no connections, increasing their capacity to coordinate and work with other communities in the region.

The case study, which was jointly created by the six regional CRG platforms, comes ahead of the Global Fund's 41st board meeting, scheduled for May 15-16, where a decision will be made on catalytic funding priorities for the 2020-2022 allocation period.

"This case study is part of a broader, initiative-wide effort to have a more robust monitoring and evaluation-for-learning platform, inclusive of reporting, but also testimonials and case studies," said Noah Metheny, who manages the CRG SI for the Global Fund. The point, he told the GFO, was "so that we can better document the impact this is having, specifically around better meaningful engagement of communities and civil society in Global Fund-related processes."

The CRG SI, which spans the 2017-2019 allocation period, is designed to ensure that all people affected by the three diseases that are the focus of the Global Fund's investments are able to play a meaningful role in the Fund's processes, including country dialogue, funding-request development and grant making, implementation and monitoring. The CRG Strategic Initiative was preceded by the CRG Special Initiative, which was also a three-year, \$15 million investment, that ran during the 2014-2016 allocation period.

The CRG SI has three components, which are designed to reinforce each other:

1. A short-term technical assistance program
2. Longer-term capacity development of key and vulnerable population networks
3. The six Regional Platforms for communication and coordination, which are based in Anglophone Africa; Asia-Pacific; Francophone Africa; Eastern Europe and Central Asia; Latin America and the Caribbean; and the Middle East and North Africa.

The [organizations running](#) the Regional Platforms have deployed a variety of forums depending on the needs of their specific communities. Some of the interactions were designed to foster sharing and learning among regional actors, while others have offered platforms for technical assistance providers to exchange experiences and improve coordination, timeliness and relevance of the assistance that they provide to communities.

The Platforms reported engaging a total of approximately 1,500 community members from 112 countries in 32 learning and sharing spaces over the course of 2018.

The new case study is the Platforms' collective attempt to document how these efforts have advanced one of the key objectives of the CRG SI: To support strategic community capacity-strengthening initiatives by fostering spaces for engagement, collective participation and learning within key decision-making processes, in particular as they relate to community, rights and gender.

Utilizing a combination of reviews of narrative accounts of the Platform's activities, an online survey that drew 146 responses, and in-depth interviews with four survey respondents drawn

from different geographic regions, the case study authors set out to answer four key questions, beginning with:

*1. How are communities using the new information and connections gained during Regional Platform learning and sharing forums?*

The authors found that communities emerged with a better understanding of the funding process. And, ultimately, nearly half of the respondents – 47 percent – said the learning and sharing spaces organized by the Regional Platforms put them in a better position to monitor the implementation of Global Fund grants.

More specifically, 58 percent of the respondents accessed information on the providers of technical assistance in their regions, though only 37 percent said their organizations accessed technical assistance as a direct result of participating in one of the learning and sharing workshops. But more than half of respondents emerged with a better understanding of how to engage in the Global Fund funding model, and nearly half emerged with a better understanding of the Global Fund's policies on sustainability and transition.

Gemma Oberth, a consultant for the Global Fund who coordinates the work of the six Regional Platforms, also highlighted the new relationships that were forged between organizations and participants who had not been aware of each other prior to participating in the learning and sharing workshops.

"A key mandate of the regional platforms is to improve the coordination of civil society, communities and technical assistance providers who are engaged in Global Fund-related processes," Oberth told Aidspace. "Our case study found that almost a third of people who attended Regional Platform learning and sharing events met new people from countries where they had no previous connections. It is very exciting to be able to quantify how the platforms are enhancing linkages that strengthen Global Fund-support programs."

*2. How are the Regional Platforms' engagement spaces contributing to key strategic objectives of the Global Fund strategy 2017-2022?*

At its Board Meeting in April 2016, the Global Fund adopted [four strategic objectives](#):

1. Maximize impact against HIV, TB and malaria
2. Build resilient and sustainable systems for health
3. Promote and protect human rights and gender equality
4. Mobilize increased resources.

Each of these strategies is supported by operational objectives and the case study demonstrated that the learning and sharing spaces have contributed to achieving several of those objectives.

Nearly a third of respondents said they emerged from the engagement spaces in a better position to introduce or scale-up programs that remove human rights barriers, which supports

the third strategic objective. Additionally, 62 percent were better prepared to build stronger community responses and systems, in support of the second strategic objective. And 61 percent were better able to introduce or scale-up evidence-based interventions with a focus on key and vulnerable populations, which falls under the first strategic objective.

*3. What is the unique value-add and catalytic effect of Regional Platform learning and sharing spaces?*

The respondents in the case study underscored the significance of the learning and sharing spaces, with 94 percent saying they offered a unique opportunity for communities to engage with each other and 67 percent reporting that if the spaces were discontinued, the community response in that person's country would be negatively affected.

*4. How can the Regional Platform engagement spaces be evolved and improved going forward?*

The opportunities to improve that the survey respondents proposed centered, primarily, on building more robust engagements that included more representatives from TB and malaria organizations and on offering more time to engage with Global Fund staff members.

But the key respondents underscored the need to continue developing new connections and facilitating even greater exchanges of information. They called for more discussions on how policy changes get implemented at a national level, and for even more details on technical assistance — including how to identify needs and draft requests for help.

"There is an importance in having reporting and case studies and a robust monitoring and evaluation for the learning framework in order to highlight this work," Metheny said, "to allow the partners that were funding it to reflect on challenges and successes." He also emphasized the importance of partners adapting their implementation strategies to the challenges and success that have been identified," to really increase the impact that communities are having in Global Fund processes."

***Further reading:***

- *The full case study: [Strengthening Community Engagement in Global Fund Processes through the Community, Rights and Gender Strategic Initiative](#)*
- *The [article from GFO on the Board's approval of the Community, Rights and Gender Strategic Initiative.](#)*
- *The [article from GFO on the work of the six Regional Platforms.](#)*
- *The [Global Fund Strategy 2017-2022.](#)*

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[TOP](#)

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## 5. ANNOUNCEMENT: ICASO and APCASO team up to provide human rights technical assistance

*Partnership aims to reduce barriers to accessing health services in 20 focus countries*

**By Aidspace Staff**

**16 April 2019**

On April 4, [ICASO and APCASO announced a partnership](#) to provide technical assistance to implementers of Global Fund-supported programs, to reduce barriers preventing people from accessing HIV, tuberculosis and malaria services.

The two organizations were jointly awarded an “indefinite quantity contract” to provide services through the Global Fund’s Human Rights Strategic Initiative, after submitting a joint proposal to the Global Fund in early 2019.

The initiative will coordinate and deliver short-, medium-, and longer-term technical assistance to support the effective implementation of programs to reduce human rights-related barriers to services, as well as monitoring and evaluation mechanisms that will assess progress programs have made.

For now, technical assistance from this initiative will be available to implementers in 20 focus countries that have received human-rights matching funds from the Global Fund: Benin, Botswana, Cameroon, Democratic Republic of Congo (province level), Cote d’Ivoire, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda, and Ukraine.

Concretely, to access the services provided by the initiative, all implementers (from principal recipients to sub-sub-recipients) can request support via their country team at the Global Fund Secretariat.

To provide the technical assistance, the two organizations together will make available 75 experts in human rights and gender in the context of HIV, TB and malaria programs. Examples of the types of technical assistance to be provided include (but are not limited to) development of advocacy campaigns, training curricula, and collection and analysis of evidence related to human rights barriers.

*Further reading:*

- [The full announcement from ICASO and APCASO \(as a PDF\)](#)
- [The news release on the APCASO website](#)

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[TOP](#)

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

*WHO guidelines for Community Health Workers, Code of ethical conduct for CCMs, reducing packaging for health commodities*

**Aidsplan Staff**

**16 April 2019**

## **WHO LAUNCHES NEW GUIDELINES FOR COMMUNITY HEALTH WORKERS**

Community health workers (CHWs) have been recognized – formally by the WHO, informally by anyone receiving care in developing countries – as critical to primary health care coverage. For many people – and most living in rural Africa, as Devex points out – they are the first point of contact for communities with official health facilities. Still, they do their work mostly as volunteers.

During the Africa Health Agenda International Conference (AHAIC) held in Kigali, Rwanda, in mid-March, WHO launched a new guideline on health policy and system support to optimize community health worker programs. The guideline, which is aligned with WHO’s global strategy on human resources for health (called Workforce 2030), lists 15 policy and effective-workforce strategy recommendations. These include CHW selection, training, management, integration, and policy- and local-level considerations on implementation and evaluation.

[Read the full article from Devex...](#)

[Read the WHO guideline for CHWs...](#)

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## **GLOBAL FUND PUBLISHES NEW ‘CODE OF ETHICAL CONDUCT’ FOR CCM MEMBERS**

Alongside the Global Fund’s overarching principles of country ownership, partnership, transparency and performance-based funding lie the Global Fund’s designated ‘ethical values’ of duty of care, accountability, integrity, dignity, and respect. These are described in much greater detail in a newly-released (April 4) document from the Global Fund, called [‘My Code, My Responsibility: Code of Ethical Conduct for Country Coordinating Mechanism Members’](#). The 24-page document contains sections on each of the ethical values as they pertain to CCM members’ duties and conduct. “As the main governance body charged with securing Global Fund financing and overseeing program success, the CCM is expected to embody the same principles and values,” the introductory page says. “Ethical, transparent, and responsible decision-making by CCMs is key for program success at country level.”

[Read the Code of Ethical Conduct...](#)

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**“THINKING OUTSIDE THE BOX”**

The Global Fund is at last extending its principle of accountability into the wider (non-health, per se) world, while reaping benefits for the Fund and implementers at the same time: reducing the packaging of health commodities saves space, which means lower shipping costs, and less waste that harms our planet.

For the packaging of mosquito nets to prevent malaria, the Fund now bundles them instead of packaging each net in a separate plastic bag. In its website feature on this initiative, called ‘Thinking outside the box,’ the Fund says this change has eliminated 930 tons of plastic waste and saved \$2.6 million in 2018 alone. For one large order of antiretroviral medicines for Zambia, the Fund asked the manufacturer to switch to carton-free packaging. This saved 100 tons of paper and \$766,000, which has been reinvested in Zambia’s HIV program.

[Watch the Global Fund video on ‘Thinking outside the box’...](#)

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[TOP](#)

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GFO Acting Editor: Adèle Sulcas ([adele.sulcas@aidspan.org](mailto:adele.sulcas@aidspan.org)). Aidspan Executive Director: Ida Hakizinka ([ida.hakizinka@aidspan.org](mailto:ida.hakizinka@aidspan.org)).

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[TOP](#)