



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 355: 2 May 2019

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CONTENTS OF THIS ISSUE:

1. NEWS: [Global Fund's new results reporting methodology critiqued as being "insufficiently rigorous"](#)

BY CHARLIE BARAN AND DAVID GARMAISE

An article published in January in *The Lancet* leveled a major criticism of the Global Fund's results reporting methodology, saying that it is, "insufficiently rigorous to inform the allocation of scarce resources." The Fund countered, claiming that its methods are widely accepted, were developed in close collaboration with other institutions, and represent the best available way to communicate impact to donors and others. This article describes the arguments advanced by the authors and by the Fund; and includes comments from other stakeholders.

2. PREVIEW: [A look at decision items planned for the 15–16 May Global Fund Board meeting](#)

BY DAVID GARMAISE

At its meeting on 15-16 May, the Global Fund Board is expected to approve an allocation methodology for the 2020–2022 allocation period. This article provides a preview of the decisions expected at the Board meeting.

3. NEWS: [Global Fund agreement on privileges and immunities finally in force as 10 countries have now ratified it](#)

BY ADÈLE SULCAS

The Global Fund's Agreement on Privileges and Immunities came into force on 17 April 2019 when a 10th country, Sénégal, ratified it. Getting countries to sign and ratify the agreement is a very slow process.

4. NEWS: [Global Fund Board approves \\$590 million for country grants](#)

BY DAVID GARMAISE

In April, the Global Fund Board approved 11 new country grants in four countries (Benin, Chad, Nigeria and South Africa) and awarded supplementary funding for a twelfth grant. The Board also approved a multi-country grant, several matching funds requests and 12 sets of interventions from the Register of Unfunded Quality Demand. Domestic commitments for the four countries totaled \$7.5 billion, almost all of which was for the South African HIV grants.

5. NEWS: [Global Fund uses innovative approach for iteration of funding requests from Nigeria](#)

BY DAVID GARMAISE

The Grant Approvals Committee has welcomed what it called an “alternative and constructive iterative modality” for funding requests from Nigeria. The modality was recommended by the Technical Review Panel. In April, acting on recommendations from the TRP and GAC, the Global Fund Board approved four new grants to Nigeria and additional funding for a fifth grant.

6. NEWS: [Supreme Audit Institutions in Africa would welcome an opportunity to start or expand their involvement in auditing Global Fund grants](#)

BY DJESIKA AMENDAH

At a roundtable on 24–26 April organized by Aidspan, supreme audit institutions in eight African countries expressed an interest in becoming involved in auditing Global Fund grant—or, for SAIs that are already auditing Global Fund grants, in expanding their involvement. The roundtable, held in Kigali, Rwanda, was supported by GIZ Back UP Health.

7. REPLENISHMENT: [Global Fund publishes new donor profiles; Japan makes \\$393 million contribution towards its pledge for the Fifth Replenishment](#)

BY ADÈLE SULCAS

Gearing up for the Sixth Replenishment, the Global Fund has published new government donor profiles on its website. The Fund also welcomed a large contribution from Japan, bringing that country close to fulfilling its \$800 million pledge for the Fifth Replenishment.

8. ANNOUNCEMENT: [Global Fund creates new Data Service web pages consolidating information on grants, donor contributions, allocations, etc.](#)

BY AIDSPAN STAFF

The Global Fund Secretariat has created a new segment on its website entitled “Data Service” where information on grants, donor contributions, allocations, etc. has been consolidated. The information is accessible through direct downloads and through the

Fund’s application programming interface. Meanwhile, the Fund is replacing its Grant Portfolio pages with a new Data Explorer interface.

[TOP](#)

ARTICLES:

1. NEWS: Global Fund’s new results reporting methodology critiqued as being “insufficiently rigorous”

The methodology was developed following extensive multi-year consultations

Charlie Baran and David Garmaise

1 May 2019

On the cover of its [Results Report 2018](#), the Global Fund loudly proclaims: “27 million lives saved.” The top-line figure is the result of a new methodology used to estimate the Fund’s impact. The results report provides a crucial input to the [Global Fund Investment Case](#), which is the primary reference document for the Sixth Replenishment drive now underway.

The new methodology is described in a [Note on Methodology](#) prepared by the Global Fund at the time of the report’s publication. (For more on the report and the methodology, see articles in [GFO 341](#) and [GFO 342](#).)

In a [25 January article in *The Lancet*](#), Dr. Rocco Friebel of the London School of Economics and Political Science and three other health economists presented a critique of the new methodology. “It is our judgement that the Global Fund’s results reporting is insufficiently rigorous to inform the allocation of scarce resources,” they stated. “The method for calculating lives saved is obscure and risks overstating the Global Fund’s effects,” the authors further cautioned.

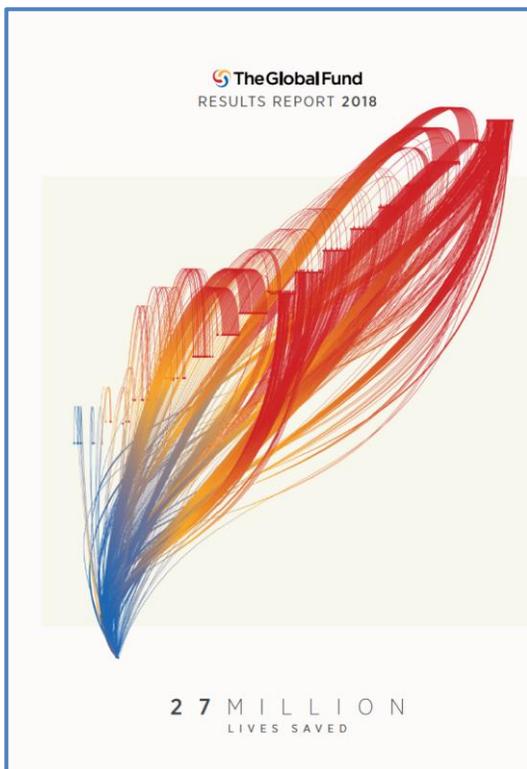
Co-authoring the article with Friebel were Rachel Silverman and Amanda Glassman, both of the Center for Global Development in Washington, D.C.; and Dr. Kalipso Chalkidou of the Center for Global Development and the School of Public Health, Imperial College London.

The 2018 results report provides results to the end of 2017. Under the new methodology, national results figure more prominently than they did before. Previously, the Fund’s global results were derived from a mixture of individual program and national results, although over the years national results assumed more and more importance.

(National results are the combined outcomes achieved by Global Fund–supported programs, programs funded by other donors and domestic investments — for a given disease in a given

country. Individual program results are the outcomes achieved by programs directly supported by the Global Fund.)

In a [response](#) emailed to supporters on the same day (25 January) and posted on the Fund’s website, the Fund said: “For the Global Fund, what matters most is [...] the aggregate impact of all funding, whether provided by us, other external assistance or from domestic sources.... We don’t want to celebrate the results from an individual project when a country’s overall health strategy is off-track.”



Seth Faison, Head of Communications for the Global Fund, told Aidspace that “after studying this issue with our partners long and hard, we are convinced that a partner-based approach to results reporting makes the most sense. Attempts to separate results by organization are not only outdated, they also undermine what global health advocates are trying to achieve.”

Faison said that in the process of developing its 2017–2022 strategy, the Global Fund undertook extensive consultations with partner organizations (such as the World Health Organization, UNAIDS, PEPFAR and other technical and academic institutions) and key experts in the fields of data analysis and results reporting. Those partners and experts were engaged to agree on an approach for performance targets and results reporting that was both useful and regarded by all partners to be scientifically sound, Faison said.

(Some of the more granular findings and recommendations emanating from that consultative process appear in the 2014 [“Report of the First Meeting of the expert panel on health impact of Global Fund investments.”](#))

Contributive vs. attributive results

The main crux of *The Lancet* critique is that the “contributive” approach to results reporting now used by the Fund is less accurate and less useful to donors and observers than an “attributive” approach would be. The contributive approach to results recognizes that many actors (various donors, domestic funders and implementers) contribute to the interventions and systems that ultimately save lives. The Fund considers all of the “saved lives” achieved by national responses in which it is involved to be part of its 27 million lives saved figure. So, PEPFAR, Gavi, the Vaccine Alliance, other donor mechanisms and domestic resources may also be involved in saving some of the same lives — thus, Friebel et al say, “making it difficult to distinguish comparative advantage of the investment case for each funding or technical assistance instrument.”

An attributive approach is narrower and would likely produce a number lower than 27 million. Such an approach to results would rely more on Global Fund grant and program reporting than on national results.

Friebel argues that an attributive approach is more appropriate, and that the Global Fund cannot, on the one hand, claim credit as “a stand-alone funding instrument” and on the other, state that all results are achieved through partnerships. To illustrate his point, in an email to Aidsplan Friebel asked: “If results achieved in partnership are being credited, then would the Global Fund be willing to share funds raised as a funding instrument at the replenishment?”

To Friebel, the Fund is using an attributive approach to fundraising while it remains, he asserts, contributive in its results reporting.

In its email of 25 January, the Fund stated that while the specific impact of programs funded by the Global Fund and overall national results are both important, “the primary focus of our results reporting should be on national results. This reflects the Global Fund’s mandate. While we want to ensure that our specific interventions deliver the desired impact, our overarching goal is to accelerate countries’ progress towards ending the epidemics of AIDS, TB and malaria and in building stronger health systems...”

Faison added: “It is just not right to say that the Global Fund is ‘a stand-alone funding instrument.’ We are in fact a partnership organization that is composed of many parts – governments, civil society, the private sector and people affected by the diseases. And of course, we do share our funding with many organizations since 100% of our grants go to partner organizations. There is no such thing as a Global Fund program. So, by definition we are sharing all funding. We fund programs together with national governments and other international organizations in virtually every country where we fund grants.”

In its Note on Methodology, the Fund addressed the question of whether it was exaggerating its impact: “The Global Fund is not claiming credit for national results. As agreed with our partners, we are acknowledging the catalytic effect of international funders.”

Transparency

Another critique raised in *The Lancet* article concerns what the authors perceive to be a lack of transparency. “The Global Fund’s methods and resulting estimates... cannot be verified or reproduced by external researchers,” the authors said.

In an email to Aidsplan, Friebel said, “We are calling for the Global Fund to make data and models publicly available, and to allow for peer-reviewed versions of the analyses. Organizations that are funded through public monies should be held accountable for their claims, which must be backed up with robust evidence.”

Friebel said he is concerned that a climate of skepticism pervades political processes today, especially in the U.S. and U.K., two of the largest donors to the Fund. He fears that what he considers to be a questionable approach to results reporting could give ammunition to those who would undermine the political will to contribute to the Global Fund and other aid mechanisms.

“With the replenishment conference forthcoming,” Friebel et al stated, “we need robust evidence of impact and due process, or we risk empowering the sceptics and compromising the good work of the Global Fund and aid in general.”

Friebel told Aidspan about a December 2018 select committee meeting of the British Parliament, in which members peppered representatives of the Department for International Development (DFID) with questions about how they measure impact. (A recording of that meeting can be viewed [on parliamentlive.tv](http://on.parliamentlive.tv).) Friebel suggested that the intensity of such scrutiny should be expected to grow and, therefore, that results reporting must be strong enough to withstand brutal interrogation.

The Fund believes that it has been transparent. Its email of 25 January described “extensive consultations with partners including the WHO, UNAIDS, Stop TB and the RBM Partnership to End Malaria” which informed and validated the Fund’s methodology for results reporting... “These well-established and readily accessible methodologies have been developed in consultation with countries, use state-of-the-art modelling techniques, and draw on widely accepted data sources.”

Reactions

Aidspan approached several organizations for a comment on the Global Fund’s lives saved methodology.

Aidspan has learned that many of the concerns mentioned in *The Lancet* article were raised by several civil society organizations that are part of the Global Fund Advocates Network (GFAN) and that participated in a telecon GFAN organized on 29 August 2018 to discuss the new methodology. As far as we know, GFAN itself has not taken a position on this.

The [Friends of the Global Fight](#) advocates for support for the Global Fund among U.S. lawmakers and so is very close to the process of presenting the investment case to the Fund’s largest donors. The president of Friends, Chris Collins, said:

“All the partners agreed to this approach of measuring country results which is, after all, the goal. Multiple external reviews of the Global Fund attest to its success in focusing on results, carefully managing grant performance, and operating in a transparent fashion. We’ve seen policy makers consistently impressed by Global Fund results and the clear accounting of what each dollar invested buys in terms of bed nets, ARVs and other interventions. The results focus and transparency [are] what has built lasting bipartisan support for the Global Fund.”

Timothy Hallett and Katharina Hauck, of Imperial College London, provided the following feedback:

“First, it is reasonable for a funder to report that [it has] contributed to the impact that has been achieved by the countries with which it works rather than trying to claim exclusive credit for a particular fraction of it. Given that multiple funders are intentionally coordinating their efforts towards a common goal and, in so doing, reaping the considerable synergies of providing complementary services, analyses that aim to dissect out those various efforts would have little meaning. For example, in the case raised by Friebel et al., if PEPFAR funds medical staff, Global Fund the drugs and the government the running costs of clinics, which is responsible for the persons receiving treatment?

“Second, we do not agree with Friebel et al. that modelling is an ‘obscure’ method that ‘risks overstating the Global Fund’s effects.’ The simplicity of instead relying on direct output metrics may appeal but this would neglect many factors, including the substantial ‘spillover’ effects of interventions against infectious diseases at a population-level: one more person on ART or sleeping under a bed net can result in more (or less) than one life being saved. Modelling is a reasonable and common means by which an estimate of impact against a counterfactual can be derived. Whilst we agree that the results of modelling are bound to be uncertain and subject to assumptions and that these issues must be communicated carefully and clearly, the authors offer no justification for their assertion that a bias will necessarily be in the direction of overstatement.”

Hallett and Hauck noted that they have both received contracts in both a personal and institutional capacity from the Global Fund for work related to the Fund’s investment case and strategy modelling.

With respect to what Hallett and Hauck said above about modelling, Friebel told Aidsplan that he is not saying that modelling is an obscure method; rather, he is saying that “models (executable versions with their underpinning assumptions and data sources) ought to be made available to allow scrutiny from groups not directly funded by the Global Fund.”

Friebel added:

“Whether other groups have agreed to a contributive approach does not answer my question of whether the Global Fund would then be willing to share monies with the other partners... And if not, how can one calculate a return of investment for the Fund? And how can one protect against development partners paying twice (or thrice — the Global Financing Facility, the WHO and PEPFAR all make similar contribution cases)? The most important point here is that we are NOT against modelling, we are against any form of research and analysis which resists (or whose producers resist) open scrutiny — the foundation of academic review and science.”

Peter Denis Ghys, head of Strategic Information and Evaluation at UNAIDS, commented as follows:

“UNAIDS welcomes the recent discussion on the transparency of the methods used by the Global Fund to report on impact. UNAIDS highly values transparency around modelling methods. UNAIDS understands that the methods used by the Global Fund include UNAIDS-compiled data (available on <http://aidsinfo.unaids.org>) in addition to counterfactual scenarios.

“UNAIDS also believes that limiting the analysis to the impact that can be directly attributed to the Global Fund misses the larger goal of the Global Fund to leverage additional efforts including national actions toward the three diseases. Also, such attributable impact would be very hard to estimate, including because of the changes over time in the Global Fund’s investment portfolio in any given country.”

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One point that the Fund, the authors of *The Lancet* article and many others agree on is that the reliability of health data in low- and middle-income countries is not, on the whole, where it sorely needs to be to ensure the scientific accuracy of results reported or to adequately assess program performance. In *The Lancet*, Friebe et al note that “uncertainty is unavoidable, driven by incomplete death-registration data, weak or no evidence of comparative effectiveness of alternative treatments, and scarcity of reliable, routinely collected billing information to estimate health-care resource use....” For them, this is reason enough to nuance and qualify impact claims by the Fund and other donors.

More details on the Global Fund’s results methodology can be found here: [“Estimating Lives Saved and Case/Infection Averted by Global Fund-Supported Programs.”](#)

[TOP](#)

2. PREVIEW: A look at decision items planned for the 15–16 May Global Fund Board meeting

Board will likely approve an allocation methodology for 2020–2022

David Garmaise

1 May 2019

At its meeting on 15–16 May 2019, the Global Fund Board is expected to adopt a methodology for use in determining the 2020–2022 allocations. The Board is also expected to adopt measures designed to strengthen the process of selecting members for the Board’s standing committees.

The agenda for the Board meeting has not been made public. The Board, in recent years, has been making fewer decisions than previously as more and more decision-making has been delegated to its three standing committees: the Strategy Committee (SC), the Audit and Finance Committee (AFC), and the Ethics and Governance Committee (EGC).

Allocation methodology

The allocation methodology for 2020–2022 that the Board is expected to adopt is likely to be similar to the methodologies used for the last two allocation periods: 2017–2019 and 2014–2016. As we [reported in GFO 346](#), the Technical Evaluation Reference Group, the Technical Review Panel and the Secretariat jointly concluded that the allocation methodology used for 2017–2019 “is effectively delivering on its objectives by increasing funds to countries of higher burden and lower economic capacity while accounting for populations disproportionately affected by the three diseases.”

One element of the methodology — the technical parameters for the allocation formula — was scheduled to be approved by the SC at its March 2019 meeting. Aidspan is not aware of the outcomes of the SC’s March meeting.

At its meeting in May, the Board will also decide on the priorities for catalytic funding, including the size of the catalytic funding envelope. This step is happening six months earlier in this funding cycle compared to the 2017–2019 cycle. There have been challenges in operationalizing the 2017–2019 catalytic investments, in particular the matching funds, in large part because the catalytic priorities were approved just one month prior to the allocations being announced.

However, moving the decision on catalytic funding up by six months means that the decision will come before the outcomes of the Sixth Replenishment campaign are known. Consequently, the decision is expected to outline five different scenarios for catalytic funding depending on how much will become available for country allocations. The scenarios for how much will be available for country allocations range from about \$8.0 billion to about \$12.0 billion.

For 2017–2019, when \$10.3 billion was available for country allocations, the size of the catalytic funding envelope was \$800.0 million.

Committee selection process

The Board, in May 2018, instructed the EGC to undertake a review of the existing committee selection process and to make recommendations on (a) principles and concrete actions to underpin and guide the selection processes; (b) standards and processes for due diligence; and (c) the size and composition of the EGC. (See [article](#) in GFO 346.) The EGC currently has six members, making it the smallest of the Board committees.

The EGC set up an informal working group in June 2018 to assist in reviewing the observations of existing advisory reviews, inputs from Board constituencies and comparisons with partner organizations. The working group is composed of four members of the EGC plus a representative of civil society.

The working group's schedule called for consultations to be undertaken between November 2018 and February 2019; for a draft paper with recommendations to be prepared by March 2019; and for the EGC to discuss the recommendations at its 9th meeting in March 2019. Aidspan is not aware of the outcomes of the EGC's March meeting.

Electronic decisions

The Board is expected to take several decisions by electronic voting prior to the Board meeting. Chief among them is the selection of the next chair and vice-chair of the Board for a two-year term. The terms of the current chair and vice-chair, Aida Kurtovic and John Simon, respectively, expire at the end of the upcoming Board meeting.

For a description of the process for selecting the Board chair and vice-chair, see [article in GFO 336](#) (May 2018).

[TOP](#)

3. NEWS: Global Fund agreement on privileges and immunities finally in force as 10 countries have now ratified it

Getting countries to sign and ratify is a very slow process

Adèle Sulcas

1 May 2019

The Global Fund [has announced](#) that its Agreement on Privileges and Immunities (P&I Agreement) came into force when a 10th country, Sénégal, ratified it on 17 April 2019.

The Fund called this step “an important institutional milestone” that establishes critical protections and rights for the Global Fund’s staff and resources in the course of staff carrying out their duties in various countries.

This means that the Global Fund now benefits from privileges and immunities in the 10 countries that have ratified the agreement as well as in four countries that have granted protection to the Fund through domestic legislation. Though only 10 countries have ratified the P&I Agreement, 16 countries have signed it. (See table below for lists of the countries.)

(When a head of government of a particular country signs the P&I Agreement, this signifies an intent to provide P&I. The P&I Agreement is said to be ratified when the legislature of a country has written it into law.)

All of the countries that have signed or ratified the P&I Agreement are implementing Global Fund grants. Two of the four countries that have extended P&I through domestic legislation, Switzerland and the U.S., are not implementing grants; however, these countries host personnel from a large number of U.N. and other international organizations. The headquarters of the Global Fund are in Geneva, Switzerland.

Table: Counties that have formally extended privileges and immunities to the Global Fund

Countries that have ratified the P&I Agreement (10)		Countries that have signed the P&I Agreement but not yet ratified it (6)	Countries that have extended P&I through domestic legislation (4)
Eswatini	Moldova	Burkina Faso	Switzerland
Ethiopia	Mozambique	Burundi	U.S.
Georgia	Rwanda	Côte d'Ivoire	Uganda
Liberia	Sénégal	Ghana	Zimbabwe
Malawi	Togo	Montenegro	
		Niger	

Global Fund spokesperson Seth Faison told Aidsplan that virtually every country where the Global Fund awards grants supports privileges and immunities in principle, but that getting that written into law and passed by a legislature can be a slow process in many countries. Faison said that the agreement that entered into force on 17 April was “an important legal milestone but did not signal an immediate practical change of conditions in any country.”

Background on the P&I Agreement

The attempt to establish a P&I agreement has had a long history, starting in December 2009 when the Global Fund Board recognized the need to obtain privileges and immunities “as necessary for the effective exercise of its functions and efficient use of its resources.” At that time, the Board recommended that countries consider granting privileges and immunities to the Global Fund either by enacting their own legislation to confer the same “status, capacities, privileges and immunities enjoyed by international organizations” within their respective legal systems, or by signing onto the Fund’s P&I Agreement.

In December 2010, the Board reiterated this recommendation to countries implementing Global Fund grants. Almost four years later, in November 2014, the Board asked the Secretariat to dedicate further resources to this effort; asked the Audit and Finance Committee (AFC) to oversee it; and tasked Board Leadership with forming an advisory group made up of donor and implementing country representatives to advocate for the adoption of privileges and immunities. Shortly thereafter, in March 2015, the Privileges and Immunities Advisory Group (PIAG) was established.

In October 2016, the EGC requested the Secretariat, in collaboration with the PIAG, to develop further proposals to enhance the levels of signature and ratification of the P&I Agreement. In June 2018, the Board authorized a second term for the PIAG (the first term expired in 2018).

Many international organizations, notably those within the United Nations (U.N.) family, benefit from some form of privileges and immunities conferred by countries in which they operate. U.N. organizations are governed by the Convention on the Privileges and Immunities of the United Nations, adopted in February 1946. As of February 2016, this convention had been ratified by 162 of the U.N.’s 193 member states.

In November 1947, the U.N. General Assembly adopted a similar convention for specialized agencies, i.e. autonomous organizations working with the U.N. such as the International Labour Organization (ILO), the International Monetary Fund (IMF) and the World Health Organization. This convention has been ratified by 127 members states.

Next steps

Faison told Aidsplan that the Global Fund Secretariat is working proactively in many countries to get the P&I Agreement ratified. “It is a point that our executive director and our head of grant management bring up in high-level meetings all the time,” he said. Work on P&Is goes on continuously, Faison said, “but it doesn’t surface because progress and impact are hard to quantify.”

Further reading:

- Information paper on [Privileges and Immunities](#) prepared for the 34th Board meeting, November 2015 (GF/B34/19)
- [Convention on the Privileges and Immunities of the United Nations](#), 1946
- [Convention for the Privileges and Immunities of the Specialized Agencies](#), 1947

[TOP](#)

4. NEWS: Global Fund Board approves \$590 million for country grants

Largest single award was for a South African TB/HIV grant

Domestic commitments for the programs included in the country grants amounted to \$7.5 billion

David Garmaise

30 April 2019

On 19 April 2019, the Global Fund Board approved funding for 11 country grants and supplementary funding for a 12th — for a total value of \$589.9 million. Interventions worth \$248.9 million were added to the Unfunded Quality Demand (UQD) Register. Domestic commitments for the programs included in the approved country grants amounted to \$7.5 billion. (See Table 1 for details.)

The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). This was the 19th batch of approvals from the 2017–2019 allocations.

The country grants were for four countries: Benin, Chad, Nigeria and South Africa. About 63% of the total funding for country grants went to South Africa, which had four grants approved. The largest single award (\$173.7 million) was for a South African grant administered by the National Department of Health, ZAF-C-NDOH.

Table 1: Country grants approved from the 2017–2019 allocations — 19th batch (\$)

Applicant	Component	Grant name	Principal recipient	Amount approved ¹	UQD	Domestic commitment ²
Benin	RSSH	BEN-S-CNLS-TP ⁵	CNLS-TP ⁴	13,706,091 ³	5,871,925	N/A
Chad	HIV	TCD-H-MOH ⁵	Ministry of Health	38,770,180	7,048,283	17,909,401
	TB	TCD-T-MOH ⁵		4,824,962		
Nigeria	HIV	NGA-H-NACA	NACA ⁴	5,893,310	40,831,337	61,756,987
		NGA-H-SFHNG	SFHNG ⁴	15,894,545		
		NGA-H-FHI360	Family Health Intl.	87,666,232		
	TB/HIV/RSSH	NGA-C-LSMOH	Lagos State MOH	10,841,912 ⁷	6,072,398	N/A
	RSSH	NGA-S-MSH	Mgmt. Sc. for Health	42,996,203		
South Africa	TB/HIV	ZAF-C-AFSA	AIDS Foundation S.A.	59,762,556 ⁶	189,031,883	7,456,708,765
		ZAF-C-BZ	Beyond Zero	53,783,128		
		ZAF-C-NACOSA	NACOSA ⁴	82,059,426		
		ZAF-C-NDOH	Natl. Dept. of Health	173,716,011		
Total				589,914,556	248,855,826	7,536,375,153

Notes:

1. Amounts shown are upper ceilings.
2. The domestic commitments shown are for the disease programs and exclude RSSH.
3. Includes \$2,404,259 in matching funds.
4. CNLS-TP = Conseil National de Lutte Contre le VIH/SIDA, la Tuberculose, le Paludisme, les Hépatites, les infections sexuellement transmissible et les epidémies | NACA = National Agency for the Control of AIDS | SFHNG = Society for Family Health Nigeria | NACOSA = Networking HIV, AIDS Community of South Africa
5. For grants denominated in euros, an exchange rate to the dollar of 1.1242 was used.
6. Includes \$16,000,000 in matching funds.
7. This brings to \$15,931,763 the total amount approved for this grant; \$5,089,851 was previously approved for the TB component.

The Board also approved funding for a multi-country grant worth \$7.5 million (see Table 2).

Table 2: Multi-country grant approved from the 2017–2019 allocations — 19th batch (\$)

Applicant	Grant name	Principal recipient	Amount approved	UQD
Multicountry Eastern Africa	QPA-T-IGAD	IGAD ¹	7,500,000	N/A
Total			7,500,000	N/A

Note:

1. IGAD = Intergovernmental Authority on Development

The \$589.9 million approved for country grants includes matching funds in the amount of \$18.2 million. An additional \$5.3 million in matching funds was approved for two HIV grants to Sénégal and a malaria grant to Guinea. The Board had previously approved funding from the country allocations for these three grants. (See Table 3.)

Table 3: Matching funds awarded for country grants previously approved (\$)

Applicant	Comp.	Grant name	Principal recipient	Amount approved (\$)	Strategic priority area
Sénégal	HIV	SEN-H-CNLS ¹	CNLS ²	1,187,772	HIV: Key populations impact HIV: Human rights barriers
		SEN-H-ANCS ¹	ANCS ²	1,140,427	
Guinea	Malaria	GIN-M-CRS	CRS ²	3,000,000	RSSH: Integrated service delivery and health workforce
Total				5,328,199	

Note:

1. For grants denominated in euros, an exchange rate to the dollar of 1.242 was used.
2. CNLS = Comité National de Lutte Contre le Sida | ANCS = Alliance Nationale des Communautés pour la Santé | CRS = Catholic Relief Services – United States Conference of Catholic Bishops

In addition, interventions from the UQD Register valued at \$70.5 million were approved for 12 grants (see Table 4). The funds for these awards come from a portfolio optimization exercise that was carried out in 2018 for the 2017–2019 allocation cycle.

By far the largest award (\$41.6 million) was for India TB. These funds will be used to buy down a \$400 million loan from the World Bank. Aidsplan plans to publish an article on this award in an upcoming issue of GFO.

In its report to the Board, the GAC provided comments on all of the country grants; and on all of the interventions funded from the UQD Register. In the balance of this article, we provide a summary of the GAC comments. (The GAC did not comment on the multi-country Eastern Africa award.)

Country grants

Below, we summarize the GAC’s comments for three of the four countries for which grants were approved: Benin, Chad and South Africa. Please see the [separate article](#) in this issue on the GAC’s comments for Nigeria.

Benin RSSH

Benin’s RSSH grant aims to expand high-quality integrated service delivery at community level; and to improve human resources management. The grant will also strengthen various information and monitoring systems.

The grant will be implemented by a new PR, Le Conseil National de Lutte contre le VIH/SIDA, la tuberculose, le paludisme, les hépatites, les infections sexuellement transmissibles et les épidémies (CNLS-TP), an entity recently created in the President’s office for coordinating all donor support in health. The GAC said that the formation of this new entity at a high level is evidence of strong national engagement and political leadership.

Table 4: Additional funding approved from the 2017–2019 allocations for UQD interventions (\$)

Applicant	Component	Grant name	Principal recipient	Amount approved	Revised program budget
C.A.R	TB/HIV	CAF-C-CRF ¹	Croix-Rouge Française	10,518,634	48,149,853
Congo	TB/HIV	COG-C-CRF ¹	Croix-Rouge Française	1,053,886	18,210,124
Eritrea	Malaria	ERI-M-MOH	Ministry of Health	1,399,078	17,941,608
Eswatini	TB/HIV	SWZ-C-NERCHA	NERCHA ²	725,938	41,142,961
India	TB	IND-T-IBRD	IBRD ²	41,600,000	41,600,000
Kenya	Malaria	KEN-M-TNT	National Treasury	8,661,734	62,818,370
Mongolia	TB	MNG-T-MOH	Ministry of Health	500,000	7,724,359
Moldova	TB/HIV	MDA-C-PCIMU ¹	PCIMU ²	91,067	13,504,599
Nepal	TB	NPL-T-SCF	Save the Children Fed.	900,000	17,038,548
Togo	HIV	TGO-H-PMT ¹	PMT ²	1,533,802	32,447,511
Tajikistan	TB	TJK-T-RCTC	RCTC ²	1,169,703	10,922,360
Viet Nam	TB	VNM-T-NTP	NTP ²	2,347,305	49,628,399
Total				70,501,147	361,128,692

Notes:

1. For grants denominated in euros, an exchange rate to the dollar of 1.242 was used.
2. NERCHA = National Emergency Response Council on HIV and AIDS | IBRD = International Bank for Reconstruction and Development | PMT = Primature de la République Togolaise | PCIMU = Public Institution Coordination, Implementation and Monitoring Unit of the Health Systems Project | PMT = Primature de la République Togolaise | RCTC = Republican Center of Tuberculosis Control | NTP = Viet Nam National Lung Hospital

The GAC said that a capacity assessment of CNLS-TP, conducted by the Global Fund Secretariat, identified areas that need to be strengthened, including the recruitment of key staff in the program management unit and the installation of accounting software. The GAC stated that a fiscal agent will be contracted to support the work of the PR.

The GAC observed that during grant-making, the funding gap for the malaria program was reduced thanks to additional nets contributed by the (U.S.) President’s Malaria Initiative and lower net unit costs achieved by using wambo.org to procure the nets.

The GAC applauded the fact that the new grant will retain a strong focus on using community health workers.

The approved funding of \$13.7 million includes \$2.4 million in matching funds.

Chad HIV and TB

Chad's HIV grant aims to reduce new HIV infections from 4,800 in 2016 to 3,397 in 2022; reduce new pediatric HIV infections from 21% of total infections in 2016 to 5% by 2022; decrease the number of deaths linked to HIV from 2,800 in 2016 to under 1,000 by 2022; improve psychological, social, economic and legal conditions for people living with HIV, community-based organizations and other affected persons; and ensure universal access to quality, global, integrated and continuous people-centered health care.

Chad's TB grant focuses on reducing TB incidence and mortality through strategies such as expanding and decentralizing diagnosis and treatment services; improving collaboration with communities; promoting research and innovations; and strengthening the national health information system.

The grants will be implemented by a new PR, the Ministry of Health (MOH). Chad envisages that the new implementation arrangements will result in better coordination of health programs and greater accountability within the MOH (central, regional and district levels).

(The previous HIV and TB grants were administered by Le Fonds de Soutien aux activités en matière de population et de lutte contre le Sida, an entity established by the government. Chad also has a malaria grant for which the PR is the UNDP.)

The GAC said that the change of PR might result in the new grants getting off to a slow start. The GAC, therefore, welcomed the fact that Expertise France has already deployed four international experts to provide short-term technical assistance in four areas: governance; program management; M&E; and financial management. In addition, long-term technical assistance is planned to build the capacity of staff at the MOH's program management unit.

In addition, the Global Fund will contract a fiduciary agent before the first disbursement is made; and all health products financed through the grants will be procured through the Pooled Procurement Mechanism and the Global Drug Facility.

Finally, the GAC welcomed the fact that the new grants will strengthen the focus on key populations as well as the integration of TB and HIV programs.

South Africa TB/HIV

Four grants were approved for South Africa, each with a different PR: AIDS Foundation South Africa; Beyond Zero; Networking HIV, AIDS Community of South Africa; and the National Department of Health.

With an HIV prevalence of 14% (21% among people aged 15–49), South Africa has the largest HIV epidemic in the world. South Africa is also among the 14 countries with the highest burden for TB, MDR-TB and TB/HIV co-infection.

Among the objectives of the TB/HIV grants are the following: to accelerate prevention by providing treatment, care and adherence support; to address the social and structural drivers of HIV, TB and sexually transmitted infections (STIs); and to ground the response to HIV, TB and STIs in human rights principles and approaches.

According to the GAC, the Government of South Africa is committed to increasing funding for HIV over the period of these grants: (\$6.6 billion) and TB (\$766.0 million). For the HIV component, the government is allocating \$34.0 million for key populations interventions. The \$6.6 billion for HIV programs represents a 49% increase over the previous implementation period.

The funding awarded to South Africa includes \$16.0 million in matching funds for three priority areas: human rights barriers to health services (HIV); adolescent girls and young women (HIV) and finding missing TB cases.

The GAC noted that the environment in South Africa “is conducive to forward thinking, bringing new initiatives and implementing at scale.” Accordingly, the GAC emphasized that for the grants to contribute to greater impact, the strategic focus of programs should be “catalytic” so as to enable greater collaboration with partners in country, foster innovative approaches and focus on the most effective interventions.

The GAC noted the efficiencies gained as a result of using a market rate for the conversion of the allocation amount into local currency (ZAR) during grant-making versus the fixed rate used in the funding request. The GAC observed, however, that there is a risk that a volatile exchange rate may erode these gains over the lifecycle of the grant. The GAC recommended that certain risk mitigation measures be put in place.

The GAC noted that following the recommendation of the Technical Review Panel (TRP) concerning prioritizing adolescent girls and young women aged 10–14, and defining a package of interventions for this age group, the Secretariat has been actively collaborating with the country coordinating mechanism and partners (specifically PEPFAR and South Africa’s Department of Basic Education) to determine the scope and the quality of the programs.

Additional funding for UQD interventions

The GAC provided comments on the awards of additional funding for UQD interventions for 12 countries. Below, we provide a brief summary for the awards in 11 of these countries. The award for the 12th country (India) involves a loan buy-down; as indicated above, we hope to write about this award in an upcoming issue of GFO.

C.A.R. TB/HIV. The additional investment will allow the C.A.R. to increase antiretroviral treatment (ART) cohorts by 7,500 people a year, and to expand ART coverage from 23% to 39%.

Congo TB/HIV. For the TB component, the added funds will provide treatment for 90 additional patients bringing the total number treated for MDR-TB to 340 by end 2020. For the HIV component, the additional investment will ensure continued PMTCT (prevention of mother-to-child transmission) activities.

Eritrea malaria. The added investment will allow Eritrea to implement a change in diagnostic strategy and procure some new products.

Eswatini TB/HIV. The extra funds will be used to scale up voluntary medical male circumcision.

Kenya malaria. The additional investment will enable Kenya to procure 2.2 million additional bed nets.

Mongolia TB. The additional funding will allow Mongolia to support training and capacity building for health care workers.

Moldova TB/HIV. The added funds will enable 496 patients to transition to a new MDR-TB treatment regimen and cover the costs of drugs for these patients.

Nepal TB. The extra funding will allow Nepal to support the roll-out of its recently adopted public-private mix strategy.

Togo HIV. With the additional resources, Nepal will increase ART coverage from 69% to 74% in 2020, and viral load testing from 29% to 50% in the same period.

Tajikistan TB. The additional investment will enable Tajikistan to transition 496 patients to a new treatment regimen and cover the costs of drugs for these patients.

Viet Nam TB. The extra funding will support the development of guidelines for a public-private mix treatment of childhood TB.

Extensions

The Board approved a 6-month extension to 30 June 2019 for a TB grant to Gabon. The purpose of the extension was to prevent program disruption while a funding requests from the 2017–2019 allocations is in grant-making. The cost of the extension, \$185,302, is funded from the allocations. The amount used for the extension will be deducted from the allocation amount available for the coming grant; and the grant implementation period will be shortened accordingly.

Most of the information for this article was taken from Board Document GF/B40/ER09 (“Electronic Report to the Board: Report of the Secretariat’s Grant Approvals Committee”), undated. This document is not available on the Global Fund website.

[TOP](#)

5. NEWS: Global Fund uses innovative approach for iteration of funding requests from Nigeria

Revised requests offer significantly improved value for money, says the GAC

David Garmaise

30 April 2019

When Nigeria submitted a joint TB/HIV funding request in 2017, the Technical Review Panel (TRP) recommended an iteration, which resulted in an 18-month extension of the grants. Subsequently, Nigeria submitted a TB/RSSH funding request, which proceeded to grant-making, and a separate HIV request. When the TRP reviewed the HIV request, there was a risk that it would require another iteration. However, in an effort to avoid any interruptions in service delivery, the TRP recommended an alternative iterative modality: the applicant could proceed to grant-making on the condition that the TRP would review the outcomes of grant-making.

In a report to the Board, the Grant Approvals Committee (GAC) welcomed what it called “this alternative and constructive iterative modality.”

The GAC stated that the revised funding requests submitted by Nigeria offered significantly improved value for money compared to the previous submission, made possible by significantly reduced program management costs, changes in implementation arrangements, and additional support for states to begin planning to take over the national treatment program.

Four grants for Nigeria were among the 11 new country grants approved for funding by the Global Fund Board on 19 April 2019 (see [GFO article](#) elsewhere in this issue). The grant names and the respective principal recipients (PRs) are as follows:

NGA-H-NACA	National Agency for the Control of AIDS
NGA-H-SFHNG	Society for Family Health Nigeria
NGA-H-FHI360	Family Health International
NGA-S-MSH	Management Sciences for Health

The first three grants were for HIV; the fourth was for RSSH.

A fifth grant, NGA-C-LSMOH, for which the PR is the Lagos State Ministry of Health, had been approved earlier but received some additional funding. That grant covers TB, HIV and RSSH.

This article provides a summary of the comments made on the Nigerian grants by the GAC.

HIV component

The GAC said that although Nigeria has made progress in responding to the HIV epidemic, new infections have only declined by 5% between 2010 and 2017. “Without accelerating the response ... the country cannot achieve the 90-90-90 targets set by UNAIDS,” the GAC stated.

The goal of the HIV grants, the GAC said, is to contribute to epidemic control and reduce HIV/AIDS morbidity and mortality as well new HIV infections by 2021. See the table at the end of this article for a list of the strategic priorities for achieving this goal.

RSSH component

The RSSH grant will focus on strengthening national structures and systems — with activities cascaded down to the state level — with the goal being to strengthen health management information systems; laboratory systems; procurement and supply management; and public financial management.

Co-financing

The GAC said that the majority of the willingness-to-pay (WTP) requirements of the 2014–2016 allocation period were expected to be met by substantive commitments for malaria through the Integrated Testing Treatment and Larviciding project. However, budget execution reports are not readily available at the federal and state levels, so tracking expenditures is challenging. The government and the CCM were unable to provide satisfactory evidence that the WTP commitments were met. As a result, the 2014–2016 allocation was reduced accordingly in December 2017 (see [GFO article](#)).

For the HIV component, to access the co-financing incentive, the government needs to invest a minimum of \$35.7 million in 2018–2020, over and above its spending in 2015–2017. According to the GAC, a commitment to invest an additional \$37.0 million has been made by the Federal Ministry of Finance (FMF). This would be sufficient to meet the co-financing requirement. The Global Fund Secretariat will work with the FMF and the Ministry of Health to obtain bi-annual reporting for health budgeting and expenditure as well as annual health accounts reports as mitigation measures to monitor co-financing commitments.

Similar commitments have been made for the TB and RSSH components.

To further mitigate co-financing risks, the GAC stated, the Global Fund will support the annual production of national health accounts (NHAs) and state health accounts. Specifically, the RSSH grant included support for the 2017 NHA quality assurance validation; implementation of 2018 and 2019 NHA data collection activities; and the production of state health accounts reports in four states.

New survey

In 2018, the Government of Nigeria conducted a National HIV/AIDS Impact and Indicator Survey (NAIIS), designed to provide critical, revised data on HIV prevalence, incidence and other HIV-related health indices. The results of this survey have now been [published](#).

The survey found that national HIV prevalence among adults aged 15–49 is 1.4% (half the 2.8% figure previously used). The survey findings influenced the strategies for the approved HIV grants as they emerged from grant-making.

Based on the new data, the government is revising the National HIV/AIDS Strategic Framework. The GAC said that it welcomed this marked political leadership which, it said, “has enabled an environment that is conducive to addressing the programmatic performance and implementation challenges, and which is likely to result in greater impact.”

The GAC noted that although HIV prevalence is lower than previously reported, programmatic gaps — particularly, treatment coverage gaps — remain.

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Table: Strategic priorities for Nigeria’s new HIV grants

PR	Strategies
FHI 360	<ul style="list-style-type: none"> • Provision of quality HIV testing services • Prevention of mother-to-child transmission (PMTCT), including early infant diagnosis (EID) and related services • Treatment, care and support for the general population • Comprehensive prevention programs for key populations • Prevention and treatment of TB/HIV co-infections • Community system strengthening through the Association for Reproductive and Family Health and the networks of persons living with HIV/AIDS • EID service uptake.
NACA	<ul style="list-style-type: none"> • Strengthening routine reporting and capacity for data analysis • Strengthening data quality, program reviews and evaluation, surveys, surveillance and operations research • Strengthening financial management and oversight • Mobilizing domestic resources from both private and public sources • Strengthening the evidence base for improved targeting of key populations • Promoting and strengthening platforms for integrated service delivery • Strengthening the overall coordination and oversight of the HIV response • Strengthening institutional systems
SFH	<ul style="list-style-type: none"> • Implementing a comprehensive community-based HIV service package • Strengthening community and institutional systems • Creating an enabling and legal environment for key population programming
LSMOH (HIV comp.)	<ul style="list-style-type: none"> • Strategic HIV testing services • PMTCT • Early Infant Diagnosis • Differentiated care model for antiretroviral therapy and monitoring • Prophylaxis and treatment of opportunistic infections • TB/HIV collaborative activities • Sexual and reproductive health and HIV integrated services • Strategic information, program monitoring and data use • Social mobilization, building community linkages, collaboration and coordination • Institutional capacity building, planning and leadership development in the community sector

Most of the information for this article was taken from Board Document GF/B40/ER09 (“Electronic Report to the Board: Report of the Secretariat’s Grant Approvals Committee”), undated. This document is not available on the Global Fund website.

Further reading:

- [New implementation arrangements for the Global Fund’s TB grants to Nigeria](#), GFO, 28 January 2019
- [Global Fund chops \\$170.6 million from Nigeria’s 2014–2016 allocation](#), GFO, 21 March 2018
- [Extensions to the Global Fund’s existing HIV and TB grants to Nigeria will be funded from the 2017–2019 allocations](#), GFO, 9 January 2018

[TOP](#)

6. NEWS: Supreme Audit Institutions in Africa would welcome an opportunity to start or expand their involvement in auditing Global Fund grants

SAIs from eight countries participated in an Aidsplan roundtable

Djesika Amendah

1 May 2019

Aidsplan organized a roundtable on “Audit of Global Fund Grants by SAIs (Supreme Audit Institutions) in Sub-Saharan Africa” in eight African countries on 24–26 April in Kigali, Rwanda, with the support of GIZ BACKUP Health.

The eight countries are Burkina Faso, Ghana, Kenya, Liberia, Malawi, Rwanda, Sierra Leone and Togo. Three of the SAIs currently audit Global Fund grants; the other five do not. All of the SAIs audit some donors’ grants.

The roundtable aimed (a) to share audit best practices from the three participating countries that already audit Global Fund grants; and (b) to identify knowledge gaps and needs for capacity building for the SAIs.

At the end of the roundtable, participants expressed interest in learning more about the Global Fund in-country architecture and, for SAIs already auditing Global Fund grants, ways to increase the scope of the audits. For SAIs not currently auditing Global Fund grants, participants wanted to know more about conditions for the SAIs to start auditing the grants.

For country grants, the Global Fund has several layers of quality assurance. At the country level, there are the principal recipient’s (PR’s) own assurance mechanisms; the local fund agents (which are the “eyes and ears” of the Global Fund in-country); the external auditor (i.e. the auditor engaged to audit an individual country’s grants); and the country coordinating mechanism (CCM), which submits the funding request (including details on which institution is in charge of the external audit of the grants) and oversees the grant implementation.

External auditors can be private firms or SAIs. They are labeled “external” because they do not answer to the authority in the institution they audit. Rather, external auditors answer to an “external” body which, for the SAIs, is often the country’s Parliament. Note that the PR’s assurance mechanisms often include an internal auditor who answers to the head of the institution.

At the corporate level, there are the country teams in the Global Fund Secretariat; and the Office of the Inspector General (OIG) which is the internal auditor of the Global Fund and reports to its Board. Each year, the OIG undertakes a number of audits of country grants.

Roundtable participants represented key stakeholders involved in managing and/or auditing Global Fund grants:

- the Global Fund Secretariat, which establishes the guidelines for the external audits performed at country level;
- the Global Fund’s OIG;
- country Auditors General who audit state entities;
- Organizations of supreme audit institutions in English- and French-speaking Africa;
- the International Organization of Supreme Audit Institutions (INTOSAI) Development Initiative (IDI);
- internal auditors of PRs; and
- CCMs.

The participants also included a representative of the GIZ BACKUP; and Aidsplan staff and resources.

An ongoing project

The roundtable is part of an ongoing Aidsplan project titled “Supreme Audit Institutions (SAIs) Audit Global Fund Grants in Sub-Saharan Africa.” The project was initiated after an Aidsplan study, conducted with the support of GIZ BACKUP Health in 2017, found that in sub-Saharan Africa, only eight SAIs from English-speaking countries annually audit Global Fund grants. In addition, SAIs that currently audit Global Fund grants perform only financial audits; therefore, there is need to increase the scope of those audits to include compliance and program performance.

The project aims to enable SAIs to audit state PRs by providing tailored support, capacity building and opportunities for peer-learning among SAIs in selected African countries. Also, the project aims to better understand accountability institutional arrangements in French-speaking Africa.

The eight countries participating in this project have received more than \$5.8 billion in Global Fund investments to date (see table). Six of them have State PRs which manage on average about 85% of the value of the Global Fund grants in their countries. The other two — Rwanda and Togo — have State PRs that manage 100% of the grants.

Table: Cumulative Global Fund investments in the project's eight countries

Country	Investment (\$ million)
Burkina Faso	483.6 m
Ghana	834.0 m
Kenya	1,099.5 m
Liberia	245.9 m
Malawi	1,300.6 m
Rwanda	1,360.2 m
Sierra Leone	278.5 m
Togo	264.8 m
TOTAL	5,867.1 m

The project is in line with the Global Fund Strategic Objective 2 which is to “Build Resilient and Sustainable Systems for Health” and its sub-objective to strengthen public financial management. The Secretariat wants to increase the number of SAIs involved in their countries grants between now and 2022.

Importance of SAIs in “making a difference to the lives of citizens”



Obadiah Biraro, Auditor General of Rwanda

During the opening ceremony of the roundtable, the Auditor General of Rwanda, Obadiah Biraro, explained that INTOSAI’s International Standards of Supreme Audit Institutions, known as “ISSAI 12,” highlights the importance of SAIs in “making a difference to the lives of citizens” through improved accountability, transparency and integrity of the public sector.

Biraro explained that his office audits activities (money is a facilitator of those activities) and that the audit must address problems found. An auditor who works for a SAI accounts for human lives; for a Global Fund grant for example, the priority of the auditor should be the life of “the woman who reports to the hospital for her CD4 count” instead of that of “the man or woman who drives a V8 [car].” Biraro was alluding to the fact that in the past, several officers in charge of the grants embezzled funds earmarked for buying ARVs and diverted the money to fund a lavish lifestyle (such as driving V8 cars).

Also, Biraro recounted how his office has audited the Global Fund grants to Rwanda since 2015, how the Office of the Auditor General (OAG) has set up a Global Fund audit unit with appropriate staff, and how the OAG has submitted timely audit reports to the Global Fund Secretariat on the 31st of December every year, despite numerous challenges.

The Minister of Health of Rwanda, Diane Gashumba, clarified how the Ministry perceives the role of the auditor. “The OAG is ensuring that we are accountable for funds used.... The OAG is strict but constructive and professional. Auditors are therefore contributing to the welfare of our people,” she said.



Diane Gashumba, Minister of Health of Rwanda

Despite the annual external audit by the OAG, the audit of grants to Rwanda earlier this year by the Global Fund’s OIG noted weaknesses in data systems and controls, especially in the malaria grant which accounts for 20% of the Global Fund investment in the current cycle. Note that the OIG found that financial assurance — offered by the PR, which in this case is a State institution, and the OAG — is effective in Rwanda. These findings indicate how grants with “clean” financial audits may still be plagued with performance issues. [Aidspan has summarized the Rwanda OIG report here.](#)

In fact, all three SAIs participating in this project — in Ghana, Kenya and Rwanda — conduct mainly financial audits of Global Fund grants.

Eric Boa, Senior Manager of the Grant Finance Center of Expertise, representing the Global Fund Secretariat, disclosed that the Secretariat plans to update its guidelines for external audit of Global Fund grants in the coming months. While the new guidelines, [like the current ones](#), will still require an annual external audit, they will offer more opportunities for SAIs that meet established criteria to audit Global Fund grants.

Audit institutional arrangements in French-speaking Africa

Currently, no SAI in French-speaking Africa is involved in auditing Global Fund grants owing partly to their different institutional arrangements. Contrary to the commonwealth countries, where the OAG is the main institution ensuring public accountability, several institutions form the accountability apparatus in the French-speaking countries. In both Burkina Faso and Togo, for instance, the SAIs are the Courts of Accounts (La Cour des Comptes) and are part of the judiciary system. The Courts of Accounts mostly conduct compliance and performance audits, while other institutions conduct the financial audits for the State. Note that when needed, the Courts of Accounts also conduct financial audits.



Eric Boa, Global Fund Secretariat

In Burkina Faso and Togo, two other State institutions are involved in the State accountability and act like internal auditors of the State institutions. They are the Inspectorate of the State and the Inspectorate of Public Finances (or their equivalents).

The Inspectorate of the State enforces the rules that govern the administration, financial management and accounting in the State institutions and the civil society organizations that receive public funds. This inspectorate reports to the Office of the President. The Inspectorate

of Public Finances is in charge of the financial and fiscal control of entities that receive or manage public funds, and reports to the Ministry of Finance.

Note that according to the participants from French-speaking countries in Africa, the institutional arrangements described above are similar in other French speaking countries.

“The sea is full of water and still it rains in it”

All SAIs invited to the roundtable audit some donors’ grants in their own countries. Their mandate covers all institutions that receive public funds whether the institutions themselves are public entities or not.

During the roundtable, participants from the five countries that do not audit Global Fund grants expressed an interest in auditing such grants. SAIs that already audit Global Fund grants expressed an intention to go beyond the financial audit; they also said they were willing to share their knowledge and experience. All SAIs indicated they would like more trainings to help their audit teams better understand the Global Fund architecture, grants to their countries and their assurance mechanisms. Daniel Domelevo, the Auditor General of Ghana, shared a proverb: “The sea is full of water and still it rains in it” — meaning while some countries already do well in terms of financial audit, there is still room for more knowledge to improve results.

The GIZ representative, Pär Gebauer, expressed the GIZ’s interest in strategic investment and health system strengthening. Supporting the SAIs to audit the Global Fund grants whenever possible is part of this strategic path which explains why they have been supporting Aidspan in this project.

Aidspan Executive Director Ida Hakizinka committed to offering the trainings needed by the SAIs between May and November of this year. She also invited participants to the second round of the regional roundtable planned for November to take stock of the progress and discuss the way forward.

[TOP](#)

7. REPLENISHMENT: Global Fund publishes new donor profiles; Japan makes \$393 million contribution towards its pledge for the Fifth Replenishment

Adèle Sulcas

1 May 2019

As it gears up for the Sixth Replenishment, the Global Fund has published a new series of government donor profiles, highlighting each country's pledges and contributions to the Fund since the start of their respective donor relationships.

The profiles of 40 current government donors are accessible on the [Government Donors page](#) on the Global Fund's website, in a drop-down menu that takes you, in one further step, to the profile page of the country you've selected. Each donor government profile shows the pledges and contributions (a) cumulatively to date; and (b) for the Fifth Replenishment.

The Secretariat's communications team told Aidsplan that the Fund's intent in creating the new profile pages was to make donor data more readily available and more attractive, in order to be more accessible to users of the Global Fund website. The revised pages can also be updated more easily and frequently, we were told.

The Government Donors landing page also (a) contains an interactive world map with mouse-over popups that state that country's cumulative contribution to the Global Fund to date; (b) provides a link to Excel and PDF files showing all pledges and contributions in both the currency in which the pledge was made and the U.S. dollar equivalent; and (c) lists the 20 biggest government donors ranked in order of their cumulative contributions, starting with the U.S. and ending with China. (More than 60 countries have so far made contributions to the Global Fund.)

Contribution from Japan

The Global Fund also [announced](#) recently that Japan has made a \$339.3 million contribution to the Fund — thus bringing Japan close to fulfilling the balance of its \$800.0 million pledge made in May 2016 by Prime Minister Shinzo Abe for the Global Fund's Fifth Replenishment. Japan used the occasion to affirm its support for the Global Fund's principles of country ownership and sustainability, and specifically for the Fund's role in contributing to the building of resilient and sustainable systems for health as a foundation for universal health coverage.

Although this contribution does not count towards the Global Fund's \$14.0 billion target for the Sixth Replenishment, it nevertheless underscores Japan's commitment to the Fund. The \$800.0 million pledge, which when measured in Japanese yen represented an increase of 46% over Japan's previous pledge, the largest percentage increase among public donors. Japan is overall the fifth largest donor to the Fund, having contributed more than \$3.45 billion since 2002.

[TOP](#)

8. ANNOUNCEMENT: Global Fund creates new Data Service web pages consolidating information on grants, donor contributions, allocations, etc.

Information is accessible through downloads and through the Fund's application programming interface

Aidspan Staff

1 May 2019

The Global Fund Secretariat has created a new [Data Service](#) segment on its website to make Fund data as accessible as possible.

“The idea is that anyone interested in data from the Global Fund has a ‘one stop shop’ to get data either through an application programming interface (API) or through downloadable files, all of which are backed by data which is refreshed on a nightly basis,” said Murad Hirji, Senior Digital Architect in the Global Fund Secretariat, who is responsible for the project.

The Data Service segment contains two sections: Downloads and API.

Downloads

The Downloads section lists “pre-packaged data sets and reports” available for download for information or analysis. This section has three tabs: Reports, Data Sets, and Archive, each of which contains data on several topics which can be downloaded in one or more available formats (PDF, Excel or CSV, depending on the topic).

The topics are shown in the table below.

API – application programming interface

This section contains raw data on the Fund's portfolio through the Fund's API (application programming interface). The API allows software developers to build applications while maintaining a live connection to the Fund's database.

Aidspan uses the API to provide the data contained on its [Data Analytics pages](#). Other organizations also use API; the Global Fund Secretariat does not know precisely how many because users are not required to register in order to access the API. However, Hirji told Aidspan that a number of international organizations, universities and think tanks doing advocacy or research have contacted the Secretariat concerning their use of the API.

The current version of the API software is 2.1; at least two more updates are planned for the rest of 2019. The API page's description says that it supports OData v4, which allows analysts to connect directly to the API through Excel.

All of the data available from the Downloads section of the Data Service pages is also accessible through the API.

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Table: Reports and data sets available for download on the Global Fund’s Data Service pages

Title	Description
REPORTS	
Approved Component Funding	Breakdown of approved funding by component
Country Coordinating Mechanisms	Eligibility and performance assessments
Pledges and Contributions	Pledges and contributions by government, private sector, non-government and other donors
Grant Details	Information on all grants
Disbursements	Lists of disbursements for each grant
DATA SETS	
Reported Results	Results by indicator for the most recent year (all grants)
Pledges and Contributions	For each replenishment period for each donor
Allocations	Allocation amounts, program splits and allocation utilization periods for 2017–2019, per component
Grant Agreements	High-level information, by grant agreement, for all grants
Grant Agreement Implementation Periods	High-level information, by implementation period, for all grants
Grant Agreement Commitments	High-level information, by commitment, for all grants
Grant Agreement Disbursements	High-level information, by disbursement, for all grants
Grant Agreement Progress Updates	High-level information, by progress update, for all grants
ARCHIVE	
Reported Results 2005–2016 (data set)	Self-explanatory
Incentive Funding 2014–2016 (data set)	Incentive funding awarded in 2014–2016
AMFm ACT order summary 2011–2013 (report)	Summary of orders for ACT in 2011–2013
Funding Decisions (data set)	Information for 2014–2016 allocation period

New Data Explorer pages

Meanwhile, the Global Fund has also launched [Data Explorer](#), a new segment of its website to replace the Grant Portfolio pages which contain information on country portfolios and individual grants and which have been very widely accessed by users.

Not all of the information has been transferred yet to the Data Explorer pages, so the Fund’s website still contains its Grant Portfolio pages. However, the transfer should be complete by June 2019, when the Fund says it plans to remove the Grant Portfolio pages.

There is a link on the Data Explorer landing page to a page where users can provide feedback on the new site.

[TOP](#)

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