Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 360: 10 July 2019

GFO is an independent newsletter about the Global Fund.

GFO Live >> | Aidspan Website >> | Contact GFO >>

CONTENTS OF THIS ISSUE:

1. NEWS: Qualitative adjustments process decision expected from Global Fund's July Committee meetings

BY ADÈLE SULCAS

At the most recent Global Fund Board meeting held in Geneva in May 2019, the Board approved a Decision Point updating the Allocation Methodology for the 2020-2022 allocation period but asked the Strategy Committee to review and approve the Qualitative Adjustments process. Qualitative adjustments are the final step in the allocations process, tailoring allocations-by-formula to specific country contexts and issues. The July Strategy Committee meeting will finalize and approve the process, as requested by the Board.

2. COMMENTARY: Heads of global AIDS, TB and malaria agencies reinforce call to 'get back on track' for Global Fund's Sixth Replenishment

BY DR ABDOURAHMANE DIALLO, DR LUCICIA DITIU AND GUNILLA CARLSSON

In a joint opinion piece, the heads of three of the world's leading global agencies on AIDS, TB and malaria call for donor commitment to 'get back on track' in support of the Global Fund's Sixth Replenishment. The writers recap the current state of the three diseases, the world's successes against them, and the threats of epidemic resurgence, as context for the Global Fund's aim to attract 'at least' $14 billion in funding.

3. NEWS: Global Fund civil society implementers in English- and Portuguese-speaking African countries create forum to share experience

BY DJESIKA AMENDAH

The Eastern Africa National Networks of AIDS Service Organizations (EANNASO) convened a meeting of Global Fund civil society implementers from Anglophone and Lusophone Africa. Participants shared experience of the challenges of grant implementation, grant absorption, and tested solutions. At the end of the two-day meeting, participants welcomed the setup of a Community of Practice to continue learning from each other. Aidspan's policy team reports.

4. ANALYSIS: Challenges at Global Fund Secretariat and implementer levels found to impede grant absorption

BY ANN ITHIBU

The Global Fund is on track to meet an 'absorptive capacity' target of 75% by 2022. However, some countries are still grappling to ensure that they spend their allocated funds within the agreed-upon timeframes. Absorption issues are especially evident for countries that are 'challenging operating environments', for less commoditized grants, and for government implementers. Challenges at the Global Fund Secretariat and implementer level often impede a country's ability to spend all its funds.

5. ANALYSIS AND COMMENTARY: How can the Global Fund finance innovation to improve health product supply chains in resource-limited settings?

BY DR ALASSANE BA AND DR KARL HOUNMENOU

Access to medicines and quality health products to ensure healthy populations is a global issue. As 60% of the Global Fund's financial resources are earmarked for health products, managing the supply chain is crucial given the increase in demand (the scaling-up of ARV treatments, changes in treatment directives, new diagnostic technologies and a growing number of treatment centers). This will necessarily involve reforming the supply chain, aligning partners with a common roadmap and government leadership in developing countries, say senior experts from the Centre Humanitaire des Métiers de la Pharmacie.

6. OPINION: Kenyan High Court upholds criminalization of same-sex relations

BY ALLAN MALECHE AND TABITHA G. SAOYO

In an article first published in the *Health and Human Rights Journal* in June 2019, Allan Maleche, winner of the 2018 Elizabeth Taylor Human Rights Award and *Executive Director of the Kenya Legal and Ethical Issues Network*, and Tabitha G. Saoyo, the network's Deputy Director, comment on the Kenyan High Court's recent dismissal of the challenge to the country's criminalization of same-sex sexual acts.

7. OF INTEREST: Other news relating to the Global Fund partnership

BY ADÈLE SULCAS

This GFO's 'Of Interest' column highlights the United Kingdom's £1.4 billion pledge to the Global Fund, the Global Fund and UNAIDS' signing of a new strategic framework on support to countries, the Global Fund's July Replenishment Partner Update, and the establishment of the World Health Organization's Academy, an institution that offers the promise of democratizing health-related learning.

TOP

ARTICLES:

1. NEWS: Qualitative adjustments process decision expected from Global Fund's July Committee meetings

Strategy Committee will take decision before November Board meeting

Adèle Sulcas **9 July 2019**

Next week, the Global Fund Board's Strategy Committee (SC), Audit and Finance Committee (AFC), and Ethics and Governance Committee (EGC) each meet for two days, between July 15 and 19. The Committee meetings are closed, and the discussions undertaken are usually not made public afterwards - unless some of that content takes the form of recommendations to the Global Fund Board.

The 10th Strategy Committee meeting will be held on 18-19 July. One known item on the agenda, included in a Decision Point approved by the Board at the 41st Board Meeting in May 2019, is a decision to be taken by the committee (rather than finalized as a recommendation to the Board) on the Qualitative Adjustments Process for the 2020-2022 Allocations.

The Decision Point (Board paper GF/B41/DP03 – see article in GFO 356) approved an updated allocation methodology for determining the allocations to countries for the 2020-2022 allocation period. The Board also decided that up to $800 million from the funds available for country allocations will be used to ensure scale-up, impact, and 'paced reductions'. (On the more technical side, the Board also acknowledged the Technical Parameters presented in an annex to the Decision Point, and reaffirmed the Core Funding Model Principles presented in an annex to a Board Paper from the 35th Board meeting.)

As a follow-up to the Decision Point, the Board asked the Strategy Committee to review and approve, at July 2019 meeting, the method by which the Secretariat will apply and report on the qualitative adjustment process, which forms part of the allocation methodology. (The Strategy Committee has delegated authority from the Board to approve the qualitative adjustment factors.)

Qualitative Adjustment Process

The Qualitative Adjustment Process is the final step in the Global Fund's allocation process, and leads to the amounts finally allocated to grants. Its purpose is to adjust funding to countries based on a tailoring of the amount proposed by the allocation formula, according to specific country contexts. (The allocation formula is based on disease burden and country economic capacity, among other factors.) The factors that potentially influence qualitative adjustment decisions include gaps in achieving impact targets, funding absorption issues, programmatic performance issues, key populations, and transitions.

The Strategy Committee approved, for the 2017-2019 allocation period, a two-stage qualitative adjustment process. Stage 1 adjustments are intended to refine allocations to take into account HIV incidence among key populations, in order to better account for the disproportionate burden of HIV among key populations in generally low-prevalence settings (less than 2%). Stage 2 adjustments are intended to be more 'holistic', to take into account key contextual and programmatic factors such as absorptive capacity, the risk environment, fiscal space, and other considerations related to sustainability and transition.

Constituency concerns

Various constituencies of the Global Fund Board have made inputs to the Strategy Committee in the leadup to the July Committee meeting, expressing concerns or noting other issues they wish to have taken into account during the committee's deliberations. Members of some constituencies have shared their views. A number of issues seem to be of concern, including:

- **(Stage 1) Lack of sufficient data on populations disproportionately affected by TB:** Due to lack of data previously, adjustments could not be pursued for the 2017-2019 allocations. Constituencies now wonder how these populations will be adjusted for if the SC finds there is still a lack of sufficient or sufficiently robust data.
- **(Stage 2) Absorptive capacity:** Concern has been expressed about the measurement of absorptive capacity 'simply' as a measure of the rate of spending, rather than taking into account trends in absorption and key barriers or bottlenecks.
- **(Stage 2) Risk environment:** Some constituencies have requested that assessment of the risk environment must include risks related to transition (including but not limited to costs incurred for procurement of commodities under national procurement rather than the Global Fund's pooled procurement), human rights, finances including debt burden, access to medicines and health products, and ad hoc disease outbreaks or other health crises.
- **(Stage 2) Past impact:** The SC has been asked by constituencies to consider adding other factors into the assessment of past impact (in addition to incidence trends and mortality), such as the impact of other health crises (e.g. Ebola), an increase in the weighting of rising incidence trends, and factoring in previous spend on prevention.
- **(Stage 2) Coverage gaps:** Here some constituencies have requested a broadening of the factors considered in the assessment of coverage gaps, in order to better account for barriers to access (including legal, human rights and gender-related barriers). In

addition, a suggestion has been put to the SC that Country Teams and Grant Management be notified about any contextual issues that were taken into account and affected the final allocation, in order to constructively influence the development of future grant requests from a given country.

- **(Stage 2) Fiscal space:** Constituencies say that they have been told that the Global Fund is conducting fiscal space analyses to better inform their understanding of country economic capacity beyond GNI per capita – but that the status of this process is not clear. They have therefore requested consideration of a number of questions relating to the approach to fiscal space as a consideration in Qualitative Adjustments (for space reasons we cannot list all the questions here), including about indicators used in the calculation of fiscal space, how debt sustainability is being incorporated, and whether a fiscal space-related adjustment would be applied only to selected countries or across the Global Fund's entire portfolio.

It is not yet known how or when the Secretariat will communicate publicly about the SC's deliberations and the decision on the Qualitative Adjustments process made during the 18-19 July meeting. The GFO has requested information from the Secretariat about when the decision will be made public.

In November, once the outcome of the Sixth Replenishment in October is known, the Board will approve funds for allocation for the 2020-2022 allocation period at its 42nd Board meeting. The Secretariat will then apply qualitative adjustments to grants, and will report to the SC on all qualitative adjustments and their rationale, and to the Board on adjustments involving more than $5 million or 15%.

Other expected topics on committees' agendas

The 10th Audit and Finance Committee meeting, from 16-17 July, is expected to make decisions during the meeting on three items: the External Audit Plan, the Environmental, Social and Governance Investment Framework & Amended Policy of Financial Administration, and the Methodology for the calculation of announced pledges. Other topics expected to be discussed in the form of informational updates include financial performance, resource mobilization, an OIG progress update (also covering Agreed Management Actions) and risk management.

The 10th Ethics and Governance Committee meeting is expected to discuss next steps on the topic of strengthening committee selection processes, which was tabled as a decision point at the 41st Board Meeting in May 2019, but was withdrawn from decision on the second day of the meeting for further consultation, after the United States and the Developed Country NGO constituency raised objections. At that time, the Board moved this decision point to the agenda for the November 2019 meeting. (See article in GFO 356.)

The EGC is not expected to be taking decisions but is expected to discuss, in addition, the way forward on several topics including the governance culture initiative, lessons learned from the Board leadership selection process, and updates on the Secretariat's work on sexual

harassment and on the Privileges and Immunities Agreement, and will hear an update by the Ethics Officer.

Further reading:

- *The Global Fund Board's May 2019 Decision Point on the updated Allocations Methodology*

- *The GFO's article on Decision Points from the 41st Board Meeting (17 May 2019)*

***

TOP

---

2. COMMENTARY: Heads of global AIDS, TB and malaria agencies reinforce call to 'get back on track' for Global Fund's 6th Replenishment

Falling short of $14-billion target risks the world going backwards in progress against the three diseases

Dr Abdourahmane Diallo, Dr Lucica Ditiu and Gunilla Carlsson **9 July 2019**

With fewer than 100 days left before the Global Fund's Replenishment Conference on October 10, we are off track from our global goal to end the epidemics of AIDS, tuberculosis (TB) and malaria. A resurgence of these epidemics will cost lives, undermine development, and threaten global health security.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, together with the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI) and their partners, including our three organizations, have saved millions of lives:

- An estimated 21.7 million (19.1-22.6 million) people living with HIV were able to access antiretroviral therapy (ART) by the end of 2017; five and a half times more people than a decade ago. High-level political leadership, matched with country-level ownership, innovation, investments, and community-led activities have driven this remarkable result.
- The Global Fund's Strategic Initiative, implemented by the Stop TB Partnership and the World Health Organization (WHO), aims to identify the 1.5 million people not yet receiving TB care in the 13 countries that currently account for more than three-quarters of the gap in TB diagnosis and treatment worldwide.
- This year, two billion mosquito nets will be distributed in Africa alone to protect against malaria. Globally, malaria deaths have been cut by more than half compared with the highest points of the malaria crisis in the early 2000s, saving 7 million lives.

Maintaining the current level of world investment without increase will simply not be enough to meet the internationally agreed targets of the *2030 United Nations Sustainable Development Goals*.

"Sustaining current funding levels without an increase will actually see us move backwards in the fight to end the epidemics"

Today, HIV is the leading global cause of early death among women aged 15 to 49. Although approximately 37 million people worldwide are living with HIV, a quarter remain undiagnosed. We have not yet tipped the AIDS epidemic into a decisive decline – we are currently at the highest number of people living with AIDS globally, 1.8 million people become newly infected every year, and nearly 1 million people died of AIDS-related illnesses in 2017 alone. HIV prevention and treatment services still do not reach the most vulnerable communities and the people who need them most.

TB is now the world's most lethal infectious disease, with over 10 million people falling sick each year, and is responsible for an estimated 1.6 million deaths annually. At the first-ever United Nations 'High Level Meeting on TB' in September 2018, Heads of State committed to reaching 40 million people with TB treatment by 2022 – but right now 4 million people with TB are missed each year. This highlights the urgent need to strengthen health systems and the need for new ways to diagnose and treat TB.

In 2017, an estimated 219 million cases of malaria occurred worldwide, killing 435,000 people, most of them children under the age of five. Malaria is an entirely preventable and treatable disease and yet it takes the life of a child *every two minutes*. The latest WHO *World Malaria Report* confirms that, after a decade of unprecedented progress against malaria, the declining trend in cases has levelled off.

In order to get back on track to end these epidemics, we need to examine current progress and challenges and recognise critical resource needs. Developing and donor countries must all invest more to fight the three diseases and to build resilient and sustainable health systems that work for all. We are also in critical need of new funders at every level: governments, countries impacted by these diseases, private foundations, and companies. One place to start is an ambitious Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in October 2019. With the bulk of international investments for AIDS, TB, and malaria channeled through the Global Fund, this 6th Replenishment pledging conference is a critical opportunity to end the epidemics.

The Global Fund's Replenishment ask is *at least* $14 billion, an increase of at least 15% from the 5th Replenishment. Advocates have highlighted the need for even more of an increase to meet the critical need and the Sustainable Development Goals. The Global Fund Advocates Network (GFAN), in its *Get Back on Track* report, makes the case for why at least $18 billion is needed. Critically, sustaining current funding levels without an increase will actually see us move backwards in the fight to end the epidemics and will put the world's most vulnerable people at greater risk.

In the last decade, we have seen tremendous success through partnerships and community-led responses. But now we must bring increased energy and commitment to the populations that are hardest to reach. Partnering with people who are often denied basic human rights and

access to healthcare, addressing inequality, and targeting those who live in poverty, young people, and other vulnerable populations is what we need to get back on track.

Without a fully funded Global Fund, empowered communities, and increased overall access to healthcare, we will miss the opportunity to be the generation that ends these three epidemics and other deadly diseases. There has never been a better time to increase investment in the Global Fund and the life-saving work it supports.

Few investments have had the impact that the Global Fund has in saving lives, preventing infections and creating strong and resilient health systems. We encourage global partners, governments, and the private sector to step up the fight and increase their commitments to the Global Fund. The world has the chance to make 2019 the year where we stepped up and committed a global end to AIDS, tuberculosis, and malaria.

Dr. Abdourahmane Diallo is Chief Executive Officer of the RBM Partnership to End Malaria.

Dr. Lucica Ditiu is Executive Director of the STOP TB partnership.

Gunilla Carlsson is Executive Director (a.i) if UNAIDS.

***

TOP

---

3. NEWS: Global Fund civil society implementers in English- and Portuguese-speaking African countries create forum to share experience

Grant performance, funds absorption and peer learning discussed at June meeting

Djesika Amendah **9 July 2019**

The Eastern Africa National Networks of AIDS Service Organizations (EANNASO) convened a meeting of Global Fund civil society Principal Recipients (PRs) and some sub-recipients (SRs) from Anglophone and Lusophone (Portuguese-speaking) Africa, with the aim of achieving better grant performance. The meeting aimed in particular to share reports of two studies commissioned by EANNASO on grant implementation and absorption, to exchange experiences, and explore the setting-up of a Community of practice (CoP). Executive Director of EANNASO Olive Mumba said, “cross learning among civil society PRs is key as it helps implementers learn from others, [their] different tools and tactics”. The meeting took place on 25-26 June 2019, in Kampala, Uganda.

Aidspan was invited to the meeting as an observer of the Global Fund.

Reports commissioned by EANNASO

The participants first discussed two reports commissioned by EANNASO on assessment of civil society implementers (Principal Recipients) and on grant absorption capacity and improvement.

Assessment of Principal Recipients

The Assessment of Civil Society Principal Recipients in Anglophone and Lusophone Africa report relied on a survey of 24 civil society PRs as well as on quantitative data, available online. The report found that 16 of the PRs had prior experience as a PR and an even greater number (19) were SRs of Global Fund grants. (Those numbers are not mutually exclusive.) Also, 16 of the respondents were local NGOs.

Almost all PRs (22 of the 23) were involved in SR selection but the PRs were not the only institutions in charge of selecting SRs, according to the report. Other institutions whose representatives had a say in SR selection were the Country Coordinating Mechanisms (CCMs), the Local Fund Agents (LFAs), the Global Fund country teams, the technical working groups, the Government line ministries, community groups, partners, and independent review panels.

The survey highlighted friction around access to Global Fund monies among civil society organizations and called on the Global Fund to issue guidance on the SR selection process, institutions that should be involved and the extent to which PRs can implement activities instead of relying on SRs. PRs can charge the grant up to a maximum of 5% on SR direct costs, according to the Global Fund operational manual; this manual indicates that these proportions may increase if the PR is an International Non-Governmental Organization (INGOs) or a United Nations agency, or if any institution operates under the Additional Safeguard Policy.

On close analysis, short of egregious misconduct, several factors made CCMs reluctant to change PRs. Those factors included the high costs of selecting new PRs (e.g. tendering, setting-up a selection committee, checking eligibility requirements of applicants); the three-year implementation period, which was tight, as the selection of the new PRs should occur during the last year of implementation, when the CCMs are busy with country dialogue and a new funding request write-up; and possible delays in grant initiation and implementation by new PR(s).

It is known that even established PRs with years of experience face delays in grant implementation. For instance, both Amref Health Africa and Kenya Red Cross, which are the two Civil Society PRs in Kenya, only called for expressions of interest from organizations applying to work as their SRs, six to nine months after the beginning of the grant. Considering the time needed to complete SR selection and to allow those not selected to go through all the recourse processes, those grants were delayed by about a year, resulting in lower grant performance and absorption. The PRs need to move vigorously with grant implementation acceleration plans in order to reach their targets; this is vital in the Global Fund performance-based financing model.

The report underscored that all PRs had well-established and staffed Monitoring and Evaluation (M&E) units and reported ‘upward’ to multiple entities i.e. CCMs, National AIDS Control Councils (NACCs), regional bodies, government ministries and programs – but do not report ‘downward’ to any entity. Almost all Civil Society PRs (21 out of 23) had high levels of interaction with CCMs, which mainly happened within the oversight committee of every CCM. The oversight committee helped resolve operational challenges such as commodity stock outs, acquisition and distribution of equipment, and selection and management of SRs.

Grant absorption by Principal Recipients

The report on grant absorption, as yet an unpublished study (although a presentation is available), explained how issues at the design and implementation stages impeded grant absorption, and offered recommendations. The study used information from eight countries: Ethiopia, Ghana, Malawi, Nigeria, South Sudan, Tanzania, Zambia and Zimbabwe.

The study found that although civil society representatives were often represented in the country dialogue and funding request discussions, this representation was of "low quality," the presentation stated. For instance, representatives of local civil society or key-population organizations often attended meetings unprepared, without data and other documentation to make their cases. Thus, the design of the grant may not fully include their ideas; however, those organizations were often in charge of demand creation because they know the most-at risk population better than any other institution.

Those design issues were compounded at implementation level by a delayed start of the grant, a delayed selection and onboarding of sub-recipients, often deficient civil society PRs' capacity to procure health commodities and equipment, and late disbursements by the Global Fund Secretariat. Other factors that accounted for low absorption were, paradoxically, efficiency and exchange-rate gains leading to savings; when those savings were not re-programmed in a timely manner, they became unspent funds, recognized as low absorptive capacity of the PRs.

Unsurprisingly, the authors of the study recommended a greater involvement of key populations in the design of the grant, in the grant-making negotiations, and increased resource allocation for capacity building, including learning from peers and their best practices.

Other Principal Recipient experiences

Local and International NGO co-application to Global Fund grant

Meeting participants learned from the experience of Frontline AIDS, which is a PR for HIV programs, together with local NGOs, in the Middle East and North Africa (MENA) region. Frontline AIDS is an international NGO with strength in financial and M&E systems. MENA H is a key-population-led coalition of organizations with strength in training, mentoring and need-creation activities, but weak on financial and M&E systems. By leveraging each institution's strengths, their co-application was able to deliver services to key populations in the region, while building the financial and reporting systems capacity of the local NGOs.

Some PRs' low capacity unmitigated by technical assistance

According to some participants, low capacity of staff, both at PR and SR levels, caused poor grant performance. This low capacity was likely to remain a feature of some grants as the Global Fund chose not to provide local NGOs with extra funds to help them build organizational strength and capacity; in contrast, the Global Fund paid Indirect Cost Recovery (ICR), a percentage of the grant funds received by the headquarters of the INGOs that work as PRs. Those INGOs could use the funds to support capacity building within their different operations. This imposition of higher fees by INGOs echoed earlier reports of the Office of Inspector General, who noted, in the West and Central Africa review, for example,

the fact that INGOs (as well as United Nations agencies) acting as pass-through PRs were much more expensive than other implementers, but not better performing than State PRs.

Participants discussed at length the importance of obtaining technical assistance to write funding requests and negotiate grants. Otherwise, grant implementation became arduous, especially when the PRs had to implement new activities that were not clearly understood, delaying grant implementation.

Risks associated with sub-recipient selection and management

Countries have different rules and regulations on sub-recipient selection and management, which affect grant implementation. In Kenya, for instance, the CCM selected SRs with some input from the PRs; PRs were not allowed to implement the grants. All implementation activities were conducted through the SRs in order to avoid conflicts of interest with PRs. The idea is that if a PR with multiple branches implements a grant with their headquarters as PR and the branches as SRs, the headquarters staff may 'prop up' their colleagues in the branches or cover up their misconduct.

In contrast, in Zambia, the civil society PR selected the SRs and also implemented some grant activities. Michael Kachumi from the Churches Health Association of Zambia, a civil society PR, explained that country context mattered to justify different implementation arrangements. CHAZ, he explained, is about 50 years old and existed long before the Global Fund came into being. In contrast to other organizations, CHAZ was not created expressly to take advantage of Global Fund monies. CHAZ had been implementing other grants and activities before becoming Global Fund PR, which put the organization in a position to negotiate the terms of its PR role. For instance, CHAZ would accept responsibility for the actions of SRs (which is a Global Fund requirement) only if it had selected those SRs.

Participants also discussed conflict-of-interest issues that they said were rife in some CCMs. Three examples were highlighted. First, civil society PRs had to report to CCM members who intend to dismiss existing PRs in order for their own civil society organizations to become PRs; second, CCM members exerted pressure on PRs or other CCM members to select their organizations as SRs; third, some civil society PRs could not be dismissed even in cases of weak performance because those organizations were created by "connected people". This discussion echoed the presentation of the Global Fund portfolio manager for Ghana, Marc Saafeld, who talked about his previous experience with other CCMs so riddled with conflicts of interest, that those conflicts impeded the CCMs' wide representation and oversight function.

Community of Practice

The meeting ended with a discussion on establishing a community of practice (CoP) where PRs can continue learning and helping each other during grant implementation. The Frontline AIDS representative demonstrated how its CoP works online with the participation of members from different MENA countries and its headquarters in the United Kingdom. Learning from Frontline AIDS, the civil society PRs' community of practice will be hosted online with an EANNASO staff member acting as a moderator. In addition, members of the CoP will have an annual, in-person meeting convened by EANNASO.

Overall, participants felt that the meeting and learning had reached its objectives. As Peter Kamau, a participant from Kenya who represented a sub-recipient said, "The meeting

provided a unique platform for PRs and SRs from Anglophone Africa to share and learn from each other [in order] to improve grants' performance and response to the community".

Further reading:

- *Report on the assessment of civil society principal recipients in anglophone & lusophone Africa, December 2018.*
- *The Anglophone Africa civil society and communities making GF grants effective: Situational analysis of CSOs PR Funds Absorption Capacity, May 2019.*

***

TOP

4. ANALYSIS: Challenges at Global Fund Secretariat and implementer levels found to impede grant absorption

Still, absorptive capacity has improved despite long-standing challenges

Ann Ithibu **9 July 2019**

As the Global Fund approaches the replenishment of funds for the next implementation period, 2020 to 2022, the question of how well Global Fund grant funds are absorbed has become prominent. It is a topic, among others, in recent reports by the Global Fund's Office of the Inspector General (OIG), the Secretariat and civil society organizations. Absorptive capacity measures the percentage of actual expenditure compared to the total grant budget according to the Global Fund. Sometimes, in the absence of actual expenditure data, the percentage of disbursements compared to the total grant budget is used as a proxy.

Absorption of Global Fund grants, worldwide, was on average 75% between 2015 and 2017, on track for the target of 75% by 2022, according to the Secretariat's Strategic Performance report for 2018. On average, absorption was highest in Southern and Eastern Africa (83%), closely followed by Eastern Europe and Central Asia (EECA; 79%) and lowest in the Americas (72%). The OIG advisory report on grant implementation in Western and Central Africa (WCA) pointed out that this average absorption concealed wide discrepancies across countries. For instance, in WCA, between 2014 and 2017, Côte d'Ivoire, Senegal and Burkina Faso spent most of their funds – 97%, 94% and 93% respectively – while Mauritania and Guinea spent barely one-third of their – 33% and 28% respectively. Interestingly, the Secretariat noted that absorption had improved in most countries, especially in WCA, in 2018.

This article, the first in a series on grants' absorptive capacity, discusses the root causes of low absorption among Global Fund recipients in sub-Saharan Africa, as identified in recent literature. Information for this article comes from the OIG advisory report on grant implementation in WCA, the Secretariat's Strategic Performance report for 2018 presented to the Board during the 41st Board meeting in May, a 2017 analysis of the Global Fund's absorptive capacity by the Technical Evaluation Reference Group (TERG), findings of a situational analysis of the absorption of civil society PRs (commissioned by the Eastern

Africa National Networks of AIDS Service Organisations [EANNASO]) and presented during a meeting of civil society PRs in June 2019 – see separate article in this issue) and grant absorption experiences by Nigeria, presented during the meeting by Oladeji Adeyemi, a Project Coordinator for HIV at the Association for Reproductive and Family Health (ARFH).

Absorption lower for challenging operating environments, less commoditized grants, and government implementers

Certain regions – Latin America and the Caribbean (LAC), Middle East and North Africa (MENA) and WCA – appear to have lower absorption compared to others. However, lower absorption is more likely to be linked to challenging operating environments (COEs) rather than to a region, according to a report on the Secretariat's strategic performance. Countries classified as COEs spent on average 73% of their grants, which was less than non-COE countries (81%) in 2018. Most COEs are either in MENA or WCA and hence skew the regions' average absorption.

The report to the Board also noted that less commoditized grants – TB and RSSH - are likely to have a lower absorption rate. TB grants had lower absorption (69%) relative to HIV (83%) and malaria (80%). Countries spent on average 66% of RSSH grants. Further analysis by the Secretariat revealed discrepancies in absorption of funds meant for commodities and non-commodities. Absorption of funds for commodities was high across all disease components: HIV (89%), malaria (87%) and TB (73%). In contrast, absorption of funds for non-commodities i.e. in-country activities, was comparable across all the disease components - HIV (72%), malaria (70%) and TB (69%) – but lower than that for commodities.

Government implementers are less likely to absorb funds when compared to multilateral organizations and civil society in LAC, EECA and Asia, according to the Secretariat. Interestingly, absorption is similar for government and civil society implementers in Africa and MENA.

The Secretariat reported a strong association between absorption and the age of the grant in what it called the 'first-year effect'. It is not surprising that absorption is likely to be lower in the first year of implementation as compared to later years. The first year is when implementers are starting the grant and there are often delays, and it is only in the second year that implementers settle and focus on implementing the grant activities, according to the TERG analysis of 2017.

Root causes of low absorption in sub-Saharan African countries

The various sources of information for this article identified almost similar causes of low absorption, which we have classified into two broad categories: Secretariat-level and country-level causes. We have also highlighted other potential causes of low absorption that are beyond the control of the Global Fund and the implementers.

Secretariat-level challenges

The Global Fund has established processes, policies and systems to ensure effective implementation of grants while safeguarding its financial investments. Unfortunately, some of the risk mitigation measures sometimes delay or prevent implementation of grant activities and consequently delay or prevent the absorption of funds. In fact, the TERG analysis had

noted that stakeholders felt that the Global Fund placed too much emphasis on risk management at the expense of grant implementation.

Delays caused by the Global Fund

In some cases, according to the participants of the meeting, the Global Fund delays grant signing with the PR, and therefore the disbursing of funds. An example was a grant signed in mid-March but backdated to January; the PR lost, on the date of signing, funds for staff and other overhead costs for more than two months. Such grants start off with lower absorption even before implementation has begun. PRs often fail or find it difficult to get program implementation back on track after these kinds of delays. An in-depth analysis of the absorptive capacity, by the Technical Evaluation Reference Group (TERG) of the Global Fund, related the delays to the lack of, or poor quality of, required documentation. For instance, training and procurement activities may be delayed due to the lack of (approved) plans for them.

The Secretariat also causes delays in the approval of reprogramming requests, according to the OIG advisory report and the Nigeria presentation. Even though the Global Fund policy, on paper, encourages focused and timely reprogramming throughout the grant life cycle, sometimes it takes as long as six months for countries to get feedback from the Secretariat on their reprogramming requests.

Stringent Global Fund conditions and requirements

Global Fund requirements, conditions and processes often impose a heavy burden on implementers, according to the EANNASO study. According to an implementer in Mali cited by the OIG, “the supported programmes are designed to meet GF (Global Fund) rules and expectations rather than the actual needs and expectations of the country”.

One of the measures that the Secretariat set in place to mitigate risks is to compel Principal Recipients to reimburse ineligible expenses made with grants funds. As a result, implementers fear making ineligible expenditures: The PRs and sub-recipients (SRs) sometimes opt out of implementing activities to avoid incurring ineligible expenditures, or they request additional approval from the country team to protect themselves.

In the civil society meeting, Adeyemi noted that the frequent in-country visits by country teams and LFAs usually draw attention away from the implementation of grant activities. In-country stakeholders have persistently raised this concern. He also cited a poor relationship between Nigerian implementers and Global Fund country teams. Similarly, the African Population and Health Research Center (APHRC) in a report released in 2016 noted that poor relations between implementers and Global Fund country teams often led to delayed feedback and delayed grant start dates in Francophone countries. (At the time, APHRC, which is based in Kenya, was supporting the African constituencies to influence Global Fund Board decisions and policies).

Failure to leverage existing flexibilities in challenging operating environments

The Global Fund has categorized countries characterized by weak governance, poor access to health services, limited capacity and fragility due to man-made or natural crises as challenging operating environments (COEs). When classified as a COE, a country should

ideally benefit from increased flexibility, partnerships and innovations to attain grant implementation effectiveness similar to that of non-COE countries.

However, in practice, the Global Fund has not yet fully taken advantage of the flexibilities, across the grant life cycle, to reduce the administrative burden on the implementers. For instance, the OIG advisory report noted that COE countries use the same reporting procedures as non-COE countries, which, despite efforts to simplify them, are still complex and cumbersome. In practice, COEs report two or more months after the reporting date whereas non-COEs take on average 15 to 30 days. Delays in reporting lead to delays in disbursements and implementation of grant activities, which ultimately lead to lower absorption.

***

TOP

---

5. ANALYSIS AND COMMENTARY: How can the Global Fund finance innovation to improve health product supply chains in resource-limited settings?

Dr Alassane Ba and Dr Karl Hounmenou **9 July 2019**

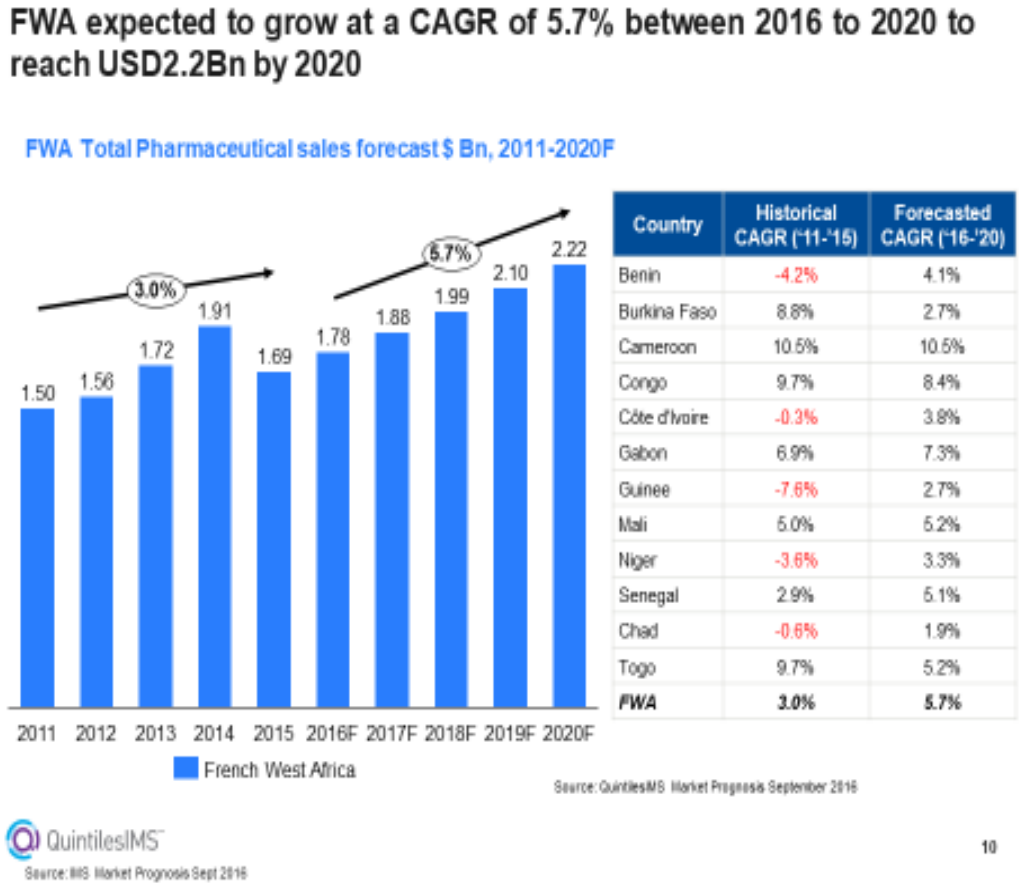
Access to medicines and quality health products to ensure healthy populations is a global issue. It is also a strategic issue (in financial terms through maintaining the industrial fabric, creating jobs, driving the race for innovation, and enhancing the attractiveness of producer countries) as well as a key political one (governments have a duty to provide accessible care to their citizens to ensure social stability). For that reason, the United Nations Secretary-General's High-Level Panel on Access to Medicines, in its report entitled "United Nations Secretary-General's High-Level Panel on Access to Medicines: Promoting innovation and access to health technologies," calls for a new approach to narrowing the gap between medical innovations and access to medicines.

Some key figures

In 2017, the global market for medicines exceeded the $1,000-billion figure (about €826 billion), an increase of 6% over 2016. The American market (United States) is still the largest, with 45% of the global market, far ahead of the main European markets (Germany, France, Italy, the United Kingdom and Spain), which account for 16.5%, Japan (7.8%) and emerging countries (China and Brazil), which account for 10.7%.

France is still the second-largest European market, while Germany is the largest (QuintilesIMS's 'Outlook for Global Medicines through 2021').

The African continent is home to 13% of the global population, but accounts for 24% of the world's disease burden, only 6% of health expenditures and less than 1% of global pharmaceutical production. In 2016, African health expenditures were estimated at $150 billion, of which $100 billion was spent on importing health products. The latter type of expenditure grew by a factor of five between 2000 and 2012, and that growth is likely to continue, as shown in the table below.



Country	Historical CAGR ('11-'15)	Forecasted CAGR ('16-'20)
Benin	-4.2%	4.1%
Burkina Faso	8.8%	2.7%
Cameroon	10.5%	10.5%
Congo	9.7%	8.4%
Côte d'Ivoire	-0.3%	3.8%
Gabon	6.9%	7.3%
Guinee	-7.6%	2.7%
Mali	5.0%	5.2%
Niger	-3.6%	3.3%
Senegal	2.9%	5.1%
Chad	-0.6%	1.9%
Togo	9.7%	5.2%
FWA	**3.0%**	**5.7%**

In addition to the ever-growing needs of people living in developing countries, the emergence and rapid spread of generic drugs is in part driving this trend because it enables better access to medicines. However, the limited resources of developing countries have exacerbated social inequalities (middle-class, indigenous, urban and rural populations, etc.) and have given rise to questions about the capacity of healthcare systems to deliver overall and integrated care to all segments of society, and in particular to the poorest who continue to be denied access to medicines.

Providing healthcare for less than one dollar per day, through the implementation of universal health coverage, requires strong supply-chain capacity. No country will make substantial progress toward universal health coverage without strong supply-chain capacity in terms of strategic procurement (efficient and equitable allocation of financial, human, technical, informational and organizational resources to procurement processes is limited) and product distribution covering all areas and populations (with guaranteed funding to ensure care for the most vulnerable).

Constraints to accessing health products

Legal and regulatory constraints

Supply chain performance is dependent on managing key governmental functions, which are legal and regulatory. But pharmaceutical regulatory authorities are seeing a

steady decline in the technical and financial resources available to them. Key functions such as approving them for sale, registration, import controls, inspection, pharmaceutical traceability, quality control and pharmacovigilance remain fragile and have negative consequences for the supply chain.

Pharmaceutical deserts on the rise and unequal access to health products

The supply chain does not have the capacity to deliver products to all persons regardless of location. In underserved rural areas that are difficult to access, patients travel long distances to obtain health products. They, and health-facility nurses, must resort to using their own financial resources to obtain essential health products, which raises the issue of equal access to health products and encourages unsafe purchasing from markets or street pharmacies.

Fragmented supply chains

In 2018, the Global Fund evaluated the supply chain in a number of countries; the results show that they are quite fragmented. In some countries, the supply chain comprises more than 20 stakeholders (national central procurement structure, private wholesalers, partners and NGOs) involved in the various supply chain functions and often within one single function (quantification, purchasing, financing, storage or distribution). This results in stockouts in some areas and the possibility of the same product reaching its expiry date in other parts of the country. Given the number of funding bodies with different regulations governing cost recovery, some patients receive treatment while others from the same region must pay for theirs.

Coexistence of different supply channels

That same evaluation process identified several supply channels that overlap and coexist in the absence of any real and systematic vision: the national supply channel, the private supply channel (for example, turning to private wholesalers when stockouts occur), the national Expanded Program on Immunization (EPI) supply channel for vaccines, the national blood transfusion center (CNTS) supply channel for blood supplies, and various parallel channels (the channels used to distribute insecticide-treated nets, nutrition supplements, pediatric anti-retrovirals and the products distributed by NGOs, among others). These practices pose problems with the pharmaceutical traceability of health products and could constitute a public health risk in the event of a product recall (impossible to identify the lot number, manufacturer, importer, distributor and the quantities distributed and consumed).

Change and innovation for a better supply chain

Given that over 60% of the Global Fund's financial resources are earmarked for health products, managing the supply chain is crucial considering the increase in demand (the scaling-up of ARV treatments, changes in treatment directives, new diagnostic technologies and a growing number of treatment centers).

Using new technologies and IT tools

Through its involvement in strengthening health systems, the Global Fund to Fight AIDS, Tuberculosis and Malaria can help transform the supply chain by harnessing the existing human and financial potential through the use of new technologies and IT tools. Digitizing

supply chain information would improve quality assurance data resulting in better performance. That change could lead to productivity gains through the automation of some tasks and the ability to process ever greater quantities of information.

The use of blockchain technology could result in better medicine traceability and effectively combat falsified and lower-quality medicines, as this technology is capable of intervening at each step in the medicines supply chain, from manufacturer to patient.

Helping countries change market dynamics

Moving from a passive and cloistered way of operating (different functions and partners working in isolation from each other) to a proactive and systemic approach to the supply chain will require a change in market dynamics in the various countries through fostering the entry onto the market of new products and manufacturers (to have an impact on access for the largest number of people and to reduce prices). This would involve lowering the number of barriers for products entering the market so as to foster competition, enhance the purchasing power of the various countries, and achieve a balance between the negotiating power of current suppliers and the arrival on the market of new replacement products, all of which could have an impact on the market (80% of products sold are imported from non-African countries).

These changes in market dynamics would also involve setting up joint procurement systems (an old dream that could become reality) so that countries could take advantage of economies of scale and prevent a few suppliers from having monopolies on certain products. This can only be achieved through real political will and harmonized procedures for awarding contracts.

Fostering leadership and political will

Strengthening leadership and political will are matters of some urgency as this is a crucial sector that should be subject to governmental oversight. Supporting the reforms currently being undertaken by the pharmaceutical regulatory authorities and implementing the African Medicines Agency would help speed up the process of authorizing the sale of health products. But the will to harmonize will be incomplete if it is not supported by an effort to harmonize and align all partners on the same roadmap to avoid duplications and parallel systems. A system is needed to transfer Global Fund skills and activities to the national supply system, based on a schedule and the principle of risk management. The partners could also play a crucial role in supporting a change in the economic model used by central procurement structures for essential medicines – which has become urgent – encouraging and supporting the implementation of a public-private partnership for health product distribution.

Lastly, governance and pharmaceutical transparency would be more effective if patients and civil society organizations who play a role as whistleblowers and constructive observers of pharmaceutical practices.

This article was originally published in French in the Observateur du Fonds Mondial, *and was translated for publication in the GFO.*

Dr Alassane Ba is the Chief Executive Officer of the Centre Humanitaire des Métiers de la Pharmacie (www.chmp.org).

Dr Karl Hounmenou is Head of Technical Assistance and Project Implementation at the Centre Humanitaire des Métiers de la Pharmacie.

Further reading:

- *BIG, Rapport d'audit Gestion des investissements pour des systèmes résistants et pérennes pour la santé, Genève, 3 mai 2019.*
- *Le Fonds mondial. Politiques pour améliorer l'accès aux médicaments. Genève, 25 avril 2018.*
- *Le Fonds mondial. Diagnostic de la chaîne d'approvisionnement au Tchad : vers une chaine d'approvisionnement des produits médicaux durables et efficaces, Genève, avril 2018.*
- *Le Fonds mondial. Subvention du Fonds mondial à la République du Mali, Genève, 20 novembre 2017.*
- *Le Fonds mondial. Chaîne d'approvisionnement intégrée du médicament au Niger, Genève, 16 novembre 2017.*
- *BIG, Rapport d'audit Processus de la chaîne d'approvisionnement du Fonds mondial dans les pays, 28 avril 2017.*

***

TOP

6. OPINION: Kenyan High Court upholds criminalization of same-sex relations

Legal experts and activists say ruling threatens HIV response

Allan Maleche and Tabitha G. Saoyo **9 July 2019**

The Kenyan High Court has unanimously dismissed a petition challenging two provisions of the Penal Code that are applied to criminalise consensual same-sex sexual acts. On 24 May, Justices Chacha Mwita, John Mativo and Roselyne Aburili held that sections 162 and 165 of the Penal Code are not unconstitutional, do not violate the human rights of lesbian, gay, bisexual and transgender (LGBT) Kenyans, and that the law is not vague or unclear.

There are many troubling aspects of the judgment. Not least is the Court's endorsement of the view that the dignity and rights of LGBT persons are secondary to religious and traditional morality. In reaching this decision, the Court strained to justify an irrational interpretation of the Constitution's protection of the right to marriage between two persons of the opposite sex, to require the prohibition of sexual intimacy between persons of the same sex.

There are many inadequacies in the judgment, including the Court's reasoning on why the criminal law does not violate the right to health; this is illustrative of the extent to which it misapplied legal principles to reach its conclusion.

One of the arguments made in support of the Petitioners' case was that sections 162 and 165 of the Penal Code violate the constitutional right to the highest attainable standard of health. In support of this argument, the Petitioners gave evidence of their personal experiences. There was also extensive expert evidence provided, including testimony from Professor Chris Beyrer, the Desmond M. Tutu Professor of Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health, US, and from Professor Anand Grover, the former United Nations Special Rapporteur on the right to health, and expert on HIV and law.

This evidence showed that criminal laws that punish same-sex sexual acts drive LGBT persons and men who have sex with men (MSM) away from healthcare and HIV services for fear of being identified as gay, discriminated against, persecuted or prosecuted.

When people do access services, the reproachful attitudes of healthcare workers, reinforced and legitimised by the criminal law, leads to LGBT persons and MSM being treated with hostility and denied services. The existence of the criminal sanctions further inhibits healthcare, HIV-prevention services, and access to information and counselling particular to the needs of LGBT persons and MSM.

The evidence illustrated that the environment of stigma and discrimination is exacerbated and sustained by the law, which contributes to MSM's vulnerability to HIV, thereby compromising the country's HIV response. The experts gave extensive references in support of their claims, from local studies, international consensus at the World Health Organization, UNAIDS, and the government's own policy documents.

The Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN), an interested party in the case, pointed the Court to the government's HIV Response Progress Report, which indicates that HIV prevalence among MSM is 18.2% (the national average is 4.9%) and HIV service coverage for MSM is only 65%.

KELIN also pointed to the government's AIDS Strategic Framework in which the Ministry of Health acknowledges the need to decriminalise same-sex consensual sex to stop violating the right to health. It demonstrated to the Court that the Ministry of Health has actively fundraised and received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief (PEPFAR) to remove these legal barriers. The National AIDS & STI Control Programme (NASCOP) has an entire program dedicated to key populations including MSM, and in 2016 published a Training Manual that acknowledges that violence against key populations hinders access to HIV services.

The Kenyan government's own documents therefore show significantly disproportionate vulnerability to HIV for MSM, and inadequate access to services. The link between these facts and the legal barriers in the Penal Code were demonstrated to the Court. This is not only a human rights violation for MSM and LGBT persons but a public health failure, sustained by the criminal law.

In response, the State denied these facts. The Court specifically requested the Ministry of Health to respond to its effective admissions in policy on the harmfulness of the law. The State failed to respond, leaving KELIN's contentions unopposed.

The Kenya Christian Professional Forum filed affidavits in support of the State's case, not from specialists with expertise on HIV or epidemiology, but from an obstetrician-gynaecologist and a psychiatrist. Their affidavits, the high watermark of evidence supporting the State, largely related moralistic opinions on the origins of homosexuality and a baseless claim that the disproportionate vulnerability of MSM and gay men to HIV is a justification to punish same-sex sexual practices.

In constitutional law, it is accepted that the person alleging that their rights have been limited, has an onus to prove this. When presented with conflicting evidence on an issue, a Court's duty includes weighing the evidence and assessing the credibility of witnesses.

But the High Court did not do this. Instead, in the face of overwhelming evidence in support of the claim (including the Ministry of Health's acceptance in policy documents) that the law violates health rights, the Court simply held that it could not find a violation of the right to health in a "factual vacuum" or on the basis of "unsupported hypotheses."

A further indication of the judgment's strained reasoning, the High Court inappropriately applied a standard of proof applicable in criminal law contexts, stating that the Petitioners were required to prove the rights violations "beyond reasonable doubt". This is a much higher standard of proof than the "balance of probabilities" that the Court of Appeal has confirmed applies in constitutional cases. The High Court held:

> "It is for that person to demonstrate that there has been a clear transgression of constitutional principles. However, this rule is subject to the limitation that it is operative only until the time it becomes clear and beyond reasonable doubt that the legislature has crossed its bounds."

While there was hardly any "reasonable doubt" raised by the State or its supporters against the overwhelming evidence in support of the Petitioners' case, the Court not only ignored the Petitioners' evidence but also raised the legal standard of proof to unobtainable heights for individuals who seek to assert their constitutional rights against the State.

In further bolting its closed door on citizens' enforcement of constitutional rights, the judgment infers that a simple legislative amendment to the Penal Code would be insufficient to decriminalise same-sex sexual practices – this would need a constitutional amendment first.

The Court held that: *"Unless Article 45(2) [the right to marriage between two persons of the opposite sex] is amended to recognise same sex unions, we find it difficult … to nullify the impugned provisions, whose effect would be to open the door for same-sex unions."*

The Kenyan courts have in recent years increasingly set progressive jurisprudence on the rights of vulnerable and marginalised groups, on the right to health, and on human rights in the context of Kenya's HIV response, including on the permissible limits to human rights through the criminal law. It has been a source of hope and pride for human rights activists to see the Constitution boldly and independently defended by the judiciary.

In this context, the High Court judgment is not only a disappointing outcome, but the poverty of its reasoning and the potential of its effect to restrict access to justice for individuals seeking to enforce their constitutional rights, is deeply troubling. The judgment establishes regressive constitutional jurisprudence and applies inappropriate standards of

proof at the expense of the rights and dignity of LGBT persons. More broadly, it will limit the effectiveness of Kenya's HIV response.

Allan A. Maleche is the Executive Director of the Kenya Legal and Ethical Issues Network, a lawyer and the Elizabeth Taylor Human Rights Award Winner 2018.

Tabitha G. Saoyo is Deputy Director of the Kenya Legal and Ethical Issues Network, lawyer, and an Aspen New Voices Fellow, 2019.

This article was first published on 8 June 2019 in the Health and Human Rights Journal*, and is reprinted here with the permission of the authors.*

***

TOP

---

7. OF INTEREST: Other news relating to the Global Fund partnership

UK pledges £1.4 billion for Replenishment, UNAIDS and Global Fund sign strategic framework, Global Fund's monthly Replenishment Update, WHO Academy established

Adèle Sulcas **10 July 2019**

UK pledges £1.4 billion ($1.8 billion) to Global Fund for 2020-2022

Advocates for the Global Fund had their spirits lifted (at least, **according to Devex**) when the United Kingdom pledged £1.4 billion ($1.8 billion) on June 29 to the Global Fund's 6th Replenishment, for the upcoming three-year period, 2020-2022. This pledge represents an increase of 16% over the UK's contribution for the current three-year period. Former Prime Minister Theresa May made the announcement during the G20 summit in Osaka, Japan, where the first joint meeting of G20 finance and health ministers took place, and encouraged other leaders also to increase their contributions to the Fund. (Japan had announced its pledge of $850 million, a 5% increase, the previous week). The focus of the joint ministers' meeting was sustainable health financing in order to achieve Universal Health Coverage. Global Fund Executive Director Peter Sands called the 16% increase in the UK's pledge "a tremendous show of leadership".

Read the Global Fund's full news release…
UK pledges £1.4B to Global Fund, boosting advocates' spirits

++++++++++

UNAIDS and the Global Fund sign strategic framework on support to countries

On 27 June, the Global Fund and UNAIDS signed a strategic framework for "cooperation and collaboration to strengthen and accelerate support to countries' efforts to end AIDS". Needless to say the Fund and UNAIDS' collaboration has been extensive and long-standing,

and is outlined in this framework, along with specific areas for "enhanced cooperation to help focus efforts and resources where they are needed most". These areas include HIV prevention and treatment access, community-led service delivery, gender, rights and community engagement, and a particular focus on accelerating progress in West and Central Africa (a region that contains 11 out of the Global Fund's 22 designated 'challenging operating environments' globally – see article in GFO 359).

Read UNAIDS' full press release…

++++++++++

Global Fund's July Replenishment Partner Update

The Global Fund's monthly update to partners on Replenishment-related news was sent out on July 3, at the 100-days-before-Replenishment mark, recapping news of the past month (much of which the GFO has been able to report in previous issues). The update leads with the United Kingdom's £1.4 billion pledge, Japan's increased-by-5% pledge, G20 leaders showing support to end the three diseases at their Osaka meeting, and Sir Elton John and President Emmanuel Macron of France making a high-profile call for the Global Fund's Replenishment goal of 'at least' $14 billion. After the 'news' section, the update features the story of South African doctor Zolelwa Sifumba, a survivor of multi-drug-resistant TB, as the first person to be featured in the Fund's new photo and video series called 'Faces of the Fight'. Then, along with the usual resources, videos, blogs, and toolkits the update offers every month to readers, is a good list of related reading in multiple languages from around the world.

To subscribe to the Global Fund's Replenishment Partner Update…

++++++++++

WHO and France collaborate on 'vision' for the WHO Academy

The establishment of the World Health Organizations' Academy – an institution for lifelong learning about health – is no small thing, and deserves a lot more fanfare. No doubt this will come when the Academy becomes a concrete proposition, but for now, we celebrate one of its first steps, as WHO Director-General Dr Tedros Adhanom Ghebreyesus and French President Emmanuel Macron signed, on 11 June, a declaration of intent to establish the academy. The WHO press release states that the Academy "aims to reach millions of people with innovative learning via a state-of-the-art digital learning experience platform at a campus in Lyon and embedded in the six WHO regions". It will also bring together – along with various high-tech learning environments – "adult learning science, behavioural science and cutting-edge learning technologies … with WHO's norms, standards and evidence to deliver high-impact accredited and tailored multilingual learning to meet diverse needs." The Academy will be open to "a wide range of multisectoral stakeholders that can influence

health, including leaders, educators, researchers, health workers, WHO staff and the broader public".

Read the full WHO press release…

***

TOP

This is issue #360 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Acting Editor at adele.sulcas@aidspan.org. For issues relating to Francophone countries or the French edition of the GFO, the Observateur du Fonds Mondial (OFM), please contact OFM Editor Christelle Boulanger at christelle.boulanger@aidspan.org. To subscribe to GFO/OFM, go to www.aidspan.org.

GFO Newsletter is a free and independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org).

Aidspan (www.aidspan.org) is a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, aiming to benefit all countries wishing to obtain and make effective use of Global Fund resources. Aidspan does not fund any other organizations. Aidspan finances its work through grants from foundations and bilateral donors. Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products. The Board and staff of the Global Fund have no influence on, and bear no responsibility for, the content of GFO or of any other Aidspan publication.

GFO Newsletter is now available in English and French. The French-language edition becomes available within one week after the publication of the English edition.

GFO Acting Editor: Adèle Sulcas (adele.sulcas@aidspan.org). OFM Editor: Christelle Boulanger (christelle.boulanger@aidspan.org). Aidspan Executive Director: Ida Hakizinka (ida.hakizinka@aidspan.org).

TOP