Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 371: 15 January 2020

GFO is an independent newsletter about the Global Fund.

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

CONTENTS OF THIS ISSUE:

1. NEWS: Global Fund Board approves $18.5 million in interventions from the UQD Register

BY ADÈLE SULCAS

The Global Fund Board has approved funding for another batch of interventions from the Register of Unfunded Quality Demand. These awards allow the Fund to fill gaps in services in countries whose original requests for funding from the 2017-2019 allocations did not cover all of their immediate needs. These revisions are to four grants from four countries: Eritrea, Eswatini, Kyrgyz Republic, and Sudan.

2. NEWS: Indonesia needs faster progress towards '90-90-90' HIV targets, OIG says

BY ADÈLE SULCAS

In the Office of the Inspector General's second country audit of Indonesia, shortcomings in HIV program design, in particular, were emphasized as needing major improvement if the country is to reach its 2020 program targets. Some TB program-related issues were also identified. Major improvements noted by the OIG since the 2015 country audit highlighted Government commitment to fighting the three diseases, with domestic resources accounting for more than two thirds of the budgets for those national programs.

3. ANALYSIS: Global Fund adds five countries to its 2020 Eligibility List

BY SAMUEL MUNIU

The Global Fund included five new upper-middle income countries in its 2020 Eligibility List, while excluding Albania, Palau, and Panama, which were eligible in the 2017–2019 period. The new countries are Fiji, Nauru, North Macedonia, Russian Federation, and Venezuela. In the 2020 Eligibility List, the malaria components for Egypt, Kyrgyzstan, Syrian

Arab Republic, Tajikistan, and Uzbekistan were ineligible, though they were eligible in the 2017 list. According to the Global Fund's projections, 12 lower-middle income and 11 upper-middle income countries are projected to transition from Global Fund support by 2028.

4. NEWS AND ANALYSIS: Increased domestic investments and community involvement vital to sustaining HIV/AIDS response, African conference hears

BY ANN ITHIBU

The world has made progress in the fight against the HIV epidemic during the last decade. However, this progress is under threat as a result of dwindling financial resources and a growing epidemic in some regions. Recent global statistics on the HIV epidemic show that the world is unlikely to end the epidemic by 2030. However, discussions at the 20th International Conference on AIDS and Sexually Transmitted Infections in Africa underscored the need for countries to build on the achievements so far by raising more HIV resources domestically, stepping up HIV prevention efforts, and putting the communities at the centre of the response.

5. ANALYSIS: Global Fund explains policy on translating English documents into French and other languages

BY DJESIKA AMENDAH

The Global Fund provides a wealth of resources in English, its main language, to its stakeholders. With Francophone African countries accounting for 22% of Global Fund investments, the Secretariat translates about two-thirds of Global Fund documents into French and a much smaller proportion into other languages. The GFO sought to understand the Global Fund's policy relating to the translation of English documents into French and other languages, and received an in-depth explanation from the Secretariat.

6. REPORT: New report highlights key transition and sustainability issues in the Latin American and Caribbean response to the three diseases

BY KATAISEE RICHARDSON

A recent report commissioned jointly by the Latin American and Caribbean delegation to the Global Fund Board and a seperate LAC initiative, the Horizontal Technical Cooperation Group, details the experiences and opinions of stakeholders engaged in the response to the three diseases in the region, focusing on Global Fund-supported processes and mechanisms. The report highlights transition and sustainability as critical issues, and is intended to advance the dialogue on how to harmonize and optimize the many regional coordination structures that are currently operating.

7. OF INTEREST: News for and about the Global Fund partnership

BY AIDSPAN STAFF

This edition's 'Of Interest' focuses on the new partnership agreement between the Agence Francaise du Développement and the Global Fund on health systems in West and Central Africa, the Global Fund's e-learning materials now available to assist applicants for 2020-2022 funding, and the Global Fund's call for applicants for its new Youth Council.

TOP

ARTICLES:

1. NEWS: Global Fund Board approves $18.5 million in interventions from the UQD Register

Funding for Eritrea, Eswatini, Kyrgyz Republic and Sudan for malaria and TB/HIV

Adèle Sulcas **14 January 2020**

On 23 December 2019, the Global Fund Board approved by electronic vote funding for interventions from the Register of Unfunded Quality Demand (UQD) valued at $18,449,708 for four grants in four countries. The funds come from $650 million approved by the Audit and Finance Committee for portfolio optimization, from the 2017-2019 allocations. The additional amounts will be integrated into four existing grants through grant revisions that increase each grant's overall amount.

The largest award was $13.9 million for a Sudan malaria grant, a 13% increment on the previously approved budget. The other three amounts approved, for Eritrea, Eswatini, and Kyrgyz Republic, were all below $2.4 million, representing a 5-6% increment for each grant.

The Board was acting on the recommendations of the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC).

Table 1: Funding approved for UQD interventions

Applicant	Com-ponent	Grant name	Principal recipient	Previously approved program budget ($)	Recommended additional funding ($)
Eritrea	Malaria	ERI-M-MOH	Ministry of Health	18,442,129	1,000,000
Eswatini	TB/HIV	SWZ-C-NERCHA	National Emergency Response Council on HIV and AIDS	41,142,961	2,267,807
Kyrgyz Republic	TB/HIV	KGZ-C-UNDP	United Nations Development Program	20,959,824	1,197,668
Sudan	Malaria	SDN-M-MOH	Ministry of Health	104,004,056	13,984,233

Note: The funding source for all grants in the above table is portfolio optimization.

In its report to the Board, the GAC provided comments on the awards, which we summarize in the balance of this article.

Funding awarded for UQD interventions

Eritrea Malaria

The additional investment through portfolio optimiziation of $1,000,000 will be used to address a gap in funding for indoor residual spraying (IRS) in 2020. IRS is one element of Eritrea's integrated vector management plan, whose main vector control strategy is based on mass distribution of long-lasting insecticidal nets (LLINs). IRS is conducted to reduced malaria transmission in selected areas of the highly malaria zones of Gash-Barka and Debub. Eritrea's current malaria grant from the 2017-2019 allocation period covers only 45% of the funds required for the 2020 IRS campaign. The additional funds from this award will support insecticide procurement and campaign operations.

Eswatini TB/HIV

The additional funding for Eswatini is expected to have a major positive impact on the country's data management and integration capacities, as it will support the scale-up of Eswatini's Client Management Information System (CMIS) to 191 additional health facilities. This brings the total number of the country's health facilities that are connected to CMIS to 277, which is 84% of the total number of health facilities. The funding is intended to optimize CMIS, and support interconnection between the health facilities and the system's central server. The expected results of this CMIS scale-up are the improvement of patient management (semaless provision of services even when patients move from one facility to another), improvement in the quality and management of HIV data (accurate reporting of patients on ART), and accurate monitoring of Eswatini's progress towards 90-90-90.

Kyrgyz Republic TB/HIV

The additional funding to the Kyrgyz Republic will support country's transition to the 2018 WHO multidrug-resistant TB (MDR-TB) treatment guidelines, enabling Kyrgyz Republic to provide treatment to an estimated 1,104 people in 2020 who are in need of the new, higher-cost WHO-recommended MDR-TB regimen. The country is one of the high MDR-TB burden countries, with rifampicin-resistance at 30 percent among new cases and at 68% among previously treated cases.

Sudan malaria

Because of the insecurity in both Sudan and South Sudan, Sudan is receiving an increasing number of refugees, and is experiencing higher usage of public-sector services attributed to inflation as well as to stockouts in the private sector. In addition, Sudan has a higher malaria burden in conflict-affected areas in the southern and south-eastern states of the country. These two factors combined have increased the overall commodity and programmatic needs of Sudan's malaria program. There is consequently a gap for both indoor residual spraying (IRS) and long-lasting insecticide net (LLIN) coverage in 2020, as well as an additional case-management commodity gap because of the first factor mentioned above. The additional funding to Sudan through this award will address the IRS and LLIN gaps, sand upport the procurement of additional commodities needed to address the rise in the use of public-sector services.

The information for this article was taken from Board Document GF/B42/ER02 ("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

2. NEWS: Indonesia needs faster progress towards '90-90-90' HIV targets, OIG says

Improvements also needed in TB and MDR-TB notification and treatment, TB-HIV program collaboration

Adèle Sulcas **14 January 2020**

If Indonesia's HIV- and TB-program targets are to be reached by 2020, the design of both programs needs improvement, the Office of the Inspector General said, emphasizing shortcomings in the HIV program in particular. This was the second OIG audit of Indonesia's Global Fund grants since the Global Fund's investments in the country began, in 2003.

The OIG report, published on 3 January 2020, rated the adequacy and effectiveness of grant design as 'partially effective,' and the effectiveness and efficiency of implementation and assurance arrangements as 'need[ing] significant improvement'.

The OIG highlighted that Indonesia's HIV grants do not yet include plans to increase the number of facilities offering both testing and treatment, because the finalization of the expansion plan is still underway (see page 14 of the OIG report). Facilities that offer testing as well as treatment are a critical component in rolling out the 'test and treat' policy known to improve treatment rates.

The audit covered the period from January 2017 to December 2018, and included all four Principal Recipients and six grants that were active during that time (see Table 1 below). The auditors visited selected health facilities, laboratories and warehouses in Jakarta.

(Editor's note: The GFO asked the OIG whether Jakarta was sufficiently representative of issues that might affect the whole country, given its island-archipelago geographic structure. The OIG replied that Jakarta, Indonesia's capital, has the highest prevalence of HIV, TB and MDR-TB in terms of numbers, and while the findings at the facilities visited in Jakarta could not be extrapolated to the whole country, they gave a sense of what the gaps might be in other provinces. The broader issues identified during the audit relate to systems and controls countrywide, the OIG said.)

Table 1: Global Fund grants in Indonesia covered by this audit

Grant No.	Grant Component	Principal Recipient	Grant period	Signed amount (US$)
IDN-H-MOH	HIV	Directorate General of disease Prevention and Control, Ministry of Health	01 Jan 2018 to 31 Dec 2020	60,661,386

IDN-H-SPIRITI	HIV	Yayasan Spiritia	01 Jan 2018 to 31 Dec 2020	32,116,331
IDN-T-AISYIYA	Tuberculosis	Central Board of 'Aisyiyah	01 Jan 2018 to 31 Dec 2020	14,768,459
IDN-T-MOH	Tuberculosis	Directorate General of disease Prevention and Control, Ministry of Health	01 Jan 2018 to 31 Dec 2020	103,034,752
IDN-M-MOH	Malaria	Directorate General of disease Prevention and Control, Ministry of Health	01 Jan 2018 to 31 Dec 2020	44,574,010
IDN-M-PERDHAK	Malaria	Persatuan Karya Dharma Kesehatan Indonesia (Association of Coluntary Health Services of Indonesia)	01 Jan 2018 to 31 Dec 2020	9,070,896
Total				**264,225,834**

Key achievements

The OIG report points out three areas within Indonesia's key achievements and good practices in fighting the three diseases. First, Government financial commitment to fight the three diseases, with Indonesia meeting its 20% co-financing commitment for the 2018-2020 allocation period (the government in any case finances 64% of total funds to fight the three diseases). Government also finances procurement of most HIV, TB and malaria commodities, and the Ministry of Health has decreed it will increase the number of hospitals providing MDR-TB treatment to 260. *(Editor's note: The Government decree does not mention the baseline number from which they are planning to increase.)*

Second, the OIG notes good programmatic performance, such as (for example), an increase in the number of HIV tests conducted among key affected populations using mobile clinics, which has bridged the gap between outreach and testing, and strengthened collaboration between health facilities and civil society organizations (CSOs); the introduction of mandatory TB case notification (leading to a 24% increase in case notification outcomes in 2018), and 800 GeneXpert machines installed in health facilities.

Third, there is complementarity between government and CSOs in implementing interventions for key affected populations, for example in outreach and testing of men who have sex with men.

Country context

Indonesia accounts for about 2% of the global HIV disease burden (an estimated 640,000 people living with HIV), with TB also remaining a major issue (an estimated 845,000 people with TB in 2018), and significant TB-HIV co-infection. The majority of districts are malaria free, with most of Indonesia's malaria burden persisting in Eastern Indonesia.

Indonesia has a population of 264 million, with 55% of the population living in urban areas, mostly on the island of Java, and the remainder spread over 16,000 islands in the world's largest archipelago. Income levels in Indonesia, a G-20 member, have risen steadily in the

past 20 years, making it likely that it will reach middle-income status and may be ineligible for future Global Fund allocations. The country launched a universal health care program in 2014, with 74% of the population enrolled by the end of 2018.

Since 2004, the Global Fund has signed grants with Indonesia worth more than $1 billion. The Global Fund is the country's largest external donor (26%), while Government finances 64% of the funding to fight the three diseases in Indonesia.

Indonesia is considered a 'high impact' Global Fund country (very large portfolio, mission-critical disease burden).

Main findings and Agreed Management Actions

The OIG described four main findings from its audit, which we summarize here (see pages 13-19 of the report for full details). The associated Agreed Management Actions (AMAs) follow each finding.

4.1 PLHIV testing and linkage between testing/treatment and monitoring need improvement, to reach the HIV '90-90-90' cascade

Compared to regional or global numbers, and despite progress made since the adoption of a 'test and treat' policy, Indonesia's HIV treatment cascade remains at a low 50-17-7. This low performance poses risks to the success of the grant and the gains made so far, the OIG says. Specific issues are:

- Stagnant testing yield and testing targets among key affected populations (MSM, people who inject drugs, transgender individuals, and female sex workers); low testing coverage among these populations represents a missed opportunity, the OIG says, for early diagnosis and timely initiation of antiretroviral therapy.
- Low linkage to treatment, high loss to follow-up of people on treatment, and inadequate PLHIV treatment monitoring: More than 60% of PLHIV who know their status on are initiated on treatment, and more than 23% are lost to follow-up after 12 months. The OIG identifies contributing factors to low treatment coverage to include gaps in the referral system that links patients to treatment, improvement needed in implementing the 'test and treat' policy, and limited central-level oversight on patients lost to follow-up.
- Gaps in monitoring clients on HIV treatment: Indonesia has very limited implementation of viral-load testing to monitor treatment efficacy, though it has adopted the WHO guidelines on viral load testing at six and 12 months – and then annually – after treatment initiation. Viral load testing coverage is less than 7%, but paradoxically the budget line for viral-load testing is underutilized; this is due to confusion around whether the Global Fund or Government finances the cost of testing not covered by social health insurance, which in turn has led to a reluctance of clinicians to prescribe viral load testing, the OIG report said.

AMA 1: The Secretariat will review implementation arrangements to meet treatment coverage targets of 31 December 2020, and to ensure proper mechanisms for monitoring patient cohorts are in place (owner Head of Grants Management; due 31 January 2021).

4.2 Improvements needed to achieve the desired TB and MDR-TB notification and treatment outcomes

The report identified four specific areas of improvement within this topic, notably:

i) Challenges with the effectiveness of contact-tracing activities: more than 50% of TB cases referred by volunteers are not being tested in health facilities due to the absence of updated guidelines on who qualifies for referral;
ii) Limited implementation of 'Public/Private Mix' at the district level: the country's large private health sector is not yet firmly linked to the reporting network of the National TB program; while 74% of initial care sought for TB occurs in private health facilities;
iii) Improvement needed in the management of GeneXpert machines (installation delays; idle machines no longer under warranty, delays in replacing broken parts)
iv) Improvement needed in the management of MDR-TB: Around 49% of people diagnosed with MDR-TB do not start treatment, and there is no mechanism to track them (Indonesia is one of the world's 27 high-burden MDR-TB countries.

AMA 2: The Secretariat will work with the Federal Ministry of Health, civil society organizations and development partners to ensure that staff from Global Fund-supported CSOs are instructed to consider all bacteriologically confirmed cases in their lists for contact investigation follow up; and to revisit district public/private mix (DPPM) activities and assess the need to maintain, scale up or scale down this activity (owned by Head of Grants Management Division; due 31 January 2021).

4.3 TB/HIV collaborative activities, including GeneXpert utilization, require strengthening

Alongside several examples of good TB/HIV collaboration, including HIV outreach workers systematically conducting screening for TB symptoms as part of HIV outreach to key affected populations, the OIG noted key challenges in this area:

- Vertical TB and HIV program structure: In Indonesia, TB is diagnosed and treated mainly at the primary health-care level, while HIV treatment is mostly hospital-based, leading to many co-infected patients receiving care in two different facilities, which places an additional burden on the patient. Only 34% of primary healthcare facilities and 26% of hospitals are able to provide HIV testing services; there is no cross-validation of data between the two programs, and there are different reporting systems for TB and HIV.
- Sub-optimal use of GeneXpert machines for viral-load testing: Recent increased distribution of more than 809 GeneXpert machines is designed to increase their use for viral load testing in addition to TB testing, but delays between training and the rollout of viral load testing, plus a prolonged negotiation with a third-party supplier have hampered this scaleup.
- In 2018, a plan to improve TB/HIV collaboration was developed and approved, but at the time of the audit in August 2019, the plan's budget had not been finalized.

AMA 3: The Secretariat will work with the Ministry of Health and other development partners to finalize the budget for the Acceleration plan of TB/HIV control (owned by Head of Grants Management Division, due by 30 June 2020).

4.4 Gaps in oversight and assurance arrangements

The gaps identified by the OIG seem to focus on oversight and supervision – specifically of planned supervision visits – of sub-recipients. The audit report said that five of the six Principal Recipients do not have a comprehensive supervision plan in place. Some sub-recipients rated as high-risk were not visited, while medium- or low-risk sub-recipients were visited.

The National HIV Program (Ministry of Health as the PR) has eight staff performing supervision across 46 sub-recipients and 240 sub-sub-recipients. The OIG said that "there is no difference in the approach towards sub-recipient reviews and monitoring, despite variations in grant size and risk level". This, the OIG report said, has contributed to 50% of the PRs exceeding their supervision budgets in 2018, even though they have conducted fewer supervision visits than planned.

The OIG also said that there is no documented evidence that five of the six PRs communicated review findings and recommendations to sub- and sub-sub-recipients, while the PRs said that they communicate findings verbally. Nonetheless, there is no system that tracks findings and recommendations raised during supervision, and no formal mechanism for providing feedback to sub-recipients after supervision.

AMA 4: The Secretariat will ensure that all PRs develop a risk-based sub-recipient supervision plan for the monitoring of their sub-recipients, and to ensure that systemic feedback and follow-up mechanisms are put in place (owned by Head of Grants Management Division; due 30 June 2020).

Further reading:

- This audit report is called 'Global Fund Grants in the Republic of Indonesia', 3 January 2020 (GF-OIG-20-001).
- The 2015 report is 'Audit of Global Fund Grants to the Republic of Indonesia', 1 December 2015 (GF-OIG-15-021).

***

TOP

---

3. ANALYSIS: Global Fund adds five countries to its 2020 Eligibility List

Updated transitions list projects 12 countries becoming 'upper-middle-income' by 2028

Samuel Muniu **14 January 2020**

According to the Global Fund to Fight AIDS, Tuberculosis, and Malaria's recently published Eligibility 2020 list, the list of countries and disease components currently eligible for Global Fund support, 131 countries are eligible to receive an allocation from the Global Fund during the 2020–2022 period. However, this eligibility does not automatically result in an allocation as countries still need to apply for Global Fund funding, in line with the application process for 2020–2022, as described in a recent GFO article (19 December 2019). The Global Fund also recently published the list of components projected to transition from Global Fund support by 2028.

The Global Fund allocates funding to countries for programs to fight the three epidemics (HIV, TB and malaria) once every three years, after raising funds through its three-year Replenishment cycle. Before the recent allocations announced in December 2019, the last Global Fund allocations were made in 2017, for country components eligible for funding for 2017–2019. The 2020 Eligibility list determines countries' components eligible for funding from the Global Fund for the 2020–2022 period.

A country's income category and disease burden are the main determinants for a country's eligibility for a Global Fund allocation. The Global Fund relies on the World Bank's income classification that categorizes countries into four income groups: low income (LI), lower-middle income (LMI), upper-middle income (UMI), and high income (HI). For the purposes of setting its co-financing requirement, the Global Fund subdivides the LMIs into two categories: lower and upper-LMIs.

The Global Fund also relies on the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) classification of disease burden as 'High' or 'Not high'.

Disease burden classifications

According to the Global Fund Eligibility Policy, a country's HIV burden is classified as 'high' when the national prevalence is one percent or more, or prevalence within a key population is five percent or more, and when a country is listed to receive support by the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC). A country's tuberculosis burden is classified as 'high' when the incidence rate per 100,000 people is 50 or more, or when the proportion of new TB-resistant cases is five percent or more of the identified TB cases. A country's malaria burden is regarded as 'high' when the death rate from malaria is 12 people or more per 100,000 at risk of the disease, or the country contributes 0.25% or more to global malaria deaths, or the death rate is less than 12 people per 100,000 at risk of malaria and when more than 65 per 1,000 people at risk have the disease, or when there is a documented artemisinin (malaria drug) resistance in a country.

Income category changes

Regardless of the HIV, TB and malaria burden, all low-income and lower-middle income countries are eligible to receive an allocation from the Global Fund. However, the upper-middle income countries are eligible to receive the Global Fund allocation only if they have a

'High' burden of one of the three disease components. Also, upper-middle income countries are eligible for an allocation if the International Development Association (IDA) classifies them as 'Small Island Economy Exceptions'. High-income- and the Group of 20 upper-middle-income countries are ineligible to receive an allocation from the Global Fund. Moreover, countries that the WHO has certified as malaria-free are ineligible for a malaria component allocation.

A comparative analysis of countries income status in the 2017 and 2020 Eligibility lists reveals that ten countries moved up while nine were downgraded in income category, as summarized in Table 1.

Table 1: Country income changes in 2017 and 2020

No	Countries that moved up in income	Income category in 2017	Income category in 2020	No	Countries that moved to lower income	Income category in 2017	Income category in 2020
1	Bhutan	lower-LMI	upper-LMI	1	Angola	upper-middle income	upper-LMI
2	Cambodia	low income	lower-LMI	2	Congo	upper-LMI	lower-LMI
3	Comoros	low income	lower-LMI	3	Georgia	upper-middle income	upper-LMI
4	Guatemala	upper-LMI	upper-middle income	4	Mongolia	upper-middle income	upper-LMI
5	Guyana	upper-LMI	upper-middle income	5	Nigeria	upper-LMI	lower-LMI
6	Kosovo	upper-LMI	upper-middle income	6	Syrian Arab Republic	lower-LMI	low income
7	Moldova	lower-LMI	upper-LMI	7	Timor-Leste	upper-LMI	lower-LMI
8	Papua New Guinea	lower-LMI	upper-LMI	8	Tunisia	upper-middle income	upper-LMI
9	Samoa	upper-LMI	upper-middle income	9	Ukraine	upper-LMI	lower-LMI
10	Zimbabwe	low income	lower-LMI				

Source: Global Fund's 2017 and 2020 Eligibility Lists

Newly 'eligible' countries

Five new upper-middle-income countries — Fiji, Nauru, North Macedonia, Russian Federation, and Venezuela — were the new additions to the 2020 Eligibility list. The new country components categorized as 'eligible' to receive an allocation in 2020–2022 period are Nauru's TB, North Macedonia's HIV, the Russian Federation's HIV, and Venezuela's malaria components. These components are eligible to receive an allocation following their disease burden classified as 'high', and after they were determined to be eligible for a second year in succession. Fiji had one determination of eligibility following the IDA re-classification of the country as a Small Island Economy.

Changes in eligibility status

Five countries' malaria components – Egypt, Kyrgyzstan, Syrian Arab Republic, Tajikistan, and Uzbekistan — are 'not eligible' in the 2020 Eligibility list, whereas they were 'eligible' in

the 2017 Eligibility list. These countries have already been determined as malaria-free. Armenia's HIV, Guyana's malaria, Kosovo's HIV and TB, and Guatemala's malaria and TB components moved from 'eligible' in the 2017 Eligibility list to 'transition' in the 2020 Eligibility list for two reasons. First, their related disease burdens are 'Not high', and second, all these countries, except Armenia, grew economically, with their income status moving from upper-LMI to upper-middle income.

Inversely, some countries' disease components that were transitioning are now once again 'eligible', indicating a worsening of those countries' economies. These are: Cuba's HIV, Iraq's TB, Surinam's TB and Turkmenistan's TB components. Similarly, Ecuador's malaria, Jordan's TB, and Tunisia's TB components changed from 'not eligible' in 2017 to 'eligible' in 2020. This was due to the increase in malaria and TB burden in Ecuador and Jordan, respectively. However, in Tunisia the change results from a downgrade from upper-middle income to upper-lower middle income. Such reverse movement calls into question these countries' (other than Tunisia) preparedness for transition. (See GFO article about this discussion after the Global Fund's 42nd Board meeting in November 2019.)

Transition from Global Fund support

The Global Fund's Sustainability, Transition and Co-financing policy aims to encourage countries to progressively move away from reliance on donor funding to greater levels of domestic financing of their health programs. A country or disease component may transition from Global Fund support if it meets one of three possible scenarios: a country of its volition declines the Global Fund's support, when the disease component is 'ineligible' based on the Global Fund's Eligibility Policy, or after a country receives the final allocation from the Global Fund.

All countries that were eligible for an allocation for the 2017–2019 period were included in the 2020 list except Albania, Palau, and Panama. Albania's HIV and TB components were allocated Transition Funding during the 2017–2019 period following the country's upgrade to upper-middle-income status in 2015. Similarly, both Palau and Panama are upper-middle income countries with low burdens of HIV, TB, and malaria.

According to the updated projected transition list, two main transition pathways exist for countries to move away from Global Fund funding: a lower-middle income country with a 'not high' disease burden moves to upper-middle income status, or an upper-middle income country with any disease burden moves to high-income status.

The Global Fund projects that a total of 17 disease components from 12 lower-middle income countries will move to upper middle-income status by 2028. These countries and disease components are as follows:

Table 2: Lower-middle income countries projected to move to upper-middle income status with 'Not high' disease burden

No	Country	Disease components
Moved to upper-middle income status in 2018 – 2020 and eligible for Transition Funding in 2020 – 2022		

1	Armenia	HIV
2	Guatemala	TB and malaria
3	Guyana	Malaria
4	Kosovo	HIV and TB
Projected to move to upper-middle income status in 2020 – 2022 and eligible for Transition Funding in 2023 – 2025		
1	Bolivia	Malaria
2	Eswatini	Malaria
3	Philippines	Malaria
4	Sri Lanka	HIV
Projected to move to upper-middle income status in 2023 – 2025 and eligible for Transition Funding in 2026 – 2028		
1	Bhutan	HIV and malaria
2	Cabo Verde	HIV, TB and malaria
3	Egypt	TB and malaria
4	Lao PDR	HIV

Source: Global Fund's list of components for transition by 2028

Similarly, the Global Fund projects that 16 disease components from 11 upper-middle income countries will move to high income by 2028. These countries and disease components are as follows:

Table 3: Upper-middle income countries projected to move to high income status

No	Country	Disease components
Ineligible for allocation in 2020–2022		
1	Costa Rica	HIV
2	Malaysia	HIV
3	Mauritius	HIV
Ineligible in 2023–2025		
1	Dominica	HIV and TB
2	Grenada	HIV and TB
3	Guyana	HIV and TB
Ineligible in 2026–2028		
1	Dominican Republic	HIV
2	Gabon	TB
3	Kazakhstan	HIV and TB
4	Lebanon	HIV
5	St. Vincent & the Grenadines	HIV and TB

Source: Global Fund's list of components for transition by 2028

Further reading:

- *The Global Fund's 2020 Eligibility List*
- *'Projected transitions from Global Fund country allocations by 2028: projections by component'*

- *GFO 369 article, 30 November 2019: 'Global Fund publishes 2020 eligibility list and list of projected transitions from Global Fund allocations by 2028'*
- *GFO 370 article, 19 December 2019: 'Global Fund announces $ 12.71 billion for 2020-2022 country allocations'*
- *GFO 370 article, 19 December 2019: 'Global Fund informs countries individually of 2020-2022 allocation amounts'*

***

TOP

---

4. NEWS AND ANALYSIS: Increased domestic investments and community involvement vital to sustaining HIV/AIDS response, African conference hears

Countries also need to step up HIV prevention efforts, and enhance the role of communities

Ann Ithibu **14 January 2020**

During the last decade, the world recorded substantial progress in the fight against the global HIV epidemic: AIDS-related deaths reduced by one third, and new HIV infections reduced by a 16%, between 2010 and 2018. However, dwindling financial resources available for HIV and a growing epidemic in some regions, such as Eastern Europe and Central Asia, threaten these gains, which are already diminishing year-on-year. In fact, the world is unlikely to meet the global HIV targets laid out in UNAIDS' 'Fast-Track: Ending the AIDS epidemic by 2030', which includes a reduction in new annual infections to fewer than 200,000 by 2030 (or in the more immediate term, fewer than 500,000 by 2020). Renewed efforts are needed to sustain the gains already achieved while also accelerating progress towards ending the epidemic.

This article focuses on three main factors that are key to building on past achievements: domestic investments in the HIV response, HIV prevention, and the role of communities.

The information in this article comes from discussions held in a panel session called 'Sustaining the AIDS response,' convened by the Joint United Nations Programme on HIV/AIDS (UNAIDS) at the 20th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) held in Kigali, Rwanda from 2 to 7 December 2019. Panelists included Peter Sands and Winnie Byanyima, Executive Directors of the Global Fund and UNAIDS, respectively, and Maurine Murenga, who is the Executive Director of Lean on Me Kenya. We also obtained information from the UNAIDS Data 2019 report, the Global AIDS Update 2019, and other available literature and analysis.

Key considerations in sustaining the HIV response

HIV response needs more domestic resources and increased accountability

Panelists in the UNAIDS session expressed their concern for the low level of domestic investments in the HIV response across sub-Saharan African countries. Indeed, recent statistics by UNAIDS showed that sub-Saharan Africa countries rely mostly on external resources to fund their HIV responses. Two regions make up sub-Saharan Africa: Eastern and

Southern Africa, and West and Central Africa. In both regions, external sources fund more than half of the HIV responses. In Eastern and Southern Africa, donors fund 59% while in West and Central Africa they fund 62%. In Eastern and Southern Africa, when South Africa is excluded from the analysis, donor funds account for 80% of the HIV response. (South Africa is one of the few African countries that funds its HIV response using mostly domestic resources [78%].)

The situation is not all doom and gloom - over the years, countries have been taking more responsibility for their responses. The two regions in sub-Saharan Africa have raised their investments since 2010. Countries in Eastern and Southern Africa, which is home to 54% of the world's people living with HIV, increased their domestic contributions by 34% between 2010 and 2018 while West and Central African countries increased theirs by 30%, according to UNAIDS. However, the level of domestic investments fell in 2018, particularly for Eastern and Southern Africa, by 9% (or by 27% if South Africa is excluded from the analysis).

Peter Sands, Executive Director of the Global Fund, which remains a major global financer of HIV responses contributing about 20% of all international financing globally for the three diseases, particularly in sub-Saharan Africa, urged countries to raise additional domestic resources and to spend enough of these resources on health, particularly on the right programs and for populations that are most in need. (The GFO reported on this in more detail in December 2019). The Global Fund projects that implementing countries will raise $46 billion in domestic resources for the three diseases over the 2021-2023 grant implementation period through their co-financing commitments. Panelists recommended that countries should strengthen revenue collection systems and increase efficiency in the use of resources.

The session also underscored the critical role of countries' Parliaments in promoting increased countries' financial allocations to the health sector, particularly to the HIV response, through their budgetary processes. Parliament can also ensure increased accountability of both domestic and external financing for HIV in collaboration with the Offices of the Auditors-General, or their equivalent.

[Editor's note: Aidspan, cognizant of the need for countries to increase accountability, is currently working with Supreme Audit Institutions in eight Anglophone and Francophone countries to improve their readiness to audit Global Fund grants in their countries. Read more on the strengths of the Audit office of Kenya, Ghana and Rwanda in auditing their grants.]

"We are mopping the floor with the tap open" – building the case for HIV prevention

Countries have failed to collectively meet the global target of fewer than 500,000 new annual HIV infections by 2020. Approximately 1.7 million people became newly infected with HIV in 2018, according to recent statistics by UNAIDS. These new infections continue to add to the pool of people living with HIV, which further increases the total HIV resource needs, a situation that one of the panelists, Maurine Murenga, equated to "mopping the floor with the tap open." Currently, more than 37.9 million people globally are living with HIV.

While sharing her perspective on sustaining the AIDS response, Murenga noted three 'mistakes' that are working against the HIV response. The first mistake is the medicalization of the HIV response. "We think it's as easy as buying drugs and putting them in the health facility, yet we know that there are a lot of barriers between the house and the health facility related to gender, human rights, and stigma," she explained. The UNAIDS HIV Prevention

Roadmap 2020 recommends a combined approach to HIV prevention that includes a range of biomedical, behavioural and structural (relating to policy and human-rights barriers) interventions.

Murenga cited the second mistake as the failure to use data to inform decision making and strategic investments. Likewise, UNAIDS had noted, in 2015, that HIV prevention investments did not always target the people most in need of the services, which alludes to gaps in the use of evidence to inform programming, Lastly, she noted that prevention programs sideline people already living with HIV despite the potential for them to help design effective prevention programs.

On the one hand, investing in HIV prevention will reduce the resources needed to care for those who become infected with HIV, as demonstrated in the UNAIDS Fast-Track targets. The Fast-Track strategy estimates that investing to avert 28 million new HIV infections between 2015 and 2018 would deliver a 15-fold return on those investments, including saving $24 billion in additional HIV treatment costs based on infections averted. But on the other hand, countries' investments in HIV prevention are not often commensurate with the rate of new HIV infections.

Countries apportioned an average of 16% of their HIV allocation to HIV prevention, according to an analysis of funding requests submitted to the Global Fund by a sample of African countries in the 2014-2016 funding cycle. This proportion falls short of the UNAIDS benchmark of 26%. In the 2017-2019 cycle, Eastern and Southern African countries dedicated only 4.6% of total HIV funding for prevention programs among adolescents and youth, despite the region having the worst burden of HIV infection across this age group, according to an Aidspan analysis in October 2018. Adolescent girls and young women aged 15 to 24 years accounted for 26% of new infections in the region in 2018, according to recent UNAIDS statistics.

Panelists urged the countries to increase their investments in HIV prevention. Winnie Byanyima, UNAIDS Executive Director, urged African countries to take up more responsibility and ownership of HIV prevention efforts instead of transferring that responsibility to donors to ensure sustainability. "We [African countries] should be putting more of our resources on prevention," she said. This call echoes the 2016 United Nations General Assembly Political Declaration on ending the AIDS epidemic by 2030, where countries committed to invest at least a quarter of total HIV resources in HIV prevention in line with the UNAIDS 'Quarter for Prevention' benchmark created in 2015.

The panelists further noted that prevention efforts should target key and vulnerable populations, depending on the country context. This call is timely as recent statistics by UNAIDS now show that key populations and their sexual partners account for more than half of new infections. It is therefore vital that countries use existing data to inform investments in HIV prevention efforts.

Winnie Byanyima described prevention efforts targeted to adolescent girls and young women as a 'game-changer' within the African context where HIV infection is 60% more likely for young women (15-24 years) than for young men of the same age. She called for increased investments in sensitization about young women's sexual and reproductive health rights, and for stricter implementation of laws on violence against women, which exacerbates the risk of HIV infection for women.

Putting communities at the center of the response

Lack of information or ignorance, stigma and discrimination, and other human rights-related barriers often hinder access to HIV prevention, testing, and treatment services, particularly for marginalized populations. However, communities have stepped in either as service providers, advocates, and human-rights defenders to bridge this gap and ensure that the services are relevant to, and reach, the people who need them most There is no standard definition of 'communities', but the term usually refers to people living with or affected by the three diseases, and to key and vulnerable populations. For instance, efforts by community health workers, who provide services at the community level, have helped South Africa and Zambia achieve the 90-90-90 targets, and have improved circumcision rates in Kenya, according to UNAIDS.

As advocates, community members have helped reduce legal barriers to accessing HIV services. According to UNAIDS, in Colombia and parts of Mexico, communities have helped overturn laws that criminalized HIV transmission. In at least nine countries in sub-Saharan Africa, they have helped decriminalize same-sex sexual relationships.

Despite clear evidence in favor of community-led interventions, communities still face numerous challenges contributing to the HIV response. Community responses in most countries are grossly underfunded and rely mainly on foreign resources. It is not clear what proportion of Global Fund investments support community responses, but the Global Fund notes on its website that it encourages countries to allocate funding to initiatives such as community-based monitoring, community-led advocacy, social mobilization and institutional capacity building. However, Maurine Murenga noted that community interventions or responses are usually the biggest (and first) losers in the event of reduced donor funding.

Panelists called for increased funding for community responses, including advocacy work, which enables the communities to lobby consistently for increased funding and for better HIV services. One way African governments might do this would be to honor their collective commitment, made in the 2016 HIV Political Declaration, to invest at least 6% of total HIV resources on 'social enablers', including advocacy, community and political mobilization, community monitoring, outreach programmes and public communication by 2020, and ensure that at least 30% of all service delivery by 2030 is community-led.

Further reading:

- 'Fast-Track – Ending the AIDS epidemic by 2030'
- UNAIDS Data 2019 report
- Global AIDS Update 2019 – Communities at the centre
- From GFO Issue 370, 19 December 2019, "Global Fund Executive Director calls for increased domestic investment in health at ICASA meeting in Rwanda"
- UNAIDS HIV Prevention 2020 Road Map
- Gemma Oberth, Mary Ann Torres, Olive Mumba & Michel O'Connor. A Quarter for Prevention? Global Fund Investments in HIV Prevention Interventions in Generalized African Epidemics, 2017
- From GFO Issue 344, 17 October 2018, Global Fund grants underfund HIV prevention among adolescents, the key driver of the epidemic in Eastern and Southern Africa

- 2016 United Nations Political Declaration on Ending AIDS sets world on the Fast-Track to end the epidemic by 2030

***

TOP

---

5. ANALYSIS: Global Fund explains policy on translating English documents into French and other languages

Investment in Francophone countries is 22% of portfolio; two thirds of 'resource' documents available in French

Djesika Amendah **15 January 2020**

The Global Fund to Fight AIDS, TB and Malaria signed $2.4 billion to the 21 Francophone sub-Saharan African countries in which the Global Fund has invested during the current grant implementation cycle, 2018-2020. This amount represents 22% of the Global Fund's total investment for the same period. The Global Fund has so far disbursed 58% of the amount signed, according to Aidspan's calculation, based on data from the Global Fund website's Data Explorer. As one of the most important sources of funding of the health sector in those countries, the Global Fund to Fight AIDS, TB and Malaria's role in Francophone Africa is vital.

This analysis aims to explore whether Francophone countries have adequate access to Global Fund documents in French, the working language for communities, governments, and civil society officials in those countries. Information for this article comes from the Global Fund allocation letters for the period 2020-2022 sent to Francophone countries, and from the Global Fund website (including the 'Resource Library' tab on the Global Fund website's home page).

Allocation letters sent in English to Francophone countries

The Global Fund sent Francophone countries their allocation letters for 2020-2022 in English and French in December 2019. For some Francophone countries, such as Chad or Senegal, the French letterhead read "version de courtoisie, seule la version anglaise fait foi" or "la version anglaise prevaut," which the GFO understands to mean "courtesy version, the English version is considered legally binding". The letters bear the signature of Marc Edington, the Head of the Grant Management Division.

The allocation letters describe the objectives of the funding, the amount allocated to countries, suggested split by disease, and other implementation arrangements such as choice of Principal Recipient.

Less than two-thirds of the Resource Library documents translated into French

The Resource library section on the Global Fund's website (a tab on the home page) contains information documents in sub-sections such as Applicants, Board, Country Coordination Mechanism (CCM), Implementers, and other Global Fund stakeholders. In this section, 63% of the documents are available in French. This average conceals wide differences in the extent of translation between sub-sections.

In ‘Documents by type,’ under ‘Applicants’, the following sub-sections (in gray on the page) are available in French: Frequently Asked Questions, Core Information Notes, Master data documents. Similarly, the sub-section ‘Financial templates and guides’, under the tab 'Implementers' and the sub-section ‘Key documents’ under the tab 'Office of the Inspector General' are all translated into French. In contrast, only two documents out of nine related to Local Fund Agents are in French.

Table 1: Documents by type available in English and French, in the Global Fund’s Resource Library

Document by Types	English	French	Proportion
Applicants			
Funding model information	5	3	60%
Frequently asked questions	2	2	**100%**
Core information notes	4	4	**100%**
Technical briefs	18	13	72%
Case studies	4	3	75%
Eligibility, allocation and catalytic investment documents	10	4	40%
Sustainability, transition and co-financing documents	4	2	50%
Grant -making documents	9	6	67%
Master data documents	2	2	**100%**
Partner Portal Documents	3	2	67%
Board: Key Documents	12	11	**92%**
Country coordinating mechanisms: Key documents	11	6	55%
Implementers			
Key documents	6	3	50%
Grant guidelines and guides	10	6	60%
Financial templates and guides	7	7	**100%**
Local fund agents: Key documents	9	2	22%
Office of the Inspector General: Key documents	5	5	**100%**
Suppliers: Key documents	12	4	33%
Technical evaluation reference group: Key documents	4	2	50%
Technical review panel: Key documents	5	2	40%
Total	142	89	63%

Source: Developed from information available on the Global Fund website

The website also has a section on other general “resources,” such as governance and institutional documents, charters, and terms of reference where about two-thirds of the documents are available in French.

In the ‘About’ section of the Global Fund website, all the documents except the annual financial report for 2018 are translated into French. Some documents, such as the Results Report 2019 or the Sixth Replenishment Investment Case Summary are available in seven languages.

In contrast, within the Publications section of the website, the sub-section on baseline assessments of human rights-related barriers to services contains 11 documents, none of which is in French. In between those two extremes, the Publications sub-section on Community, Rights, and Gender has seven documents out of 16 translated into French.

About one-third of the Global Fund Resource Library documents are not available in French. The proportion of documents unavailable in other languages, Spanish or Russian, is higher. All allocation letters sent in December 2019 that Aidspan has seen urged implementing countries to raise domestic financing and refers them to the STC policy, yet the guidance note for Sustainability, Transition and Co-Financing (STC) is available only in English – not in French, Spanish or Russian.

This apparent inconsistency has raised questions for Aidspan on the rules or policies that govern the production or translation of documents from English to other languages. In addition, feedback from countries over time reflects two possible consequences when some Global Fund documents are available only in English: People may rely on unofficial translations provided by those who claim some understanding of English, though the quality of these translations is unknown; or, in the absence of translation, the documents may be ignored, which would undermine the efficacy of the grant request and grant-making processes, and Board and Committee meeting outcomes.

The Global Fund Secretariat response

The GFO reached out to the Secretariat to understand why the allocation letters, which were also provided in French (for Francophone countries) were described as a "courtesy" version compared to the official English version, and to understand more broadly the Global Fund's rules that govern the translation of documents from English into French and other languages.

The Global Fund's Director of Communications, Seth Faison, responded to the GFO's request for comment. We include Faison's complete response below, along with links to the Global Fund's policy and resources that he cites in his explanation.

> "Language is an issue of high concern to the Global Fund and has been since we were established in 2002. On translation of documents, we take a pragmatic approach, appropriate to our mission to accelerate the fight against AIDS, TB and malaria. As a global partnership organization, we work with countries where numerous languages are spoken and written, and we are of course aware that communicating with partners in their preferred language is always ideal. On the other hand, we have a strong mandate and continual guidance from our Board and stakeholders to be as efficient as possible with our resources, so that a maximum amount of money can be directed toward serving people affected by AIDS, TB and malaria. **Our policy is to translate essential documents as appropriate, and not to routinely translate all documents into multiple languages.** That inevitably involves judgement calls, and we will never be perfect. Our French-speaking partners have monitored the situation and strongly encourage us to translate documents into French, and we have responded to their requests, as well as to requests for translations into Portuguese, Japanese, German, Spanish, Russian, and many other languages. We carefully consider any request, and use our judgment accordingly.
>
> In practice, as Aidspan's study shows, we translate many documents, but not all. It was appropriate, for instance, to translate our Results Report and our Investment Case into multiple languages because we received expressions of interest from media and partners. In contrast, it was appropriate to limit our Annual Financial Report to an English-language version.
>
> Section 21.1 of the Operating Procedures of the Global Fund Board and Committees states that English is the official working language of the Global

Fund and that materials prepared by and for the Board shall be in English, and that the Secretariat "may provide translations of certain materials." Where disputes arise from the contents of translated materials, the English version shall prevail.

The allocation letters and other documents follow the same operational principle. We operate in English, and translate documents where appropriate. From a legal point of view, expressing rights and obligations in a single language, as opposed to trying to express them equally and simultaneously in multiple languages, provides an element of legal certainty and security. If we tried to work with written documents in multiple binding languages, it would be time-consuming and fraught with risks of confusion, ambiguity and uncertainty.

The language Aidspan cites from those French-language letters, about a courtesy, is intended as a legal and operational reference only. To confirm, 'the English version shall prevail' is only relevant in case misunderstandings or disputes emerge.

It has been a long-standing practice to require grant agreement documents to be submitted in English, essentially for operational reasons. Yet we try to maintain some capacity in the languages commonly used by country teams, and routine business correspondence with francophone countries and constituency representatives is typically in French.

When the Board considered a Documents Policy in 2009, there was a consensus that the Global Fund should avoid the UN model, with systematic translations and interpretation into six languages, because of the significant cost and logistics, in favor of steering maximal resources for treatment and prevention. A multi-lingual approach is appropriate for the UN, but not for the Global Fund.

The Global Fund's written documents policy does not specially cite translations for written documents. At the same time, for those attending a Global Fund Board meeting, simultaneous interpretation is provided in French and in other languages when necessary."

Resources referred to by the Global Fund:

- The Global Fund's 'Documents Policy' (May 2007), on the Governance & Policies web page
- 'Operating Procedures of the Board and Committees of the Global Fund to Fight AIDS, Tuberculosis and Malaria' (November 2019)

Editor's note: Aidspan and the GFO would welcome further comment and dialogue on the issue of translation at the Global Fund, including examples of specific problems implementers or others have encountered because of a lack of translation into their working language. Please post comments or feedback in 'Leave a comment' at the end of this article online, or email info@aidspan.org with 'Global Fund translation' in the subject line.

***

TOP

6. REPORT: New report highlights key transition and sustainability issues in the Latin American and Caribbean response to the three diseases

Global Fund-supported mechanisms in the region need to be better harmonized

Kataisee Richardson **14 January 2020**

Transition and sustainability are critical issues in Latin America and the Caribbean (LAC), and Global Fund-supported mechanisms in the region need to be better harmonized, concludes a new report, 'Optimizing the Global Fund Resources'. The report was commissioned in March 2019, jointly by the LAC delegation to the Global Fund Board and the Horizontal Technical Cooperation Group (HTCG), a LAC initiative created in 1995 to improve responses to HIV and other sexually transmitted infections.

The report presents the results of a survey and interviews carried out in 2019 on the experiences and opinions of stakeholders engaged in the response to the three diseases. It focuses on Global Fund-supported processes and mechanisms in the Latin America and Caribbean (LAC) region.

The survey at the heart of the report represents the views of 69 respondents from 17 countries, including representatives from national NGOs, regional networks, the government, CCM members and international agencies and NGOs. Ten key stakeholders described as having "extensive work experience and recognition in the region" were also asked to provide their insights through in-depth interviews. The report was finalized in September 2019, however only the executive summary was made public and widely disseminated in November 2019.

"The LAC Delegation wants to trigger a discussion on how we could use more strategically the limited resources [available] in a non-priority region," says Javier Hourcade Bellocq, member of the LAC Delegation. He hopes that the findings discussed in the report will spark a meaningful conversation on how to harmonize and optimize the many regional coordination structures currently operating in the LAC region.

LAC has received country allocations totaling $373 million for the 2020-2022 allocation period, a 19.5% increase compared to the 2017-2019 allocation of $312 million. As of May 2019, there were 42 active Global Fund grants in Latin America and the Caribbean, implemented in 18 countries and through six multi-country projects. In addition, 15 countries had conducted transition readiness assessments and a total of 12 grants were under development in 6 countries and for 3 multi-country initiatives (HIV-LA, HIV-CAR, TB-LAC).

Objectives

The specific objectives of this survey were to:

1) Assess the transition processes taking place in the LAC region, taking into consideration the different dimensions established by the Global Fund itself in order to ensure they are inclusive, including both programmatic and financial considerations.

2) Assess the sustainability of the response at country and regional level, taking into consideration the provision of prevention, diagnosis, care and treatment services.
3) Assess the functioning and implementation of mechanisms supported by the Global Fund in the LAC region.

Key findings

The survey's key findings focused on three major themes: ensuring a smooth transition from Global Fund to government funding of programs and ensuring the sustainability of the response to the three diseases; reviewing the effectiveness of the two Global Fund-related regional coordination mechanisms; and assessing the effectiveness of the Global Fund Secretariat's communication and coordination efforts to provide recommendations for improvement.

Sustainability and transition

According to the survey, 76.8% of respondents, had participated in activities related to sustainability and transition at the national and / or regional level, while 23.2% say they have not participated in these activities – suggesting that this continues to be an area of concern. At the national level, these activities were mostly related to sustainability and transition planning for the funding request or meetings and workshops.

Only 27.5% of respondents consider the national response to the three diseases (in their country) to be technically and financially sustainable once the Global Fund concludes its current grants. Thirty-four percent (34.8%) felt the response would not be sustainable and the remainder (37.7%) were unsure, saying it *may* be sustainable. The views of those working in government diverged widely from the views of civil society. In fact, 94.5% of government officers or national program managers consider the response to be sustainable in their countries, compared to just 7.4% of NGOs and national/ regional networks members.

Many respondents felt concerned about the sustainability of the community response, especially for HIV prevention. Although countries have been tasked with developing social contracting mechanisms, respondents believe that this could take time and that civil society need to proactively define strategies to ensure their sustainability in the absence of funding from international donors.

Those who doubted the response would be sustainable cited numerous reasons; the low profile of HIV (in particular) in government agendas; the wave of "conservative governments" that are hostile to key populations; shrinking support for civil society organizations; economic stagnation and decline that compromises people's quality of life ; an exclusionary approach that ignores cultural diversity and underserved populations such as migrants, rural populations, people in prisons and indigenous people; and the absence of a comprehensive, coordinated multisectoral response to the three diseases.

According to the report, an interviewee noted that "one of the biggest problems in the region is that the response is still thinking only about governments and the health sector. It has not been able to break the 'straitjacket' of the field of health. We cannot forget that given the people with whom we work, we are talking not only about a public health issue, we are talking about a human rights issue. The focus on medication and the condom is not enough to ensure sustainability or even think countries will meet the goals that were agreed to".

Regional mechanisms

The report's authors also assessed the respondents' awareness and perceptions of two regional mechanisms: The Community, Rights and Gender (CRG) LAC platform and the Regional Advisory Committee for regional grants of the Global Fund in LAC (CARLAC).

LAC Platform

- The LAC platform enjoys a high level of recognition among respondents (78.3%) almost exclusively by those who have a role vis-a-vis the Global Fund grants (98.5%). However, (75.3%) of those belonging to NGOs/national level networks did not know about the existence of the platform.
- According to most respondents, the LAC platform was falling short of meeting its objectives. It scored "low" or "moderate" on the four objectives of: a) informing community groups about the Global Fund, b) improving their access to technical assistance, c) promoting strategic capacity building and d) coordinating key actors in the region. Very few respondents could identify specific examples/experiences related to each of the established objectives.
- There is a perception among interviewees that the LAC platform is "a team of consultants".

CAR-LAC

- 72.5% of respondents are aware of CAR-LAC. However, the data shows that having a role that is related to Global Fund grants correlated highly with this awareness. Of respondents who did, 90.5% knew about the CAR-LAC, while 89.5% of those were not involved in the Global Fund were not aware.
- When asked to describe the role of the CAR-LAC, there was some confusion regarding the scope of their role. The most common response was that the role concerned tracking and monitoring, followed by strategic support to regional grants and technical advice.
- The respondents' average assessment of the achievement of the CAR-LAC's five objectives is low. The objectives are a) implement a strategic monitoring system, b) provide recommendations to strengthen regional grants c) provide harmonization, alignment and complementarity d) implement a communication strategy e) provide recommendations to the Global Fund on strategic directions of future grants.
- Surveyed individuals also felt the CAR-LAC duplicated the work of other existing structures, lacked public and transparent mechanisms for selecting its members, and needed to revise the terms of reference and roles of its members. There is a mismatch between the competence and capabilities of the members of CAR-LAC and roles they are required to perform, since members do not respond adequately to the expected performance objectives.

The Global Fund

73.9% of respondents know the fund portfolio manager for their country or regional initiative. And the majority of respondents (67.6%) said they had participated in meetings with the fund portfolio manager for their country or regional initiative, either individually or in groups.

In the event of a problem, 42.9% said they would communicate with the fund portfolio manager, followed by the Office of the Inspector General (OIG; 11.1%), the NGO/ Communities Delegations (10.1%), and the LAC Delegation (6.6%). The remainder would contact the CCM, regional network or a UN agency.

Respondents identified a number of recommendations for the Global Fund:

- Facilitate the participation of civil society, including raising the profile of civil society in the response, involving people living with HIV in funding requests and engage them in regular dialogue;
- Look beyond GDP and revise eligibility criteria to account for inequalities that exist within Latin American and Caribbean;
- Expand their knowledge of the national reality, region and actors;
- Further mainstream human rights and universal health coverage;
- Avoid duplication of structures;
- Deepen coordination and exchange between countries and projects;
- Promote horizontal relationships and teamwork within the Secretariat;
- Improve communication through increased visits and troubleshooting;
- Streamline processes to reduce response times and administrative burden.

The executive summary has been circulated within the Global Fund Board and among relevant regional stakeholders. The LAC delegation met with the LAC team at the Secretariat, who received a copy of the full report, to discuss the findings. The LAC team expressed their gratitude for the report and agreed to follow up on some of the recommendations and make improvements. “The full exercise was for us, as the LAC delegation, to listen in a more structured way and reassure our constituencies that we will continue working in and out of the region to improve those [issues raised] and other things, without micromanaging the Global Fund”, says Hourcade Bellocq.

The LAC Delegation will also be reviewing these recommendations as it develops its own Board delegation workplan for submission to the Secretariat.

Reactions to the Report

The Global Fund Secretariat did not participate in the design or analysis of the survey so they were unable to comment in detail on the analysis presented. However, Paul Bonilla, Sustainability and Transition Specialist for Latin America and the Caribbean says: “Sustainability is a serious concern. We will never end epidemics without effective transition to domestic financing in many countries. The Global Fund continues to engage with civil society, governments and partners to support country ownership in shaping and improving the sustainability of national responses.”

He points to transition readiness assessments that have now taken place in 16 of 18 eligible countries in the region, and grants that are funding priority actions to reduce transition-related bottlenecks. “There are real challenges in some contexts and we are committed to addressing them as much as possible. It is a collective responsibility, and we are committed to working with all partners”, says Mr. Bonilla.

Anuar Ismael Luna Cadena, Technical Coordinator for the LAC Platform, counters the findings of the report. He said that in 2019, the LAC Platform webpage had a total of 29,837 visits, and a total of 15,314 users. The users of the webpage included 27 countries in Latin America, Luna said. The LAC Platform also has a bimonthly newsletter, a social media following on Facebook and Twitter, a Mailchimp alert system, a document repository and a webinar program. A major component of their work is supporting organizations and networks to develop requests to the CRG Strategic Initiative’s short-term technical assistance program. In July, they hosted a learning and sharing forum for communities engaged in Global Fund processes at the national and regional level with 73 registered participants.

Despite these achievements, the LAC Platform believes that a coordination strategy is needed in the region, among other communication initiatives, in order to maximize the impact and efficacy of the information they all share.

“The LAC Platform is aware of the need of create alliances with other key stakeholders in the region, such as networks, donors, multi-lateral agencies, regional and country level initiatives, for these reasons we are building a robust collaborative effort with a range of actors”, says Mr. Luna.

Further reading:

- *'Optimizing Global Fund Resources': Executive Summary (in Spanish); the full report is not available publicly but interested parties can request a copy of the Spanish version from the LAC Delegation to the Global Fund Board*
- *The Horizontal Technical Cooperation Group website*

***

TOP

7. OF INTEREST: News for and about the Global Fund partnership

Aidspan staff **15 January 2020**

AGENCE FRANCAISE DU DEVELOPPEMENT-GLOBAL FUND PARTNERSHIP ON RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

On 21 December 2019, the Global Fund announced on its website a partnership agreement with France’s development agency, the Agence Francaise du Développement (AFD). The partnership’s goal is to end the epidemics and build resilient and sustainable systems for health in West and Central Africa. The agreement was signed in Abidjan, Côte d’Ivoire,

between AFD head Rémy Rioux and Global Fund Executive Director Peter Sands, on the occasion of French President Emmanuel Macron's visit to Côte d'Ivoire. The joint goal is to increase the impact of both the Global Fund and AFD's investments, through better coordination and complementary interventions. The plans include improving the training of health workers, increasing their numbers, strengthening laboratories' diagnostic capacities, strengthening supply chain systems, and supporting national authorities' health financing strategies.

See the Global Fund's full news release...

++++++++++

GLOBAL FUND E-LEARNING COURSES TO SUPPORT APPLICATIONS FOR 2020-2022 FUNDING CYCLE

The Global Fund's online learning platform, iLearn, has made available new e-learning courses, "designed for and open to anyone wanting to learn about Global Fund processes, the Global Fund website says. The courses, currently available in English, include "5 things to know" about differences in applying for funding in the next allocation period, an overview of the funding cycle and the application process, and how to apply using each of the five different application approaches (five separate courses). A course on 'inclusive country dialogue' is already available in French, with the remainder expected to become available in French early this year.

See the Global Fund's web page detailing the e-learning courses…

++++++++++

GLOBAL FUND SEEKS APPLICATIONS FOR NEW 'YOUTH COUNCIL'

The Global Fund's Executive Director, Peter Sands, has called for the creation of a 'Youth Council' for which recruiting is now underway. People under the age of 25 are invited to apply for the Youth Council, which will have 12 volunteer members who will serve a two-year term. Candidates should be able to work in English, participate in face-to-face meetings, contribute remotely via conference calls, emails and other platforms, for a total estimated commitment of about 15 days per year. The application form lists more detailed criteria and core responsibilities, and asks candidates to respond to questions relating to candidates' motivation to be on the Youth Council, and how their experience would contribute to it.

Applications are due by 31 January 2020, including a CV and the completed application form requested from, and sent to, rene.bangert@theglobalfund.org.

++++++++++

***

TOP

This is issue #371 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).