Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

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4. NEWS: Board approves new targets for the 2017-2022 Strategic KPI Framework

BY MARY LLOYD

The Board has approved the vast majority of the KPI targets it asked to be reviewed at the last Board meeting, after months of deliberations among various groups within the Global Fund. Of the original 37 targets, 29 have been approved, five have been revised, and the approval of three has been delayed.

5. NEWS: Global Fund untouched by Trump's proposed budget cuts

BY DAVID GARMAISE

President Trump has sent Congress a budget blueprint that calls for severe cuts to health, foreign assistance and the State Department, but that spares the Global Fund, PEPFAR, Gavi and the U.S. President's Malaria Initiative. The blueprint is a statement of the Trump administration's priorities. The final budget adopted by Congress is expected to look quite different.

6. NEWS: Key population networks call for strengthening engagement in grant-making and implementation

BY CHARLIE BARAN

A new study published by the Community Leadership and Action Collaborative has identified lapses in the engagement of civil society organizations and key populations in processes related to the funding model.

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BY TINA ZARDIASHVILI

The Ministry of Finance's recent rejection of a $1.2 billion funding request from the Ministry of Health to implement the National AIDS Strategy raises questions about the ability and willingness of the Russian Federation to manage its HIV epidemic. Neither the government nor civil society organizations have taken up the services previously supported by the Global Fund.

8. NEWS: GNP+ describes "the qualities we will look for" in the next E.D.

BY DAVID GARMAISE

In a commentary, the Global Network of People Living with HIV (GNP+) has described three qualities that the next executive director of the Global Fund should exemplify.

9. NEWS: Civil society survey finds three-quarters of respondents have accessed Global Fund technical assistance

BY GEMMA OBERTH

A recent survey of civil society and community groups in Africa found that three-quarters of respondents have accessed some form of Global Fund technical assistance in the past. The

most common TA provider was the UNAIDS Technical Support Facility, followed by the short-term TA through the Global Fund's Community, Rights and Gender Special Initiative. One fifth of respondents reported never having accessed any Global Fund TA.

10. NEWS: The Global Fund Board approved grants covering 100% of the funding allocated for 2014-2016

BY DAVID GARMAISE

The Global Fund Board approved grants for 100% of the allocated funding by the end of the 2014-2016 allocation period. This article provides some end-of-the-funding cycle information on incentive funding, above allocation requests, grant efficiencies, domestic funding and the review of concept notes. It also provides information on the results of surveys conducted among members of the Technical Review Panel (TRP) and participants in country dialogues.

11. NEWS: Sales of Apple's new red iPhone 7 will benefit the Global Fund

BY DAVID GARMAISE

Apple Inc. has launched a special edition iPhone 7 and iPhone 7 Plus with a vibrant red aluminum finish. Sales of these phones will benefit the Global Fund as part of the (RED) campaign.

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ARTICLES:

1. NEWS: Zimbabwe submits $630 million TB/HIV funding request

The request has a strong focus on improving quality of care

Gemma Oberth 3 April 2017

On 20 March 2017, Zimbabwe submitted a TB/HIV funding request to the Global Fund for $628.9 million. This includes an allocation request for $431.9 million and a prioritized above allocation request (PAAR) of $197 million. A separate funding request for malaria was submitted on the same day for $51.7 million.

Zimbabwe's total allocation for the three diseases – nearly $484 million – is one of the largest allocations that any country received from the Global Fund for the 2017-2019 cycle. Only Nigeria, Tanzania, Congo (DR), Mozambique and India were allocated more.

The country submitted a funding request for full review, based on the Global Fund's new differentiated application process.

Zimbabwe's TB/HIV funding request centers on three main themes, which are stated up front in the narrative: enhancing integration, focusing on locations and populations at heightened risk, and improving quality of care. The need to improve quality of care was a key finding from the recent Office of the Inspector General (OIG) audit of Global Fund grants to Zimbabwe.

On the first theme – **integration** – the funding request prioritizes a host of TB/HIV collaborative activities, including "one-stop-shop" centers that offer multiple services under one roof, a new blended learning curriculum for training health care workers, and ongoing joint-planning between the two disease programs. The request also proposes using community-level platforms on reproductive and maternal health as entry points for preventing HIV transmission to infants and linking children exposed to TB to appropriate preventive therapy.

It is relevant that this is Zimbabwe's first integrated TB/HIV funding request. As an early applicant to the new funding model (NFM) in 2013, the country submitted single disease component requests for HIV and TB, before integrated funding requests were required by the Fund (for some countries).

It is also the first time Zimbabwe has integrated a request for cross-cutting activities to strengthen resilient and sustainable systems for health (RSSH), bolstering investments across HIV, TB, malaria and maternal health. The proposed RSSH interventions focus on supporting human resources for health, improving integrated sample transportation for laboratory tests, and expanding coverage of the electronic patient monitoring system.

On the second theme – **focusing on locations and populations at heightened risk** – there is clear emphasis on key and vulnerable populations in the funding request, especially in a context where little money is available for programmatic activities. About 70% of Zimbabwe's allocation has to be dedicated to the procurement of essential medicines and health products, and a further 20% has to go towards retaining critical human resources for health and program management.

Some people feel that relying on the Global Fund to fill such significant gaps is not a sustainable solution for Zimbabwe. "The country needs to push further for domestic financing, especially from the National AIDS Trust Fund, to ensure that our medicines are financed from domestic sources" says Donald Tobaiwa, a member of Zimbabwe's country coordinating mechanism (CCM) and Chair of its TB sub-committee. "We need to start to transition from such high donor dependency."

Zimbabwe's National AIDS Trust Fund was set up in 1999 as a 3% tax on income and corporate revenue. The Trust Fund has raised more than $200 million since its inception, currently contributing about $30 million a year to the country's AIDS response. The proceeds from the trust fund more than satisfy Zimbabwe's co-financing requirements.

Despite the squeeze on the Global Fund allocation to fill critical commodity gaps, the amounts requested for HIV prevention programs among adolescent girls and young women (AGYW), sex workers and men who have sex with men (MSM) still represent a near seven-fold increase compared to Zimbabwe's current grant. There is also significant funding requested for targeted mobile TB screening among TB key populations, including miners, prisoners, children and migrant workers. The funding request states that this is reflective of the country's plans for rapid and intensified scale-up of services to address high disease burden among these groups. TB key populations in Zimbabwe have a 14-fold risk of contracting TB. HIV prevalence is around 57.1% among sex workers and 23.5% among MSM, far greater than the 13.8% among the general adult population. Young women aged 20-24 have HIV prevalence nearly three times greater than their male peers.

The programs for AGYW and key populations are highly geographically targeted, aiming to increase impact by saturating areas where the need is greatest. The interventions for AGYW are focused on just four high-burden districts. Interventions for sex workers are prioritized in the six major cities were sex workers congregate (termed "hot spot clusters") as well as in four border towns where truck drivers, artisanal miners and migrant workers are common clients.

As Zimbabwe is eligible for catalytic investments for AGYW and key populations, the country submitted an additional request for $18 million in matching funds, on top of its allocation amount. The matching funds request proposes further "layering" of interventions for the same cohort of AGYW reached by the allocation funding, providing sanitary wear to support keeping girls in school and setting up four district-level one-stop centres for AGYW who are survivors of gender-based violence. These are key priorities that emerged from the women's sector during the country dialogue.

For key populations, the matching funds aim to scale up services through establishing additional fixed and mobile sites and supporting wider outreach with a greater number of trained peer-educators. The country also requested matching funds for establishing a key populations Technical Support Unit (TSU), modelled after the Kenyan example. The TSU will provide short-term technical assistance and long-term capacity building for key populations networks and women's organizations, as well as support the Ministry of Health and the National AIDS Council to improve its ability to program for key populations.

Lastly, the theme of **improving quality of care** is perhaps the most central throughout the request. The request proposes an incentive-based retention scheme for health workers in facilities across the country, employing a pay-for-performance model that the country's National Health Strategy identifies as a strategic approach for maximizing impact. Aidspan has previously reported that the Global Fund desires to wind-down the practice of funding salary incentives for health workers and other Global Fund program staff, but in a country like Zimbabwe these investments are deemed vital for retaining key staff and improving quality of service delivery.

"This was one of the most consultative processes we have ever undertaken to develop a Global Fund proposal," said Oscar Mundida, the Coordinator for Zimbabwe's CCM. "We had an open-door policy during the draft development, never turning away anyone who wanted to contribute." The resulting writing team was made up of more than 130 members.

That said, there were challenges with the process which some felt was too focused on treatment interventions at the expense of other activities. Tobaiwa raised concerns that if the country does not also program for demand generation, case finding and adherence activities, then investments in HIV and TB treatment will not be optimized and medicines will sit on shelves. "If we continue to prioritize medicines and not balanced demand, who will pay for the medicines that will expire?" he asked.

Prioritization within a country's allocation is often one of the most challenging parts of developing funding requests to the Global Fund.

The Technical Review Panel (TRP) is scheduled to sit from 23 April to 2 May to review funding requests submitted in the 20 March window. A response from the TRP on Zimbabwe's request is anticipated in mid-May, approximately ten days after TRP review.

Gemma Oberth was the lead consultant for Zimbabwe's TB/HIV funding request. Her work on the funding request was in her capacity as an independent consultant.

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2. NEWS: Global Fund gets top marks in performance assessment

Fund is "fit for purpose;" innovation is valued

Assessment also identifies areas where improvements are needed

David Garmaise 3 April 2017

"The Global Fund provides strong leadership for the response to HIV and AIDS, tuberculosis and malaria…. The Fund fully meets the requirements of an effective multilateral organization. It is fit for purpose and able to adapt to future needs."

This is the conclusion of an institutional assessment conducted by the Multilateral Organisation Performance Assessment Network, or MOPAN, a network of donor countries with a common interest in assessing the effectiveness of multilateral organisations. MOPAN was launched in 2002. Today, MOPAN is made up of 18 donor countries: Australia, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Luxembourg, The Netherlands, Norway, Republic of Korea, Spain, Sweden, Switzerland, the U.S. and the U.K. Together, they provide 95% of all development funding to multilateral organisations.

The assessment, which focused primarily on the Global Fund's Secretariat, covered the period from 2014 to mid-2016. Applying what MOPAN calls its 3.0 methodology, the assessment considered five performance areas: four related to organisational effectiveness (strategic management, operational management, relationship management and performance management) and the fifth related to development effectiveness (i.e. results). Global Funds performance was assessed against a framework of 12 key indicators and associated micro-indicators that comprise the standards that characterise an effective multilateral organisation, and that provide an overall view on its performance trajectory. This is the first time that MOPAN has assessed the Global Fund.

> "There is strong evidence of effective and innovative collaborative working in the field, particularly in challenging operating environments."

MOPAN gave the Global Fund top marks in organizational architecture, operating model, and financial transparency and accountability, and it noted that the Fund performed strongly against all 12 indicators.

According to MOPAN, the Global Fund's internal restructuring and adoption of the new funding model strengthened its performance. The Fund's focus on results-based planning, management and reporting are driving efforts to improve country-level data, MOPAN said. "Its increasing emphasis on health systems strengthening (HSS), coupled with its existing strengths in strategic and operational management, should continue to increase the impact of its investments."

> "The Global Fund is committed both strategically and institutionally to work with, support and integrate its work with country systems."

MOPAN found that the Global Fund is a learning organisation, and that staff have a reputation for delivering pragmatic solutions. "Innovation is valued." MOPAN noted, however, that the Global Fund delivers its support through structures "over whom it has limited influence, and which at times suffer from weak capability, particularly in the case of country coordinating mechanisms."

The assessment identified several key strengths, including the following:

- the Fund has implemented significant organizational restructuring as a result of operational challenges identified by partners;
- the Fund has improved its management of risks;
- the Fund has established vibrant and effective partnerships, especially those that work with civil society and that leverage private sector skills to address operational gaps;
- there are initiatives underway to address gaps in data quality and quantity, such as ring-fenced funds to help countries improve their data systems; and
- country teams are building constructive dialogues with civil society around grant management and implementation.

The review lauded the Global Fund for its strong focus on early identification of operational and financial risks, and said the Global Fund's leadership is committed to practical implementation of results-based management.

Room for improvement

MOPAN also found that there is room for improvement, particularly in evidence-based results measurement and HSS. With respect to the former, MOPAN said that the Fund should strengthen results management and organizational learning through a formal system to identify and address poorly performing interventions.

Regarding health systems, MOPAN said that the Global Fund has found it difficult to track exactly when and how countries spend the additional domestic investments required to unlock part of the Global Fund's allocation. More explicit attention should be paid to building sustainability into the design of HSS interventions, MOPAN stated, and ways need to be developed so that even small gains made in HSS can be tracked. "The extent to which country systems are used for Global Fund grants is an important measure."

HSS interventions have to date had limited success, MOPAN stated. "This reflects the need for political and societal buy-in before this aim can be realised. To make progress in this challenging space will require the Global Fund to seek further innovative advocacy and incentivised approaches."

(Editor's note: Under the Global Fund's new co-financing policy, the required additional domestic investments may be made in health systems or in the disease programs.)

Although there is a significant improvement in the analysis of crosscutting issues, MOPAN observed, this analysis has not consistently carried through from concept note stage into programming and budgeting. MOPAN said that this is a particular issue in relation to key populations. "Staff with responsibility for supporting the integration of cross-cutting issues are thinly stretched over the breadth and depth of Global Fund programmes. A more realistic resource allocation should ensure full integration of these issues throughout the business value chain."

> "An acknowledged area for improvement is 'the last mile' – getting medications to ultimate users – and this is a critical focus in the next period, as failure in this space negates gains in all the others."

MOPAN observed that many evaluations are conducted, some by the Global Fund and some by partners. There is good "popular" communication of results "in pamphlet form," MOPAN said. "However, there is limited availability of full evaluation reports with clearly outlined methodologies reflecting a more systematic and quality assured evaluative approach."

Other observations by MOPAN included the following:

- Secretariat staff are "somewhat overstretched";
- ensuring independent verification of results at country level is an ongoing challenge; and
- external partners have diverging views on the effectiveness of Global Fund initiatives to strengthen health systems. Recipient governments feel the new funding model aligns well with national priorities, while implementing agencies and NGOs feel alignment is poor.

The assessment is the latest donor review to commend the Global Fund for its performance, transparency and impact. The 2016 U.K. Government Multilateral Aid Review awarded the Fund the highest possible rating for overall organizational strength (see GFO article). The 2016 Aid Transparency Index recognized the Fund's rigorous systems and commitment to transparency, rating the Fund in the top five of all international aid organizations (see GFO article).

In 2015-2016, MOPAN assessed 11 other organizations, including UNAIDS, the United Nations Development Programme, the African Development Bank, Gavi and the World Bank. Details of these assessments can be found here. MOPAN does not rank or compare the organizations it assesses.

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3. NEWS: Latin America: Strategy developed to support civil society to transition to sustainability

Strategy was piloted in Belize, Panama and Paraguay

Diego Postigo 3 April 2017

The Regional Center for Technical Assistance (CRAT in its Spanish acronym) has developed a strategy to support civil society organizations (CSOs) and community groups in Latin America and the Caribbean (LAC) to plan for sustainability of their outreach strategies to control HIV, TB and malaria. CRAT is the host of the regional communication and coordination platform under the Global Fund's Community, Rights and Gender (CRG) Initiative. The initiative provided the funding for the development of the strategy.

Several countries in the region will receive transition funding in 2017-2019 (see GFO article). A key component of the transition process is the sustainability of programs implemented by CSOs and community groups. The governments of countries preparing for transition are expected to work with civil society and communities to ensure their programs are funded after Global Fund support ends.

The strategy consists of a two-stage process. The first stage involves facilitating a joint assessment by CSOs and community groups of the epidemics and of the funding available, as well as of possible alternative sources of funding. The second stage entails developing a joint plan for CSOs and community groups to transition to sustainability. The strategy calls for outcomes of the two stages to be presented to the country coordinating mechanisms (CCMs) and national disease programs to feed into national plans for transition.

CRAT has piloted its strategy in Belize, Panama and Paraguay. Results of the pilot projects were presented during a regional meeting of the regional platform in Panama on 21-22 March 2017. According to the coordinator of the regional platform, Anuar Luna, "The development of the strategy will allow CSOs and community groups to contribute from the outset of the national transition processes with one strong voice."

CRAT reported positive results in all three pilots. In Belize, the stage one assessment highlighted (a) the critical role civil society played in the establishment of the National AIDS Commission and the development of national multi-sectoral plans for HIV and TB; and (b) the effectiveness of CSOs in auditing government interventions.

The stage two plan for Belize called for action in four areas that were deemed necessary to ensure the sustainability of the civil society response, as follows:

- **Elimination of legal barriers**. The plan calls for the passing of an HIV law that would protect people with HIV from discrimination and provide a human rights framework for the response to HIV.
- **Prevention, testing and treatment**. The plan calls for these programs to shift their focus to most affected populations; and for prevention programs to include comprehensive sexuality education in religious schools.
- **Governance and sustainable partnerships**. As the National AIDS Commission acts as the CCM in Belize, the plan calls for the improvement of management systems of governmental and multi-sectoral institutions where government and civil society are already represented, as well as those of CSOs and community groups themselves.
- **Financial sustainability for civil society**. The plan states that, given the limited time left for funding from the Global Fund and PEPFAR, the Government of Belize should increase its allocation of funds for civil society-led interventions.

The results of the work in Belize were presented to the National AIDS Commission.

In Panama, a similar methodology was used. The joint plan for CSOs and community groups was grounded in the national assessment and expects to achieve the following results: sustainable human and financial resources for organizations participating in the response to HIV and TB; increased participation of CSOs and community organizations in the design, implementation and monitoring of national and regional plans; and the decentralization of the response to the provincial level with participation of CSOs and community groups.

The work in Panama identified risks for sustainability, both internal and external to the CSOs and community organizations. Internal risks included limited empowerment of community representatives and operational and structural weaknesses of the organizations. External risks involved the lack of sustainability of the multi-sectoral mechanisms themselves (i.e. the CCM and the National AIDS Commission), which hinders the meaningful participation of civil society, as well as the lack of acknowledgement from the government of the need to involve civil society in all stages of the response to HIV and TB. A meeting with the CCM and representatives of organizations working on HIV and TB was held to discuss the results of the work.

In Paraguay, a similar process was also followed, leading to a first draft of an action plan. However, CSOs asked for revisions to be made to the plan to better address the risks to sustainability, as well as identify possible alternative funding sources. The work was presented to a Global Fund mission which was in the country at the time.

Based on the results of the three pilots (see the final reports for Belize, Panama and Paraguay), CRAT concluded that the methodology used to develop strategies was sound and is suitable for use in planning for transition to sustainability in other countries in the region. CRAT said that it was appropriate to make civil society pivotal in the transition process, although the experience from Belize reinforced the need to involve government and other public institutions from the outset, as opposed to them merely being presented with the results, to make sure that transition plans are fully understood and supported by all actors. A lesson learnt from the Panamanian experience is that a mechanism, such a steering committee of organizations, should be set up from the very beginning to ensure that there will be a strong leadership in the implementation of the joint plan.

The final results of the implementation of the methodology will be shared with a broader group of key actors in the region, including other CRAT representatives, CRG representatives, and other international donors, during a meeting in Bogota, Colombia, in May.

Belize, Panama and Paraguay all have TB components that are ineligible for further funding and that are receiving transition grants for 2017-2019. The allocations for these components are as follows:

Belize TB – $537,829
Panama TB – $906,507
Paraguay TB – $2,915,321

Belize's HIV component is still eligible for funding. However, the Secretariat has recommended that Belize use a tailored-for-transition funding request for its HIV component because this approach is expected to help the component prepare for transition in the coming years. The Belize HIV component received an allocation of $1,378,449.

Panama's HIV component is also still eligible for funding. However, Panama is expected to become a high-income country in the next few years, which would make it ineligible for any

kind of funding. For this reason, the Secretariat has recommended that Panama also use a tailored-for-transition funding request for its HIV component. The Panama HIV component received an allocation of $1,779,385.

A Guidance Note on Sustainability, Transition and Co-Financing of Programs Supported by the Global Fund is available on the Fund's website here. Look under "Technical Briefs."

The author of this article was involved as a consultant in the implementation of the draft strategy in Panama.

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4. NEWS: Board approves new targets for the 2017-2022 Strategic KPI Framework

Interim targets agreed for two KPIs, and the setting of three targets delayed until the final Board meeting of this year

Mary Lloyd 4 April 2017

After a months-long review process involving a number of bodies within the Global Fund, the Board has approved 29 of the 37 targets it declined to accept at its last meeting, revising just five targets, and postponing approval of three targets until later this year. The decision was taken on 20 March by electronic vote.

See the table at the end of this article for a summary of the 2017-2022 KPI targets.

Agreement on the targets comes after the Board failed to approve the proposed targets at its meeting last November. At the time, several Board members were worried about some of the assumptions used to calculate the targets, and about whether they were sufficiently ambitious. Board members were also concerned that country level projections used to calculate some of the targets were not clear enough.

As a result, the Board asked its constituencies to provide further feedback on the targets, and requested that the Audit and Finance Committee and the Strategy Committee take charge of various targets according to their respective responsibilities. It also asked for a joint-committee Advisory Group to be set up to offer revised targets to the committees for recommendation to the Board.

The Advisory Group was made up of four people representing implementers, four from donor constituencies, and two from partners. Their aim was to review whether the targets were ambitious enough, without being unrealistic.

To achieve this, the group held a number of discussions from December 2016 to February 2017, including with the modelers who had been hired to help develop the targets and with relevant Secretariat staff.

The three targets that have been delayed are part of KPI 6 (strengthen systems for health) – specifically KPI 6a (procurement), 6b (supply chains) and 6e (ability to report on disaggregated results).

Two of the targets have been approved on an interim basis – i.e. the targets for KPI 5 (service coverage for key populations) and KPI 9c (human rights: key populations and human rights in transition countries). The Advisory Group noted that KPI 5 needed an interim target because the first three years of the 2017-2022 Strategy focus on reporting capacity, and after that its focus changes to service delivery coverage. KPI 9c was assigned an interim target until the end of 2019 because there is little data available on domestic investments in programs targeting key populations and human rights barriers to access.

The targets that were revised from what was originally presented to the Board were for KPI 2 (performance against service delivery targets); KPI 4 (investment efficiency); KPI 7a (allocation utilization); KPI 8 (gender and age equality) and KPI 11 (domestic investments).

KPI 2 has 17 targets, but only one was changed. Instead of aiming for 85% of people with HIV known to be on treatment 12 months after they start antiretroviral treatment, the Fund will now target 90% to better align it with other targets.

The targets for KPI 4, KPI 7a and KPI 11 were only adjusted slightly, but the one for KPI 8 (gender and age equality), which aims to measure progress towards reducing gender and age disparities in health, was altered significantly. It had been set at achieving a 45% reduction in HIV incidence in women aged 15-24. The Board has agreed to increase that to 58% now, and to reset it again in 2018, after more advanced models accounting for age and sex differences are put in place.

The Advisory Group also discussed an issue raised at the Board meeting about how country level project data should be used when developing aggregate and portfolio level targets. The Group recommended that if country level projections were used to calculate high-level targets they should be shared with the country stakeholders, so that the country level projections are seen as part of the country's deliberations (as opposed to being seen as being owned by the Fund).

Although there have been delays in finalizing this set of KPIs, and although these past few months appear to have involved lengthy deliberations over 29 targets that in the end stayed the same, the Fund is making significantly better progress towards finalizing this set of KPIs than it did with the previous set. The targets for the 2012-2016 Strategy were only adopted half-way through the term. Even then, the KPIs were criticized for being poorly designed, and for not allowing corrective action when it was needed.

Table: KPI targets for 2017-2022

	KPI	Indicators	Targets
	Strategic-Level		
1	Performance against impact	Estimated number of lives saved	29 million (28-30) over the 2017-2022 period
		Percentage reduction in new infections/cases (average rates across the three diseases)	38% (28-47%) over the 2015-2022 period
2	Performance against service delivery targets	HIV	
		Number of adults and children currently receiving ART	23 (22-25) million by 2022
		Number of males circumcised	22 (19-26) million over the 2017-2022 period
		Percentage of HIV+ pregnant women receiving ART for PMTCT	96% (90-100%) by 2022
		Percentage of adults and children currently receiving ART among all adults and children living with HIV	78% (73-83%) by 2022
		Percentage of people living with HIV who know their status	80% (70-90%) by 2022
		Percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART	90% (83-90%) by 2022
		Percentage of PLHIV newly enrolled in care that started preventative therapy for TB, after excluding active TB	80% (70-90%) by 2022

	KPI	Indicators	Targets
		TB	
		Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	33 (28-39) million over the 2017-2022 period
		Percentage of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms)	73% (62-85%) by 2022
		Number of cases with drug-resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	920 (800-1,000) thousand over the 2017-2022 period
		Number of HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment	2.7 (2.4-3.0) million over the 2017-2022 period
		% of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated	90% (88-90%) by 2022
		Percentage of bacteriologically -confirmed RR and/or MDR-TB cases successfully treated	85% (75-90%) by 2022
		Malaria	
		Number of LLINs distributed to at-risk populations	1,350 (1,050-1,750) million over the 2017-2022 period
		Number of households in targeted areas that received IRS	250 (210-310) million over the 2017-2022 period
		Percentage of suspected malaria cases that receive a parasitological test [public sector]	90% (85-100%) by 2022
		Percentage of women who received at least 3 doses of IPTp for malaria during ANC visits during their last pregnancy	70% (60-80%) by 2022

	Strategic Objective 1: Maximize Impact Against HIV, TB and malaria		
3	Alignment of investment with need	Country's share of all funds committed minus their share of allocation formula Designed to capture "need" remaining once other funding sources are taken into account	0.45 for 2017

	KPI	Indicators	Targets
4	Investment efficiency	Change in cost per life saved or infection averted from supported programs At least one of the two indicators show efficiency improvement: IE improvement = (IES1-IES2) / IES1	90% of countries measured show a decrease or maintain existing levels of cost per life saved or infection averted over the 2017-2019 period
5	Service coverage for key populations	Coverage of key populations reached with evidence-informed package of treatment and prevention services appropriate to national epidemiological contexts Interim indicator: Countries currently reporting on comprehensive package of services for at least two key populations (interim)	75% of selected countries by 2019

Strategic Objective 2: Build resilient & sustainable systems for health			
6	Strengthen systems for health	a) Procurement Improved outcomes for procurements conducted through countries' national systems	(To be set later in 2017)
		b) Supply chains Percentage of health facilities with tracer medicines available on the day of the visit	(To be set later in 2017)
		Percentage of health facilities providing diagnostic services with tracer items on the day of the visit	(To be set later in 2017)
		c) Financial management Number of high priority countries completing public financial management transition efforts towards use of country PFM system	8 countries by 2020
		Number of countries with financial management systems meeting defined standards for optimal absorption & portfolio management	46 countries by 2022
		d) Health Management Information System coverage Percentage of high impact countries with fully deployed (80% of facilities reporting for combined set of indicators), functional (good data quality per last assessment) HMIS	70% by 2022
		e) Results disaggregation Number and percentage of countries reporting on disaggregated results	(To be set later in 2017)

	KPI	Indicators	Targets
		f) Alignment with national strategic plans Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans	 90% over the 2017- 2019 period
7	Fund utilization	a) Allocation utilization Portion of allocation that has been committed or is forecast to be committed as a grant expense b) Absorptive capacity Portion of grant budgets that have been reported by country program as spent on services delivered	 91-100% over the 2018-2020 period 75% at end of strategy period

Strategic Objective 3: Promote and protect human rights & gender equality			
8	Gender and age equality	Percentage reduction in HIV incidence in women aged 15-24	58% (47-64%) over the 2015-2022 period
9	Human rights	a) Reduce human rights barriers to services Number of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation	 4 for HIV & 4 for TB by 2022
		b) Key populations and human rights in middle income countries Percentage of investment in signed HIV and HIV/TB grants dedicated to programs to reduce human rights barriers to access Percentage of investment in signed TB grants dedicated to programs to reduce human rights barriers to access Percentage of investment in signed HIV and HIV/TB grants dedicated to programs populations	 2.85% over the 2017-2019 period 2% over the 2017- 2019 period 39% over the 2017- 2019 period
		c) Key populations and human rights in transition countries Percentage of□UMICs that report on domestic□investments in KP and human rights programs (Interim)	 100% over the 2017-2019 period

	KPI	Indicators	Targets
Strategic Objective 4: Mobilize increased resources			
10	Resource mobilization	a) Actual pledges as a percentage of the replenishment target b) Pledge conversion rate. Actual 5th replenishment contributions as a percentage of forecast contributions	100% 100%
11	Domestic investments	Percentage of domestic co-financing commitments to programs supported by GF realized as government expenditures	100% of 2014-2016 policy stipulated requirements realized. Measured over the 2017-2019 period.
12	Availability of affordable health technologies	a) Availability Percentage of a defined set of products with more than three suppliers that meet Quality Assurance requirements b) Affordability Annual savings achieved through pooled procurement mechanism on a defined set of key products (mature and new)	100% by 2019 USD 135m in 2017

The information for this paper comes from Board Document GF-B36-ER08A 2017-2022 Strategic KPI Framework: Proposed Performance Targets. This document is not available on the Fund's website.

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5. NEWS: Global Fund untouched by Trump's proposed budget cuts

PEPFAR, Gavi and the U.S. President's Malaria Initiative also spared

However, other cuts will hurt the fight against HIV, TB and malaria

David Garmaise 3 April 2017

The United States will meet its commitment to the Global Fund, according to the budget blueprint which President Donald Trump sent to Congress in March. During the most recent

replenishment drive for the Global Fund, the U.S., under the Obama administration, pledged $4.3 billion for 2017-2019, or $1.43 billion a year.

The budget blueprint, also known as the "skinny budget," also preserves funding for PEPFAR, the U.S. President's Malaria Initiative, and Gavi, as well as for domestic HIV programs.

The blueprint does not attach dollar amounts to the above commitments. These details will come in the final budget proposal in May.

These initiatives were one of the few "winners" in a sea of "losers" which are part of Trump's proposed cuts to health, foreign assistance programs and the State Department. For example, the blueprint called for a $5.8 billion reduction, or 20% of the budget, for the National Institutes of Health (NIH), which funds basic and clinical science research. The NIH includes the National Institute for Allergy and Infectious Diseases, which houses the Division of AIDS.

Under the blueprint, the World Bank and other development banks would lose $650 million over three years. Funding for the United Nations, including U.N. agencies, would be reduced; no dollar or percentage amount was given. Funding for several agencies that address global issues – such as the African Development Foundation and the Fogarty International Center, which promotes and supports scientific research and training internationally to reduce disparities in global health – would be eliminated entirely.

Reaction

Hilary McQuie, Director of U.S. Policy and Grassroots Mobilization for Health GAP, said that President Trump's skinny budget is right to maintain the commitments to PEPFAR and the Global Fund because they reflect a deeply rooted bipartisan commitment to global HIV treatment and prevention, and because they are "a shared priority of human rights and global health advocates, national security experts, medical professionals and the faith community."

"Still, more than half of people living with HIV do not have access to treatment, and millions are dying unnecessarily because of austerity budgeting," McQuie said. "Two billion dollars in additional annual resources are needed from the U.S. to fully fund PEPFAR and the Global Fund. Maintaining the status quo is no reason to celebrate – it's a decision to not do the necessary scale-up … which leaves 19 million people untreated and will cause millions of avoidable deaths."

McQuie expressed concern about the proposed cuts to the NIH and other global health programming, which, McQuie said, will make it harder to end AIDS as an epidemic by 2030. "Cutting health and research budgets – global or domestic – is a short-sighted approach that trades short-term cuts at the expense of people's lives, driving up long-term costs and abandoning promising new HIV medicines already in the pipeline," McQuie added. "We call on Congress to refuse these proposed cuts and to fully fund the U.S. share of global AIDS treatment scale-up in the final budget."

Writing in an article in *Vox* on 16 March, Julia Belluz said:

> "More broadly, funding for AIDS and malaria isn't safe. The protections on these specific disease programs comes amid the deep cuts to NIH, as well as the 30 percent cuts to the State Department, and USAID – agencies that are also key players on helping battle infectious diseases like HIV and malaria. The budget also decreases funding for the U.N. system, which could hit the World Health Organization. So even the apparent winners in this budget on health may not be winners after all."

Trump's budget blueprint, and his final budget in May, constitute a statement of his administration's priorities, nothing more. As Aidspan reported in an article in GFO #307, the budget adopted by Congress is expected to look quite different from what Trump is proposing. In addition, the budget is separate from the spending authorizations that will fund the various departments and programs of the U.S. government.

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6. NEWS: Key population networks call for strengthening engagement in grant-making and implementation

New study offers recommended actions to enhance "meaningful community engagement"

Charlie Baran 3 April 2017

An independent review of the engagement of civil society organizations (CSOs) and key populations in processes related to the Global Fund's funding model has found significant lapses in inclusion. The report, published by the *Community Leadership and Action Collaborative*, or CLAC, a network of global and regional key population and advocacy organizations, provides key insights into what is, and what is not, working for "communities" at country-level as the Fund embarks on its new strategy and the 2017-2019 allocation period.

The Fund's 2017-2022 Strategy elevates gender and human rights concerns to a top level: One of the four core objectives is to "promote and protect human rights and gender equality." This objective is further operationalized by a sub-objective: "Support meaningful participation of key and vulnerable populations and networks in Global Fund-related processes."

While demonstrable progress has been made in the representation of key populations on country coordinating mechanisms (CCMs) and in country dialogues, questions remain about how meaningful or impactful some of this representation ultimately is. Thus, the Fund's Community, Rights and Gender Department commissioned this study to look more closely at what it means for engagement to be *meaningful*, and how the Fund and its partners can better support that.

The research undertaken for the report had two main objectives: to learn from communities themselves about barriers to meaningful engagement in Global Fund processes, and to understand what strategies are working and have promise to overcome those barriers. The authors conducted a review of existing literature and about 50 interviews in September and October of 2016. In addition, seven "country consultations" were held in Cameroon, the Dominican Republic, Kenya, Moldova, the Philippines, Suriname and Tunisia, each including advocates, implementers and people living with or affected by HIV, TB and malaria. "These consultations and community interviews provided an invaluable opportunity to bring the most important voices and analyses to bear on this research – those of communities themselves," said Liesl Messershmidt, one of the authors of the report.

Entitled "Independent Multi-Country Review of Community Engagement in Grant Making & Implementation Processes," the report focuses on the later parts of the funding model: grant-making and implementation. As one person quoted in the report put it: "The community is meaningfully engaged during two stages – country dialogue and concept note development – while afterwards their engagement is reduced dramatically."

Grant-making is the phase during which a concept note (now known as a "funding request") is translated into a grant agreement. As described on the Fund's website, this is when the principal recipient (PR) and the Global Fund identify capacity gaps, review and agree on implementation arrangements, and negotiate key grant documents such as a work plan and budget. Traditionally, grant-making has been a mostly closed-door process between the PR and the country team. The report details community complaints that their inputs and priorities are vulnerable to cuts during this process because the next time the grant sees daylight is when it is signed – at which point communities have no recourse to protect their priorities.

Exclusion of communities often continues during grant implementation, according to the report, when the PR is functionally making most of the important decisions and is not currently required to involve communities. CCMs, which in most cases have some level of community representation, are supposed to supervise PRs throughout implementation, but the report's authors did not find this to be sufficient to induce meaningful engagement.

(A note on terminology: The authors of this report employ the term "community" as an umbrella term which includes people living with and affected by the three diseases, key populations for each disease, and various CSOs working at the local level. A discussion of the definition of "community" is included in the report.)

Recommendations for the Fund

The report contains a number of recommendations and "strategic actions," to use the terminology of the report, to achieve more meaningful engagement of communities in Global Fund processes. We discussion a selection of these below.

One recommendation is to **"define, enforce, and support community roles in governance and decision-making structures."** The following strategic actions for the Secretariat are proposed to achieve this:

- strengthen CCM guidance on community engagement;
- ensure engagement of very marginalized communities (e.g. sex workers, people who use drugs); and
- support communities with predictable funding for capacity strengthening, on the one hand, and greater transparency and accountability for selection and monitoring of community representatives, on the other.

Another recommendation is to **"mainstream community engagement in quality improvement mechanisms."** One proposed strategic action to achieve this is to implement "community taskforces" at country-level. These taskforces are described as collective organizing mechanisms whereby a range of communities – i.e. different key population groups, networks of people living with the diseases, and civil society organizations – can develop a shared agenda and channel that agenda into Global Fund processes via CCM representatives, and perhaps also during grant-making and implementation. This concept has been implemented before, with generally positive results, according to those involved. The paper calls for community taskforces to be further piloted in a number of countries, with funding from the Global Fund.

A third recommendation is to **"standardize accountability and communications channels between communities and the Global Fund."** A proposed strategic action is to establish a "community communications hub" at the Secretariat. The hub would be a place for communities to turn for information and to report grievances, and it would also be responsible for monitoring community engagement across countries and grants. In addition, the authors recommend that specific performance measures related to community engagement be implemented for Grant Management Division staff, such as fund portfolio managers and country officers.

The recommended actions range from plain and practical, to lofty and aspirational. They appear to be backed by a growing consensus that not only is greater community engagement a moral imperative, but it is also critical to maximizing the impact of its grants.

"Strengthened community engagement results in stronger health systems. That's because communities are central to programmatic effectiveness and response sustainability. We have to do more to ensure communities are in the driver's seat in disease response," said George Ayala, executive director of the Global Forum on MSM & HIV (MSMGF), a founding member of CLAC.

In addition to the formal report, MSMGF has published a series of "thematic case studies" on topics germane to the overall questions addressed in the report. These thematic studies serve as deeper dives on some key issues raised in the course of research for the report.

Charlie Baran is one of three listed authors of the report discussed in this article.

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7. ANALYSIS: Is the Russian Federation willing and able to manage its HIV epidemic?

Neither the government nor CSOs have taken up the services previously supported by the Global Fund

Tina Zardiashvili 3 April 2017

In January 2017, the Ministry of Finance of the Russian Federation rejected a request to allocate $1.2 billion over four years for the response to HIV, citing "a lack of federal funds." The Ministry of Health had asked for the funds in order to implement the National AIDS Strategy 2017-2020. Approved in October 2016, this was the first national AIDS strategy ever developed in the Russian Federation.

The rejection of the funding request once again brought into question the ability and willingness of the Russian Federation to manage its serious HIV epidemic. According to the country's Federal AIDS Center, as of September 2016 there were 1,087,339 cases of HIV officially registered, of which 233,152 had died. (Unofficial estimates put the number of people infected at about 1.5 million.) HIV prevalence was 0.6%. The number of new case is increasing by 10% annually. Less than a third of the people living with HIV are receiving antiretroviral therapy.

The Global Fund had been funding HIV programs in Russian Federation since 2003, investing approximately $276 million through grants implemented by three principal recipients (PRs): the Open Health Institute (OHI), the Russian Healthcare Foundation, and ESVERO, formerly known as the Russian Harm Reduction Network.

The grants implemented by OHI and the Russian Healthcare Foundation covered awareness and prevention services for the general population (e.g., information campaigns, training for medical personnel); prevention of mother-to-child transmission; prevention services for key populations (including men who have sex with men, sex workers, prisoners, migrant workers and people who inject drugs); and the provision of antiretroviral therapy, care and support for people living with HIV. Between 2004 and 2009, the programs managed by OHI provided prevention services to 106,000 people from key populations.

The grant administered by ESVERO focused exclusively on services for people who inject drugs. ESVERO was providing services from 2006 to 2014. By the end of that period, ESVERO was running up to 33 projects and was supporting annually up to 52,000 persons who inject drugs.

Funding phased out

Starting in 2010 or 2011, the Global Fund began to phase out funding to the Russian Federation. This was the result of two developments: (1) as a general policy across the entire portfolio, the Fund began to divert resources away from middle-income countries and towards low income countries with high disease burdens; and (2) the Government of the Russian Federation decided that it did not want to continue to receive support from the Global Fund. It wanted to become a donor instead.

GFO reported in May 2016 that the country coordinating mechanism was dissolved in 2013; that the Russian Federation pledged $60 million for the Global Fund's Fourth Replenishment in 2014; and that the transition away from Global Fund financing was being done without any planning.

The only grant still operating today is one that was approved under the NGO rule in 2014, for which OHI is the PR. Under the NGO rule, certain upper-middle-income countries are eligible to receive an allocation for HIV only if they have a disease burden categorized as high, severe or extreme; and if they meet certain conditions, the main one being that the grant will be managed by an NGO (and not the government).

OHI's NGO rule grant had a modest $10.9 million budget, and provided services to only a fraction of those in need. Given the limited support from the government and the progressively reducing donor funding, it was decided that the OHI grant should cease providing prevention services directly and should instead focus on community empowerment (see GFO articles here and here) – the idea being that empowered communities were more likely to defend their rights and advocate for services and increased funding from the government.

Current situation and future outlook

So, what is the current state of services for key populations in the Russian Federation? And what does the future hold?

There is a national AIDS program or sorts. It covers the provision of antiretrovirals for only one-third of the estimated population living with HIV. It includes a prevention program which covers HIV testing for pregnant women and for the wider population. The program for the wider population consists of street testing campaigns considered by most stakeholders to be a waste of money. There is no focus on the key populations. Nevertheless, in the opinion of Elena Zaytseva, OHI's program director, the state has started to work towards improving the legal environment and has started to base its approaches on best practices in other countries.

Today, neither government nor civil society organizations (CSOs) have taken up the services previously supported by the Global Fund. This is partly because of limited funding. But it is also because the operations of international NGOs and even local CSOs in the Russian Federation are very restricted. Injection drug use and sex work are both illegal. Homosexuality per se is not

illegal, but “promotion” of “non-traditional sexual relations” among people under 18 is illegal, under a new law adopted in 2013. Under the “law of foreign agents,” all local organizations funded by the foreign sources have to be registered as a foreign agent. Although the NGOs working in social and public health programs are technically exempt from this requirement, if the NGOs are doing something the government does not like, the government will not hesitate to use the foreign agents law against them. On top of that, both injection drug use and homosexual activity are highly stigmatized; and most advocacy activities are not tolerated by the government.

There are nine months remaining in the OHI grant. No further support from the Global Fund is foreseen.

It is not easy to evaluate the impact of the decision to invest in communities. Opinions of CSO leaders vary significantly, depending on their own experience, expertise and even perceptions. On the one hand, the development of a National AIDS Strategy can be seen as a positive outcome of advocacy by all stakeholders. The fact that the document exists means that the government recognizes the problem and is trying to find solutions. On the other hand, most stakeholders think that the document is of poor quality. It does not put forward a concrete plan for action. Mostly, it describes the epidemiological situation in 2016 and says what has to be done without detailing how.

The National AIDS Strategy mentions the various key populations, but only in the introduction. There are no indicators in the strategy document for tracking prevention activities specifically targeting any of the key populations. Therefore, communities suspect that there are no plans to implement prevention services for these populations.

In the opinion of Gennady Roshchupkin, technical support coordinator for the Eurasian Coalition on Male Health, “Community-based organizations exist and they are doing their best in raising awareness and building up the prevention services, but their number is so small that it is unlikely they would be able to influence the epidemiologic situation in the country.” He added that “the current government is not willing to cooperate with CSOs. They either ignore criticism or repress the people putting forward the criticisms.”

A leader from one of the communities, who preferred to remain anonymous, explained that community development requires a longer time than the OHI grant has allocated for it. He believed that the process of community empowerment in Russia is in its infancy and has not yet achieved any remarkable results. “We are still on a stage of looking for the leaders, who are ready to mobilize the followers and organize the campaigns.”

Irina Maslova, the head of the Coordination Committee in 2014-2016 (a body that partially replaced the CCM) and a leader of “Silver Rose,” a local network of sex workers, is more optimistic. She said that the results differ among the various communities and even across the different projects of the OHI grant, as the quality of the outputs depends on the input and enthusiasm of the project participants. “The sex workers community has taken maximum benefit from the OHI grant,” Maslova said. “Our street lawyers program is very successful. We have

loads of examples where sex workers managed to protect their rights and strengthen their self-confidence," she added. "Now they believe that one day they will change legislation." On the other hand, Maslova said, "it is hard to talk about services for key populations when the country is still not able to ensure antiretroviral therapy for all persons living with HIV."

The future of prevention services for key populations in the Russian Federation depends on numerous elements such as legislation, the politics and goodwill of the state, financial resources, and the commitment of the communities "to carry on the battle." As Ms Maslova put it: "Only strongest will survive."

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8. NEWS: GNP+ describes "the qualities we will look for" in the next E.D.

David Garmaise 3 April 2017

In a commentary posted on its website, the Global Network of People Living with HIV (GNP+) has identified three qualities that the next executive director of the Global Fund should exemplify. They are as follows:

1. **"The next Global Fund executive director should demonstrate an unshakeable commitment to human rights and key population issues."** This includes translating "all the nice slogans" and human rights principles into daily operations, GNP+ said. It also includes advocating with donors and partners to ensure that human rights are promoted and protected.

2. **"The Global Fund needs to maintain its global relevance through improving its ability to go where the issues are and where communities need [the Fund] to be."** GNP+ said that a shrinking funding pool, coupled with the continued insistence on the part of donors for reduced investments in middle-income countries – and the Global Fund's continued deference to these funders – make it difficult to address the health issues of 70% of people living with HIV, all of whom reside in middle-income countries.

3. **The Global Fund needs a leader who will "make sure that available resources are focused to benefit and reach those who are directly affected by the three diseases."** The Global Fund's risk management approach often only focuses on one dimension – financial risk – GNP+ said. "But this approach neglects the risks associated with poor program quality and the failure of some programs to benefit people's health, which puts the Global Fund at risk of not achieving its primary mission, it added.

"The Global Fund's next leaders should focus on how to make sure that risk management focuses on the risks for the Fund's primary beneficiaries and work upwards from there, instead of the current top-down approach to risk management," GNP+ said.

The Global Fund Board had been expected to select a new E.D. at the Board Retreat on 27 February 2017, but decided instead to launch a new search (see GFO article). There has been no announcement as yet concerning what process will be followed for the new search. The term of the current E.D., Dr Mark Dybul ends on 31 May. The Board has appointed Marijke Winjroks as Interim E.D. starting on 1 June (see GFO article). See also an analysis by Aidspan of what went wrong with the recent E.D. selection process.

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9. NEWS: Civil society survey finds three-quarters of respondents have accessed Global Fund technical assistance

One-third have accessed technical assistance from more than one provider

Gemma Oberth 3 April 2017

In a recent survey of 54 representatives from African civil society organizations and community groups, 76% reported previously accessing technical assistance (TA) to support their engagement in Global Fund processes. The survey was conducted in March 2017 by the Regional Platform for Communication and Coordination for Anglophone Africa, hosted by EANNASO. The Regional Platform forms part of the Global Fund's Community, Right and Gender Special Initiative (CRG SI). Improving access to TA to support civil society and community groups to meaningfully engage in Global Fund processes is a key objective of the CRG SI.

Aidspan has been reporting on the CRG SI's progress since 2015 (see GFO stories here, here, here and here). The survey is a follow-up needs assessment to one conducted in January 2015. Aidspan has previously reported on those results.

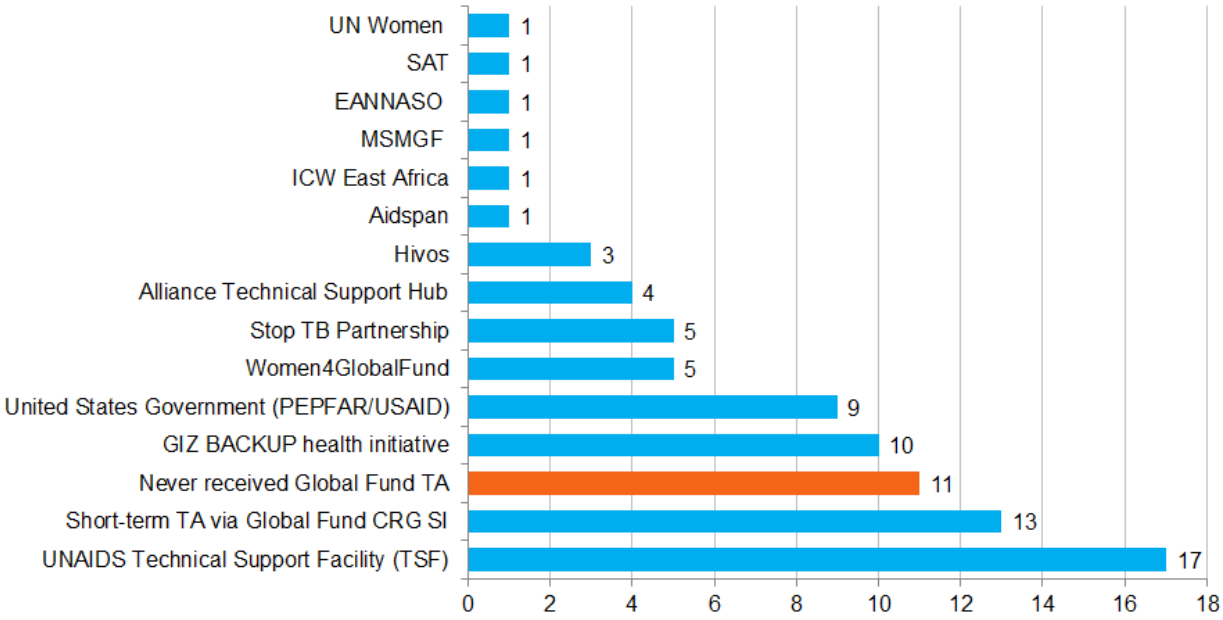
The survey includes perspectives on civil society and community engagement in Global Fund processes from 18 African countries: Botswana, Ghana, Kenya, Lesotho, Liberia, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

While 57% of survey respondents had heard about the CRG SI for 2014-2016, only 33% knew it had been renewed for $15 million over the 2017-2019 funding cycle (see GFO story). As the Fund has yet to issue requests for proposals for the next phase, this is not unsurprising.

Fifty-six percent of survey respondents knew that they could request TA from the Global Fund CRG department and its partners, which is a slight improvement from the 2016 survey findings (52%). However, respondents from key populations organizations were much less likely (25%) to know they could access Global Fund TA, compared to respondents from civil society organizations (CSOs) (67%) – a finding that is consistent with the 2016 survey. This knowledge gap may be particularly pronounced for transgender communities. Indeed, among male, female and transgender survey respondents, people who identified as transgender were the least likely to know they could access Global Fund TA (33%). These results underscore the continued need to increase knowledge of Global Fund TA among key populations.

Among those who have accessed Global Fund TA, the most commonly cited provider was the UNAIDS Technical Support Facility (TSF) for East and Southern Africa, located in Johannesburg, South Africa. Almost a third of all survey respondents have access TA through the TSF at some point in time (see figure).

Figure: Number of survey respondents who accessed Global Fund TA from various providers



Source: What Communities Want: Informing the Global Fund's Community, Rights and Gender Strategic Initiative in Anglophone Africa, Regional Platform for Communication and Coordination, hosted by EANNASO, March 2017

"I can attest that more CSOs accessed TA through the TSF these past few months," said Katlego Motlogelwa, a technical support consultant with the TSF. Motlogelwa told Aidspan that UNAIDS has been developing a more intentional strategy to increase TA for CSOs, including conducting a needs assessment and a holding a follow-up workshop (see GFO story).

Despite the popularity of the TSF as one of the preferred TA provider in the region, there is some degree of uncertainty about its future. In January 2017, Mott MacDonald elected not to renew its

contract with UNAIDS to continue managing the TSF. Mott MacDonald is an international consulting firm which has managed the TSF for the last two years. Following the expiration of an old contract in June 2016, Mott MacDonald proposed to manage the TSF for a further 12 months. However, UNAIDS only offered a six months contract, up until the end of December 2016. When that contract expired and UNAIDS wanted to discuss another extension, the company was no longer interested.

The TSF is currently housed within the UNAIDS Regional Support Team (RST) in Johannesburg as an interim solution, with contract and payment processing running through the TSF for West and Central Africa (based in Ougadougou, Burkina Faso). The RST has set aside $1 million to support TA requests until July 2017, after which the future of the TSF remains unclear.

Following the TSF, the second most common source of Global Fund TA is the short-term peer-led TA offered through the Global Fund's CRG department, as part of the CRG SI. After the CRG SI was approved by the Board in August 2014, the volume of TA deployed grew rapidly. In just one year, the total number of funded assignments tripled, from 23 in March 2015 to 69 in March 2016 (see GFO story). By the end of 2016, the CRG SI had invested nearly $5 million in more than 100 TA assignments. The types of assignments include, among others, reviews of disease-specific national strategic plans, consultative meetings during funding request development, and human rights and gender audits of draft funding requests.

Respondents also reported accessing Global Fund TA from the GIZ BACKUP Health Initiative, the U.S. Government, Women4GlobalFund and the Stop TB Partnership.

While this survey suggests that the majority of respondents have accessed some kind of TA to support their Global Fund engagement, it is noteworthy that 20% report never having accessed any TA. As the Global Fund aims to increase its investment in CRG TA – to $6 million during the 2017-2019 funding cycle (see GFO story) – more may need to be done to stimulate demand.

Lastly, the survey sheds light on what kind of TA may be most needed by civil society and community groups. Survey respondents were more confident in their ability to engage in the development of funding request than they were in their ability to perform effective community monitoring during grant implementation. TA for community monitoring has historically been scarce. During the 2014-2016 funding cycle, most TA – including that which was available through the CRG SI – was only available up until the grant-signing stage. Going forward, the Global Fund's CRG Strategic Initiative (2017-2019) will make TA available throughout the funding model, including during grant implementation. This will create greater opportunities for civil society and community groups to access community monitoring TA.

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10. NEWS: The Global Fund Board approved grants covering 100% of the funding allocated for 2014-2016

Secretariat provides some end-of-the-funding cycle information

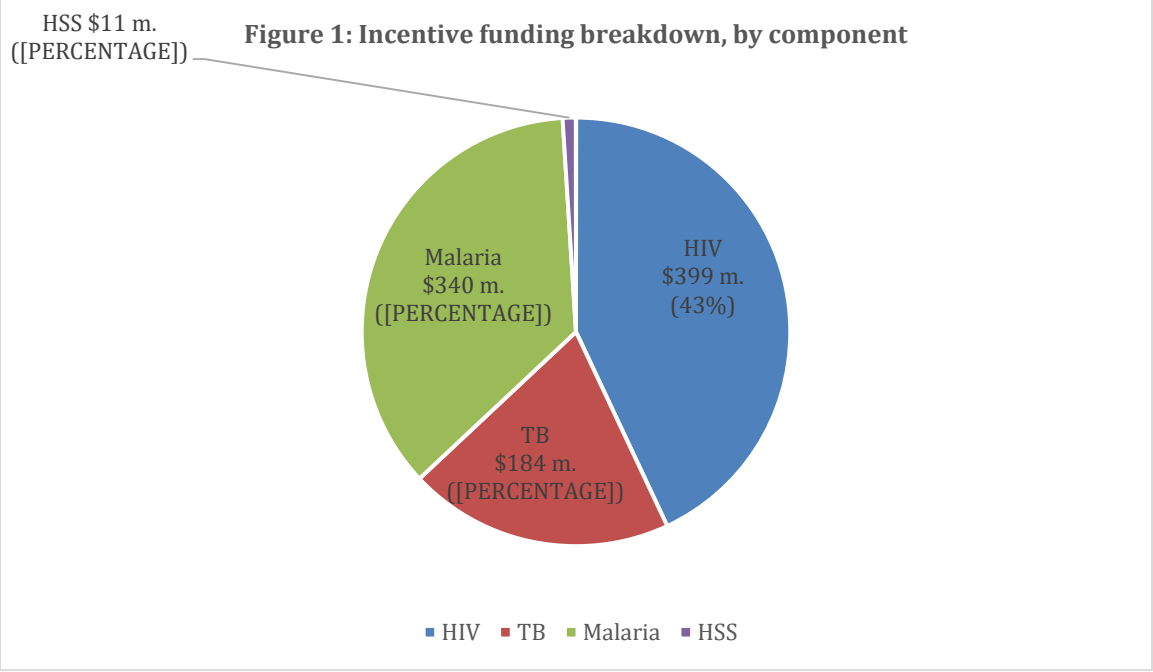
David Garmaise 3 April 2017

The Global Fund Board approved grants for 100% of the allocated funding by the end of the 2014-2016 allocation period. This information was provided to Aidspan by the Secretariat, along with some end-of-the-funding-cycle information on incentive funding, above allocation requests, grant efficiencies, domestic funding and the review of concept notes. This article provides a summary of this information as well as the results of surveys conducted among members of the Technical Review Panel (TRP) and participants in country dialogues.

The TRP examined $5.2 billion in above allocation requests, and recommended $4.1 billion as quality demand. Of the $4.1 billion, $935 million was awarded to applicants as incentive funding. The remainder was placed in the register of unfunded quality demand.

Figure 1 shows the breakdown by disease of the $935 million in incentive funding.

Figure 1: Incentive funding breakdown, by component



Source: The Global Fund

During grant-making, efficiencies (i.e. cost savings) in the amount of $967 million were identified and were reinvested under the guidance of the Grant Approvals Committee (GAC), which took into account recommendations made by the TRP when the concept notes were reviewed.

Typically, cost savings were found in management and human resources, transportation, training and operations. Savings also resulted from prices for treatment and prevention products having gone down in the period between the preparation of the funding request and grant-making.

In reinvesting the savings achieved through efficiencies, the Global Fund favoured the following approaches:

- scaling up core prevention and treatment programs such as bed nets, and testing and treatment;
- strengthening investments in surveys, health management information systems, M&E, technical assistance and human resources;
- procuring health care products and improving access to products and services, including quality diagnosis and laboratory equipment;
- rolling out integrated biological and behavioral surveillance (IBBS) surveys; and
- correcting initially underestimated budget costs.

The reinvestments were primarily made in the same disease program as the grants where the savings were identified. Frequently, the reinvestments allowed applicants to significantly reduce their unfunded quality demand.

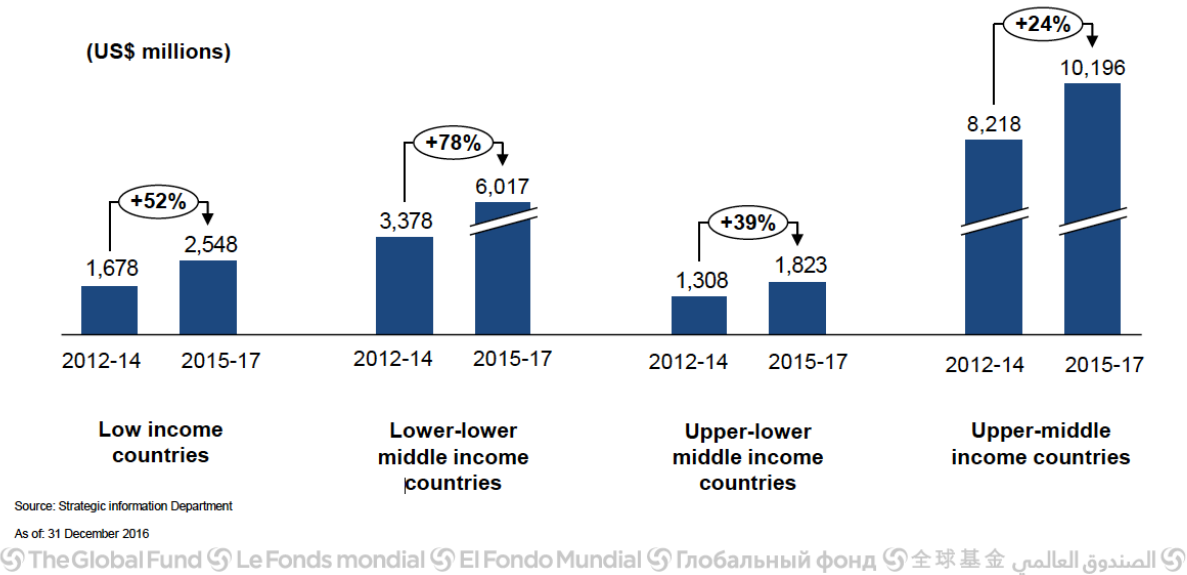
With respect to domestic funding, governments committed $6 billion more in 2015-2017 compared to 2012-2014. Figure 2 provides a breakdown by income category.

For the 2014-2016 allocations, the TRP reviewed 215 “standard” country funding requests (i.e. requests that used the standardized concept note format). About 22% of the country funding requests required iterations.

In the 2014-2016 funding cycle, 43% of grants were signed on time. (The target for 2017-2019 is 70%.) The duration from submission of the request to communication of results was less than three months. This was an improvement over the transitional funding mechanism round (average duration, five months); Round 10 (four months); and Round 9 (about three-and-a-half months). The target for 2017-2019 is two months.

In a survey which the Secretariat conducted among TRP members, 97% agreed or strongly agreed with the statement that the reviews by the TRP had the effect of encouraging applicants to align programs more closely to Global Fund strategic objectives. And 75% of TRP members agreed or strongly agreed that the TRP process ensured that once the TRP reviews were completed, the most impactful and highest value interventions were found in the allocation request (not the above allocation request).

Figure 2: Domestic funding commitments – 2015-2017 vs 2012-2014



Source: The Global Fund

However, only 31% of TRP members agreed or strongly agreed with the statement that the above allocation requests stimulated ambitious and innovative approaches in concept notes, while 65% disagreed or strongly disagreed.

Over the course of the nine application and review windows in the 2014-2016 funding cycle, at least three-quarters of TRP members consistently rated the quality of the funding requests as good or very good (the number ranged from 74% to 88%, depending on the window).

For the funding requests related to the 2014-2016 allocations, the Secretariat conducted an ongoing survey of people who took part in the country dialogues. The survey showed that 85% of respondents rated the overall experience in applying for funding as good or very good; and 73% agreed or strongly agreed with the statement that the application process under the new funding model was better than the process used for the rounds-based system.

Of the respondents from key populations, 79% agreed or strongly agreed that civil society and key populations or people living with the disease were represented in the group that developed the concept note. A smaller number, 66%, agreed or strongly agreed that the recommendations and inputs from all stakeholders – including civil society and key populations – were discussed and considered seriously by the CCM or other persons leading the process. Twenty-four percent of respondents from key populations disagreed or strongly disagreed with this statement.

On the role of the Secretariat's country team in the country dialogue, 77% of participants who responded agreed or strongly agreed that the involvement of the country team made the NFM process better than the process used for the rounds-based system. And 83% agreed or strongly agreed that the country dialogue process was inclusive.

Asked whether human rights barriers were adequately discussed and addressed, 72% of respondents agreed or strongly agreed. In their survey, TRP members were not quite as enthusiastic; 60% agreed or disagreed that human rights barriers were adequately discussed and addressed, while 31% disagreed or strongly disagreed.

There was a similar discrepancy concerning gender-related barriers. In the participant survey, 74% agreed with the statement that these barriers were adequately discussed and addressed. Only 51% of the TRP members agreed, while 42% disagreed or strongly disagreed.

With respect to the involvement of key populations, 82% of survey respondents agreed or strongly agreed that measures to improve the inclusion of key populations were adequately discussed and included in the programs that made up the funding request.

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11. NEWS: Sales of Apple's new red iPhone 7 will benefit the Global Fund

David Garmaise 3 April 2017

Apple Inc. has launched a special edition iPhone 7 and iPhone 7 Plus with a vibrant red aluminum finish. A small portion of the profits from the sale of each phone will be contributed to the Global Fund, as part of Apple's partnership with (RED) – previously known as (PRODUCT) RED.

The iPhone 7 Plus

This is probably the highest profile product and one of the most colorful offerings in the (RED) product line. Apple won't say what portion of the profits will go the Fund, but according to an announcement on the Global Fund website, (RED) has generated more than $465 million for the Global Fund since 2006, with more than $130 million coming from Apple alone. That makes Apple the largest corporate contributor to the Fund.

"Since we began working with (RED) 10 years ago, our customers have made a significant impact in fighting the spread of AIDS through the purchase of our products, from the original iPod nano (PRODUCT) RED Special Edition all the way to today's line-up of Beats products and accessories for iPhone, iPad and Apple Watch," said Tim Cook, Apple's CEO. "The introduction of this special edition iPhone in a gorgeous red finish is our biggest (PRODUCT) RED offering to date."

(RED) has pledged $100 million to the Global Fund for the period 2017-2019. The next largest corporate pledge came from Comic Relief, a U.K.-based charity, at $12.75 million. Historically, the next largest corporate contributor after (RED) has been Chevron (about $9 million a year from 2008 to 2013; $5 million for the period 2014-2016).

(RED) was founded in 2006 by Bono, a rock star and activist, and Bobby Shriver, of the ONE Campaign. The way (RED) works is that manufacturers designate some of their products as being part of the (RED) campaign. Then, with each purchase of a (RED) product, up to 50% of the profits are donated to the Global Fund to help finance grants in eight countries: Ghana, Kenya, Lesotho, Rwanda, South Africa, Swaziland, Tanzania and Zambia. All of the money raised by (RED) goes to programs that support treatment, prevention and care for HIV, with a specific focus on eliminating transmission of the virus from mothers to their babies.

In addition to Apple, partner companies include Nike, American Express, Coca Cola, Starbucks, GAP and Armani, among others. See the (RED) website for a complete list.

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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).

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GFO Editor: David Garmaise (david.garmaise@aidspan.org).

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