



## 1. Introduction

In August 2015, the Global Fund to Fight HIV, Tuberculosis and Malaria, hereafter the Global Fund, in partnership with the Country Coordination Mechanism (CCM) from Ivory Coast, organized a meeting in Abidjan to discuss the weak absorption capacity of funding granted to the French-speaking countries of Western and Central Africa, the obstacles confronting these countries, and to brainstorm some appropriate solutions. The countries present at this meeting were Benin, Burkina Faso, Cameroon, Ivory Coast, Mali, Niger, Senegal, the Democratic Republic of the Congo, Chad, and Togo. During the course of this meeting, each country developed a plan of action with the objective of improving the performance of programs and, moreover, the absorption capacity of grant funds.

Nearly a year later, it was important that these countries evaluate the progress made in the implementation of these plans of action, and to share the lessons learned, successes and challenges. With this goal in mind, a meeting was organized in Dakar from June 28 to 30, 2016 with the same countries that participated previously in Abidjan, and this time adding Guinea.

As a prelude to this meeting, the African Population and Health Research Center (APHRC) in support of the African constituencies to the Global Fund board (ACB) collected data through a series of key informant interviews with representatives from each of the countries present in Abidjan. The goal was to document both progress made and the constraints encountered in the implementation of the plans of action. The results helped to guide the discussions of the meeting in Dakar.

This report shares the results of these interviews.

## 2. Method of data collection

Based on the list of the participants in Abidjan, a list of key informants from each country was identified. These key informants were selected based on their competencies and roles in the implementation of the Global Fund program in their respective countries. These included, for example, Presidents of a CCM or representatives from Principle Recipients (HIV, TB or malaria Program Coordinator, directors of monitoring and evaluation, financial managers.)

Thanks to support of the communications focal point for the West and Central Africa constituency, APHRC interviewed participants by telephone, individually or in a group. These interviews, which lasted one hour on average, were conducted in French between June 13 and 17, 2016. They were recorded and then transcribed to facilitate the analysis. The questions mainly pertained to the progress made since the meeting in Abidjan, as much by the country as by the Global Fund, the constraints encountered, and the guidelines of program priorities for reaching the objectives of the new mechanism of financing on the horizon in 2017. The country plans of action follow the report as Annex 1.

## 3. Principal results

The analysis shows, in a general way, that the majority of the countries observed notable progress since the meeting in Abidjan one year prior, even if certain problems persist, as described below.

## a) Improvements

- Leadership and governance

In four countries, some of the points of action pertaining to leadership and governance, which depended on technical frameworks in some cases, were executed with the assistance of third-party institutions.

These actions essentially concerned the reinvigoration of the CCMs, the implementation of committees/mechanisms of oversight of the CCM; a committee on interfacing when the principal government-body recipient did not reach the level of the Ministry of Health; institutional stabilization by ministerial order or decree. Holding regular meetings of all parties involved in the financing from the Global Fund also helped improve performance.

- Operational management

This pertained essentially to the revision of procedure manuals and evaluation manuals of sub-recipients. Overall, these activities were performed in accordance with the plans of action and without major constraint (two countries).

- Financial management

Improvements in financial management could be categorized in three different themes. The first concerns national counterpart funding, a Global Fund requirement. Some countries increased the allocations for their Ministries of Health in their most recent national budgets and allocated counterpart funding. Another theme is the improvement of the oversight of resources, which has been done in some countries using Tom-pro software. This improvement in some of the countries was done through partnership with a national bank and the utilization of the new modes of payment such as mobile money and visa cards. Finally, a notable improvement was made through revision of its organization chart, which now gives the internal auditor more latitude to perform their duties.

- Management of the supply chain

The advances in management of the supply chain can be classified in two large categories. The first category provided for the reduction in turn-around time for procurement of medical supplies through the identification and selection of pre-qualified vendors and use of an exemption for essential products. The second category of improvements to pharmaceutical storage, which allowed storage facilities to meet set standards.

- Health System Strengthening (HSS)

The important advancement in the HSS is the production of quality routine data and at the same time being able to serve the purposes of oversight and evaluation.

## b) The activities in progress

In leadership and governance, the legal texts are ready in some countries, but not yet adopted.

In financial management, the national budget items for the 3 diseases are in the process of being implemented in the majority of the countries. This budget item will improve inflow of funds.

Regarding supply chain management, the restructuring of the purchasing center of the pharmaceutical products is in progress in certain countries but not yet completed. In others, the CCM obtained the support of the Ministry of Health in the realm of clearing products from customs upon import. All that remains is to action this change.

## c) Factors of success

### Political engagement

High level political engagement of the government authorities (Minister of Health or Prime Minister, depending on the country) was identified as an element of success.

### Engagement of the concerned parties

Some countries organized a national workshop on absorption capacity similar to the one in Abidjan but on the national level. These workshops allowed not only the dissemination of pertinent information, but they also promoted the growth of awareness and the input of concerned parties on the national level. In other countries, meetings took place between Principal Recipients (PR), between PR and Sub-Recipients (SR).

### Commitment to change and to performance

Commitment to the changes and improving performance was mentioned by all countries. This commitment was particularly significant in countries that are subject to the additional security measure of the “Zero-cash policy”. The key contacts interviewed in these countries mentioned the fact that the ZCP reduces their absorption capacity even more.

The commitment to change also manifests itself as a change in grant management, and a commitment to regularly hold CCM coordination/strategy meetings, of the Principle Recipients, of the Sub-Recipients, and other concerned parties. These meetings, in some countries, also served to reinforce the roles of different actors in the national Global Fund ecology.

### Reinforcement of capacities

Training of managers, of SR, and of sub-sub-recipients (SSR) revealed itself to be a necessary component in success and constituted an important step in the efforts of improving performance. In some of the countries, this reinforcement of capacities was done internally by a PR. In others, it was done with the technical assistance of an external party.

### Adoption of the good practices of other countries: quite rare

Three countries adopted some of practices of other countries. For example, the good practice of governance of Senegal, the coordinated supply chain platform of Burkina Faso, and another supply chain systems of Rwanda were noted in particular.

Other countries recorded several reasons why they didn't adopt the good practices of other countries. Among these reasons were the existence of good practices being used in their own countries or the lack of time to take a step back and analyze practices in use for the long term. In addition, some of the good practices of one country might be difficult to adapt to other countries because of their specific context, as one person interviewed reported, “Everybody has the same problems. No one has found the best practices that are adapted to our context.”

## d) Constraints and obstacles

### Major constraints

The people interviewed mentioned three **major** constraints that had negative effects on the implementation of their plans of action. These included (1) political events such as presidential or legislature elections, and political instability, which often leads to a change in the Minister of Health. There were also (2) **the bureaucracy of approving public works contracts that could result in procurement**

delays of 6 to 9 months. Finally, (3) a last major constraint is the too little time passed to prepare documentation on the national level. In effect, due to short Global Fund deadlines, some of the documents were produced rapidly and without an appropriate review, which makes errors more likely. For example, some of the activities were slated for the first quarter but the pre-requisites for these activities weren't incorporated into the plan or rather, they weren't planned for until the second or third quarter. Such errors translates into weak absorption during the first quarter.

#### Other constraints

Delays in signing of the Global Fund grant agreement constituted another constraint experienced by the participants. For example, performance agreements are adopted in the beginning of the year (January). In the effort to obtain high quality routine data, it is necessary to be able to integrate into these criteria the submission of the health statistics, which cannot be done until after the signing of the grant agreement. This is a situation where a delay of even a few weeks could result in the delay of a year of the implementation of certain elements of the plan of action.

Other participants mentioned the absence of quantitative data, especially at the local level (health center and hospitals). It must also be noted that in some countries the difficulties are tied to the availability of counterpart funding from the State.

#### e) Expectations regarding the Global Fund

##### Net improvement since Abidjan

From the point of view of all the interviewees, their countries received better support from the Global Fund since the meeting in Abidjan. This support came in the form of technical and financing assistance at the CCM level, and of the clarification of the roles of the different parties, improved coordination and communication with bi-monthly calls in some cases and frequent visits from Global Fund staff – too frequent sometimes.

The interviewees also noted improved responsiveness of the Global Fund and, to a certain degree, less micro-management, which translated into greater latitude for the countries to carry out their own daily management activities and reallocation of resources; the people interviewed also noted the support for the re-programming and for the reallocation. For example, in some of the countries, there was less of a need to request a pre-approval. As one participant said, "The Global Fund is doing its best."

##### Persistent problems mostly with the LFA (Local Funds Agents)

However, adds another, his "bureaucracy remains formidable" between the Portfolio Manager, the country team, and the LFA. Some noted that insufficient staffing of the LFAs slows activities and therefore reduces absorption. While the Global Fund is more responsive, long delays may still subsist with the dealings with the LFA. The LFA have been asked to create a clearer, easier to use operations manuals.

##### Other problems

Other problems were noted, like the sometimes long wait times, even with the employees of the Global Fund, or certain actions promised in a grant agreement but later refused, delays in payment of salaries to the Secretariat of the CCM, or in the transmission of documentation to the countries.

##### Suggestions

Some of the interviewees called for more prudence on the part of the Global Fund in their interactions with governments so as to not threaten the stability of the CCMs.

Another suggestion concerned the duration of the grant (three years), which is judged to be too short given that “during the year of revising the conceptual notes, everything slows down to an idle.” In general, it’s during the second year that activities achieve their stride but during the third year, everything returns to a sluggish pace as countries focus on preparation for the “concept note.”

#### f) Programs and priority interventions

The interviewees were asked to classify by order of importance the interventions, which could boost absorption. The table below summarized the classifications beginning with the first priority.

**Table 1: Intervention judged most important by disease**

Disease	Priority 1	Priority 2	Priority 3
<b>HIV/ AIDS</b>	Anti-retroviral coverage – Including within the public - keys (3)	Prevention of the transmission Mother-Child -PTMC (2)	HIV Test – including among the public – keys (2)
<b>Tuberculosis</b>	Detection of cases (3)	Multidrug-resistant tuberculosis MDR TB (2)	Success rates (1)
<b>Malaria</b>	Integrated management (3) in the community (1) in satellite health centers (1)	Prevention	
<b>Health Systems Strengthening</b>	Integration of the health information system from district and local (4)	Introduction of the health information system to the district level (1)	Committee of quantification (2)

## 4. Conclusion

Since the meeting in Abidjan, many positive changes have been accomplished. Among these, one must note the reinvigoration of the CCMs, the legal anchoring, and the improvement of the Supply Chain Management systems. Some changes are still in progress, the drafts of some legal tests are prepared but not yet adopted, and the growth of some activities to the scaled-up levels that would deem them a success hasn’t happened yet. Relations with the Global Fund have improved in most of the countries, the Global Fund maintains better lines of communication with CCMs, and is more responsive and flexible. However, some problems persist, especially in the dealings with LFAs. There has been just cause to question, however, if the measures put in place to ensure increased performance are sustainable, if the measures in the process of being executed will be implemented in time. Moreover, will the actions to be undertaken be enough to surmount the obstacles to improving performance, which results, of course, in a better health of the public?

**Annex: Framework of actions to improve the implementation of grants, Abidjan, August 2015**

Topic	Challenges	Concrete Propositions	
		Countries	Global Fund
<ul style="list-style-type: none"> <li><b>Leadership and governance</b></li> </ul>			
CCM's <sup>1</sup> role in strategic monitoring	<ul style="list-style-type: none"> <li>CCM Legitimacy and recognition</li> </ul>	<ul style="list-style-type: none"> <li>Reinforcement of leadership</li> <li>Legalising the CCM (administrative activity to be carried out by the States for establishing CCM in institutions at the highest level possible)                             <ul style="list-style-type: none"> <li>Improving/putting in place yearly communication plans for better visibility of the activities /impact of CCM on the people</li> <li>Implementing recommendations from the improvement plan for the CCM</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Support for countries to re-clarify CCM roles et responsibilities in terms of PR, LFA, AF, key ministries and other partners: Next mission for country teams</li> </ul>
	<ul style="list-style-type: none"> <li>CCM operational capacity for strategic monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Reinforcing the CCM members' capacities</li> <li>Supporting the CCM strategic monitoring unit (technical and financial)</li> </ul>	
Establishment of grants from the Global fund	<ul style="list-style-type: none"> <li>Institutional establishment of grants: at what level responsibility lies in the implementation (Cabinet level or Management versus Programmes)</li> <li>National Coordination of the responses: How to ensure the monitoring of NGOs who take part as well as the National response and the implementation of the PSN.</li> </ul>	<ul style="list-style-type: none"> <li>Putting in place/reinforcing a platform for monitoring programn to the Health Ministry (SG, DGS, etc.)</li> <li>Ensuring that the investment of global Funds are well recorded on National accounts</li> </ul>	

<sup>1</sup> **Country Coordinating Mechanism (CCM)**

	<ul style="list-style-type: none"> <li>National take-over when the PR is non-governmental</li> </ul>		
Culture of accountability and responsibility: Countries and Global fund	Responsibilities left to the Global Fund which also makes decisions on how to use the funds and can lead to micro management Recovery of ineligible expenditure	<ul style="list-style-type: none"> <li>Pre-validating the PUDR by the CCM</li> <li>Quickly reorganising the activities</li> <li>Exercising flexibility with directives in the budget (approximately 15%)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of a varied and dynamic framework (insurance plan) according to the current risk level to restore trust (process of applying risk reduction measures): Action in the short term (in 3 months)</li> </ul>
Political will	<ul style="list-style-type: none"> <li>Converting goodwill commitments into financial contributions</li> </ul>	<ul style="list-style-type: none"> <li>Promoting a culture of appropriation of governance through African districts within the Board in liaison with the Africa Bureau</li> <li>Supporting the bureau of African districts for improved effectiveness of their delegates in the Board in connection with the Africa bureau</li> </ul>	
<ul style="list-style-type: none"> <li><b>SUPPLY AND STOCK MANAGEMENT</b></li> </ul>			
Quantifying	<ul style="list-style-type: none"> <li>Lack of reliable data or low quality data needed for measuring</li> </ul>	<ul style="list-style-type: none"> <li>Creating a framework of reflection involving all partners for reinforcing the information system and logistical management under the leadership of the Health Ministry</li> </ul>	<ul style="list-style-type: none"> <li>Evaluating the pertinence of the organisation of a regional or national workshop relating to reporting and GAS data quality, in conjunction with partners experienced in this area: For immediate action (end of September)</li> </ul>
Coordination	<ul style="list-style-type: none"> <li>Lack of coordination mechanisms in spite of the number of members or mechanisms that exist but don't work.</li> </ul>	<ul style="list-style-type: none"> <li>Asking the Health Ministry to create ministerial decrees creating the National committee for management of health products. These decrees should describe the composition, how it works and coordination mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Plea to the global Funds through the Health Ministries so that they use leadership for National measurements coordination mechanisms to work well: For immediate action</li> </ul>
GAS costs	<ul style="list-style-type: none"> <li>Costs from purchasing which represent</li> </ul>	<ul style="list-style-type: none"> <li>Introducing analytical accounting to the accounting system for purchasing centres to be able to estimate real costs of use for Purchasing Centre services</li> </ul>	<ul style="list-style-type: none"> <li>Co-financing technical assistance to put in place analytical accounting to evaluate real costs for</li> </ul>

	a percentage of their input value and not a real cost.		the purchasing centre: For immediate action (according to the countries' needs)
<b>• FINANCIAL MANAGEMENT</b>			
Coherence between budget monitoring and activities	<ul style="list-style-type: none"> <li>Absence or weakness of a monitoring system and budget control</li> <li>Overestimation of budgets sometimes as well as the number of activities</li> <li>Abilities of accountancy and financial staff</li> </ul>	<ul style="list-style-type: none"> <li>Monthly/quarterly analysis of variations followed by a coordination meeting for proposal of actions</li> <li>Proposal to the global Fund for the reprogramming of new activities and those to keep as well as those which exceed the acceptable threshold (15% intervention), in a 3 month period.</li> </ul>	<ul style="list-style-type: none"> <li>Developing a framework for reporting and communication for periodic analysis (monthly or quarterly) de variance and share it with the PR: For action in the short term (End of September)</li> </ul>
Financial management and reporting systems	<ul style="list-style-type: none"> <li>Accounting systems are still limited, they don't generate all the financial reports necessary to manage the budgets. <ul style="list-style-type: none"> <li>Financial reports in some cases generate a large number of transactions for small amounts.</li> <li>"Limited Cash policy"</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Proposal to the Global Funds for the reprogramming of new activities and those to keep as well as those which exceed the acceptable threshold (15% of the operation), in a 3 month period.</li> </ul>	<ul style="list-style-type: none"> <li>Making available relevant tools (software etc.) for the improvement of financial management systems: For action in the short term (one year)</li> </ul>
Risk and insurance management: Check/internal and external audit	<ul style="list-style-type: none"> <li>Lack or limited internal checks/independence of the function.</li> <li>Medium/long term replacement of fiduciary agencies</li> </ul>	<ul style="list-style-type: none"> <li>Appropriation of tools (software) made available to the countries by the Global Funds</li> </ul>	<ul style="list-style-type: none"> <li>Establishing/clarifying the thresholds for reallocation and non-objections (exceptions) – Different approach taking into account the risks: For action in the short term (End of October) Review of the demands for reallocation (above 15% of the operation) within 2 weeks following the submission of documents. For immediate action</li> </ul>

• Operational management			
Selection of SRs	<ul style="list-style-type: none"> <li>• Delay in the selection of the SR</li> </ul>	<ul style="list-style-type: none"> <li>• The CCM chooses PR which take part in the creation of the conceptual note and which lead to demonstration of interest for the SR. Once designed, the PR evaluates the capacities of the SR for putting it in place. <ul style="list-style-type: none"> <li>• Defining the tools or choosing from existing tools as well as putting in place details (varying according to the countries: invitation to tender for structures in society, consensual designation for state institutions)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Dissemination of good practices and tools chosen by sub-recipients (for action now)</li> </ul>
Operational planning and monitoring of the establishment of the grants	<ul style="list-style-type: none"> <li>• Chronic delays in putting activities in place</li> </ul>	<ul style="list-style-type: none"> <li>• Preparing a 3 month commencement plan before starting to put in place the subsidy (including planning recruitment, supplies, training, monitoring...) in conjunction with the SR <ul style="list-style-type: none"> <li>• Make a dynamic and realistic plan</li> <li>• Set up a plan for risk management in terms of subsidy paying attention to financial risk as much as programming (modalities ,programme)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring the start-up plan with the PR before starting implementation to ensure that all details are in place at the key time (in 3 months)</li> </ul>
	<ul style="list-style-type: none"> <li>• Problems with the quality and completeness of the PU/DR which lead to lots of returns</li> </ul>	<ul style="list-style-type: none"> <li>• Carrying out quality control of PU/DR and other documents before sending to Global Funds. Using the Global Funds checklist to internally check the PU/DR <ul style="list-style-type: none"> <li>• Ensuring that the procedure manuals reflect the local setting</li> <li>• Use the reviews with LFA to update budgets and plans (reprogramming) in terms of possible hazards</li> <li>• Involving all fascinating parties in discussions with the LFA in the course of reviews (PR, SR, ...)</li> <li>• Putting together a dashboard for each participant</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Agree with the countries the list of elements (exceptions) which need a notice for no objection (in 2 months)</li> </ul>
	<ul style="list-style-type: none"> <li>• Lack of monitoring in the implementation of activities in connection with budget control</li> </ul>	<ul style="list-style-type: none"> <li>• Organise monthly monitoring by the programme and financial section agents to the newcomers <ul style="list-style-type: none"> <li>• Reinforcing the coordination at all levels for each programme and participants in the programmes with the aim of revising financial performance and activities carried out.</li> <li>• Regularly evaluating and updating the risk reduction plans</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Establishing the timing for deliverables in conjunction with the countries (PUDR, non-objection, OSDV, audits, etc.) and adhering to them (end of September)</li> </ul>

	<ul style="list-style-type: none"><li>• Occasional long delays in the returns coming from Global Funds</li></ul>	<ul style="list-style-type: none"><li>• Defining with the Global Funds mutually agreeable timings for replying to management letters, submitting documents requests for clarification</li></ul>	
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