



6th Strategy Committee Meeting – March 20-22, 2018

The Eastern and Southern Africa, and West and Central Africa constituencies recently completed the first round of learning network meetings for the respective regions in Johannesburg, Kampala, Abidjan, and Dakar. In these network meetings, countries do an in-depth analysis on the progress and trends in eliminating the three epidemics, share success stories and identify barriers and solutions to achieving desired outcomes. The learning networks provide an opportunity for identifying best practices and learning from each other and developing solutions to maximize the impact of available resources to end the three epidemics. Some of the issues identified and discussed directly feed into the agenda for the 6th Strategy Committee.

The issues include: **(1) Strategies targeting adolescent girls and young women - AGYW, (2) RSSH, (3) Striking a delicate balance between financial and programmatic assurance through a well-structured Risk Appetite, (4) Nurturing local ownership and leadership, (5) CCM evolution to align with the Global Fund Strategy Implementation, (5) Catalytic Investments & Allocation methodology for 2020-2022 grant allocation cycle, (6) Renewed focus on HIV prevention**

1. AGYW – GF/SC06/02 Strategy Implementation Update & GF/SC06/15 – TERG REVIEW OF AGYW & HIV

We are encouraged by the progress made whereby in 13 Priority Countries, there is AGYW scale up of the interventions through work with partners such as WHO, UNICEF, Southern African AIDS Trust and EANNASO. However, we recommend that inequality faced by AGYW is addressed in respective country programs by ensuring that gender-equality and social inclusion interventions are identified and reflected in GF grant designs and country processes. Attempts to address gender inequality without comprehensively tackling factors leading to social exclusion at both household and community levels are bound to miss the critical entry points.

Multi-sectoral engagement to addressing AGYW and HIV: Since GF concept notes are aligned to health sector NSPs – these are unlikely to provide the wider multispectral approaches to addressing gender and social exclusion issues. Some of these issues will fall under other ministries. For example, Ministry of Education (school enrolment and retention, second chance programs), Ministry of Gender – addressing household and community vulnerabilities, Ministry of Labour – access to quality employment. Similarly, at the current CCM capacity and limited level of integration in national and subnational level planning and discussions makes it almost impossible for them to have clear visibility of social inclusion programming under other sectors. Mere representation of young women and girls on CCMs is therefore unlikely to resolve this issue. Moreover, these may be the already empowered young women and girls who may not appreciate the critical issues that rural young women and girls face. Therefore, we recommend for the Secretariat to explore a framework for multi-sectoral engagement at national and subnational levels on AGYW and HIV. Work with CCMs to begin to identify, document as well as develop partnerships with those sectors that implement activities that impact greatly on AGYW and HIV.

Evidence-based interventions for AGYW: There is a dearth in evidence-based interventions for AGYW and this needs to be addressed. We are strongly concerned that there is also a strong focus on medical/health interventions with limited emphasis on addressing household and community vulnerability factors. We appreciate that some of the interventions that address household vulnerability and contribute to increased enrolment of the girl-child in school and better retention may not be attractive to donors as they can only realize impact in the long-term. However, we feel these should be emphasized and at the same time combined with those interventions that can yield impact in the short-to medium term. A typical example are strategies aimed at breaking the cycle poverty in vulnerable households and integrating previously socially-excluded households in community processes. We could learn from programs for Vulnerable Children that use Village Savings and Loan Associations (VSLAs) to not only reduce household vulnerability but ensure social inclusion and reintegration of these households in the community processes and safety nets. Further, we recommend increased attention to easy access to pre and post-exposure prophylaxis for cases of SGBV and rape.

2. RSSH and Strengthening Community responses: GF/SC06/02: Strategy Implementation Update

The Africa Constituency supports the efforts of the Global Fund Secretariat in tracking the progress on GF investments in RSSH which is critical pillar of the GF strategy 2017-2022 and we acknowledge the positive progress reported in terms of aggregate implementation progress for the SO2 on RSSH. However, we recommend critical consideration of the following issues:

Effective tracking of outcomes of GF investments on RSSH: We note with urgency that although the Strategy Implementation Update report clearly states positive progress on RSSH by reporting that progress on 7 out of 8 of the indicators under SO2 are on track, going forward there is need to rethink RSSH programming as implementation remains challenging. Experience and evidence from many countries show the need for a refined, clearer and systematic approach to planning and implementing RSSH issues in order to ensure transition readiness as well as long-term impact and sustainability of GF-supported RSSH initiatives.

Currently, RSSH programming is approached from a perspective of a linear Theory of Change where sequential processes are expected to achieve a given objective – *Inputs, Outputs, Outcomes, Impact*. Our experience seems to suggest that RSSH could be a more complex adaptive system that is heavily dependent on the behaviour of human actors. This makes it difficult to replicate best practices as well as predict the outcomes in a linear fashion. What is critical then, is to identify those minor changes in the implementation processes needed to give a substantial effect on the outcomes. Therefore, we propose that the main focus for catalytic funding for RSSH should be the in-depth analysis of the health systems to identify those triggers or changes in the implementation process required to achieve the desired outcomes. These would then feed into re-alignment of the programs(reprogramming).

Community-based monitoring of services (CBMES): As Africa Constituencies we believe that CBMES is effective if communities are well networked, informed and empowered to hold their policy bearers and service providers accountable. Secondly, CBMES should feed into decentralized Prospective Country Evaluations as it provides real time assessment of access and quality of services and provides an opportunity for the Community to receive feedback from the service providers. Therefore progressively GF and partners should begin to roll out the PCE approach to CCMs and integrates the approach into the CCM oversight function as well as the quality data initiative.

Modelling Allocative efficiency: Critical for countries to extend the modelling to provide data on subnational basis especially in countries that have decentralized health care systems. This will facilitate more accurate targeting of programs, validation of existing data as well as effectively monitoring of service penetration and access. modelling could be a major driver and/or motivation for data demand and information use as Countries will be eager to validate the assumptions used in the modelling.

Average time for approval of new allocations: Commendable to have this reduced to 7.3 months (from submission to approval) but still slow considering the fact that with the new granting process- a good proportion of activities are a continuation from the previous grants. It is also important to consider the fact that most countries wait for the grants to be approved before formally engaging the PRs and SRs - which could take another 2-3 months. This process could therefore significantly reduce total implementation time. Moreover, from our consultations with countries, it takes a similar period (7-9 months) to have reprogramming requests approved. Therefore for the two grant cycles of 3 years each -17-18 months are potentially lost every 6 years. That's almost a year for each grant cycle lost in granting processes. That has a significant impact on absorption and could also lead to delays in procurements leading to stock outs.

3. Delicate Balance Between Financial and Programmatic Assurance through a well-structured Risk Appetite Framework : GF/SC06/03: Report and Risk Appetite Framework

The report does an excellent job in identifying the risks that GF faces, those it would like to engage and setting risk targets/tolerance. However, the report fails to appreciate one critical element of GF implementation – the assurance framework that is skewed towards financial assurance at the

expense of programs and service delivery. This assurance framework coupled with Country Teams and LFAs that may be Risk averse leads to tensions between GF Secretariat and CCMs and quite often contributes to delays in making critical decisions around grant implementation. Sometimes, for fear of negative consequences, countries also adopt a risk averse attitude that reduces program implementation and leads to low grant absorption. The risk appetite should therefore facilitate a process that gives space for program/grant managers to make *risk-intelligent decisions* – wider degree to which they are permitted expose the GF to some risk to the benefit of building capacity and increasing service delivery. This will facilitate the process of striking a delicate balance between financial and programmatic assurance especially for countries in challenging operating environments. (COE) and will help improve the working relationship between Country Teams and the respective CCMs. In addition, the approach has the potential to cultivate a learning environment that would lead to strengthening of in-country capacity.

4. GF SC06 05: End-2017 KPI Reporting

We have taken note with keen interest the fact that GF accounts for 8% of all funding for HIV and TB respectively. In addition, the greatest proportion of funding for HIV & malaria is from domestic sources. Therefore for GF to achieve its strategic objectives there is need to catalyse efficiency in the use of these domestic resources to end the three epidemics. This will require nurturing local ownership as well as leadership at the highest level. A typical example is the Malaria Elimination Initiative in Southern Africa. Challenges faced by the E8 and the MOSASWA programs point to lack of ownership at the highest political level in the respective countries. It is critical that Heads of State show ownership and ensure that there is adequate counterpart funding for successful elimination of malaria in Southern Africa. After all, no country will be able to achieve the elimination on their own considering the level of mobility across the borders in the region. Second, that level of ownership provides an accountability mechanism, where the E8 ministerial Committee is held accountable at the highest level. Therefore we recommend for GF to consider building strategies for increasing ownership for such initiatives at the highest political in respective countries.

There is also need to identify, collate and disseminate best practices that will feed into planning and implementation of efficient programs. These are some of the elements that should strongly drive the CCM evolution Initiative.

5. Evolving CCMs to align with the Gf Strategy: GF/SC06/07

We welcome the GF's initiative to improve CCM performance in areas that will position them to implement the GF strategy as well as strengthen sustainability of GF gains and support transitioning processes. We also strongly believe that CCMs be supported to develop strong linkages with national health policy and planning structures and begin to have a good understanding of the health planning and service delivery at sub-national level. At the same time, they should be at the centre of nurturing country ownership.

We therefore strongly support the proposal to fund the CCM-Evolution outside the OPEX budget as this will provide the required flexibility in deciding the appropriate level of ambition to target. We also think that the "***intermediate Option***" would provide the best support to achieve the desired improvement. We are also of the view that the CCM Evolution Initiative can be classified and funded under the Strategic Initiatives. We however, caution, that this should not be at the expense of scaling-up of critical activities at country level.

6. Renewing the focus on HIV Prevention: GF/SC06/09: HIV portfolio analysis

The Africa Constituencies commend the GF Secretariat for this concise analysis and report on the HIV portfolio and welcomes an opportunity to reflect on this critical pillar that will ultimately define the success of GF investment in our region and globally. It is evident that GF investment in HIV prevention has reduced significantly over the years and most affected is HIV prevention for the general population. It's important to appreciate that the HIV epidemic in sub-Saharan Africa is a generalized epidemic. Over 75% of new infections occur in the general population (79% in ESA & 73% in WCA). While there is increased focus on investment in Key and other vulnerable populations which is commendable; reduced investment in HIV prevention for the general population in Sub-Saharan Africa a missed opportunity and requires a rethink..

Looking beyond how HIV is acquired: We need to begin to dig deep into root causes of vulnerability and social exclusion of adolescent girls and young women. We need to look into factors that will help young women avoid transactional sex, have access to prevention tools and ensure they are in an environment where first sexual contact would be with someone of their age group. Therefore, barriers to girls enrolling and staying in school are critical.

It is increasingly becoming clear that focus on vulnerable population groups without considering general population dynamics may not be sufficient to address new HIV infections. A typical example is the Conditional Cash Transfers for high school girls in South Africa program. Whereas it is still early in implementing the initiative, preliminary results show that CCTs provide girls with a choice not to engage in sexual partnerships thereby having a protective effect on intimate partner violence and are effective in reducing number of sexual partners and delay sexual debut. However, this benefit is not extended to reduction in HIV incidence. Therefore CCTs alone may not be the solution. There is need to identify additional pathways to reducing the HIV incidence in this group. Considering household and community vulnerability in this instance could be a critical aspect. So the question of looking into how to fund HIV prevention when most of the GF grant is going to commodities is important.

Increased focus on HIV prevention in general population: Renewed focus on HIV prevention in general population is even more critical to WCA where access to ART remains low. This could have a spill-over increase in access to HCT and improve ART access. We urge the GF to begin to look into how HIV prevention will be prioritized in the next grant allocation cycle. We also recommend the GF to look into how to develop partnerships with other external donors to ensure HIV prevention is prioritized as well begin to stimulate domestic financing for HIV prevention. Finally we propose an in-depth assessment on how HIV prevention in the general population is currently funded. this could be done through country specific studies - one in ESA and one in WCA. This will help feed into how best to put in place better resource tracking for HIV prevention and ensure funding gaps are taken care of.

7. GF/SC06/14: Lessons learned on Catalytic investments: Matching Funds

The report provides some insights on how catalytic investment requests have been made and implemented. It is clear that the requests have not been bold and most importantly not focus on increased focus on impact. From the learning networks discussions, it was clear that most of the requests from countries were not based on rigorous data and portfolio analysis to identify critical gaps or trigger areas that require attention to catalyse impact.

This is largely due to a highly prescriptive list of programming areas under the various catalytic categories. Whereas it is good to collate best practices, it is important for countries to invest in good data analysis as well as rigorous and in-depth understanding of their programs to begin to propose strategic inputs that help to unblock barriers to achieve desired objectives. Therefore, tools like PCEs and collection and analysis of accurate data should be emphasised.

Some of the areas that came out strongly in our discussions that could benefit from Catalytic Investments in Africa include:

- Increased access to anti-retroviral therapy in West and Central Africa
- Addressing the sharp increase in new HIV-infections in Madagascar largely among Key Populations.
- Scale up Prospective Country Evaluation principles to national and subnational levels

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