



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Progress Report on Collaboration with Partners

for Accelerated Implementation:

Seven Country Case Studies

The Global Fund Voluntary Replenishment 2005

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List of Abbreviations Used

ADF	Agence Française de Développement
ARV	Antiretroviral therapy
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control (USA)
CIDA	Canadian International Development Agency
DANIDA	Danish International Development Agency
DFID	Department for International Development
FINNIDA	Finnish International Development Agency
FMA	Financial Management Agency
GTZ	German Agency for Technical Co-operation (Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
KEMSA	Kenya Medical Supplies Agency
LFA	Local Fund Agent
M&E	Monitoring and evaluation
MAP	World Bank Multi-country HIV/AIDS Program for Africa
MSH	Management Sciences for Health
NGO	Non-governmental organization
OECD-DAC	Organization for Economic Co-operation and Development – Development Assistance Committee
PEPFAR	President’s Emergency Program for AIDS Relief (USA)
PMTCT	Prevention of Mother-to-Child Transmission
PR	Principal Recipient
SIDA	Swedish International Development Agency
SWAp	Sector-wide approaches
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
UNAIDS	Joint United Nations Program on AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	US Agency for International Development
WFP	United Nations World Food Programme
WHO	World Health Organization

Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a financing mechanism responsible for the management of grants and disbursement of large sums of money to support the rapid scale-up of interventions against the three pandemics. Grantee-nominated Principal Recipients are responsible for implementing funded programs and providing evidence of successful performance to secure future funding. However, successful grant implementation within a holistic national approach also depends on effective collaboration between the Global Fund, national partners in recipient countries – including the government and civil society – and international development partners. Only through the harmonization of all efforts and alignment of activities can the implementation of Global Fund grants be successful, targets reached and impact achieved.

The Global Fund has joined many of its partners in endorsing the “Three Ones” principles of one agreed HIV/AIDS Action Framework, one National AIDS Coordinating Authority and one country-level Monitoring and Evaluation System, and in working with recipient countries and partners to implement these harmonizing principles. The Global Fund Secretariat has grown increasingly aware of the burden that new funding and reporting structures place on recipients especially in countries with multiple donors. It has therefore been working on ways to revise the architecture of its grant-making processes to align it with existing systems in recipient countries. These efforts have been undertaken in consultation with relevant national and international partners both in grant-funded countries and on a global level. The harmonization and rationalization of coordinating mechanisms, fiduciary arrangements, monitoring and evaluation frameworks, and implementation arrangements among the partners are essential. The Global Fund Secretariat is committed to adjusting its internal processes and working with partners in recipient countries to address these issues, and is working within mechanisms such as SWAps when invited to do so.

The Global Fund has expressed its commitment to improved coordination between national partners, multilateral institutions and international development partners at various forums in 2005, including the High-Level Forums on Health Millennium Development Goals, the Paris Declaration on Aid Effectiveness of the OECD-DAC and the Global Task Team convened by UNAIDS to look at financing and institutional architecture. In these forums, the Global Fund has emphasized the importance of securing national ownership of programs, harmonizing and aligning the activities of donors, and sharing responsibility for efforts against the three diseases. As a result of the broad recognition that single-institution efforts alone will not succeed, collaborative initiatives between national partners, international development partners and the Global Fund have been pursued more energetically in 2005.

At the first Global Fund Replenishment Meeting held in Stockholm on March 15-16, 2005, the Global Fund was asked to report on the progress of partner collaboration at future replenishment meetings. This paper provides an overview of the Global Fund’s collaboration with partners in seven countries where harmonization and alignment have been particularly important for the successful implementation of grants: Ethiopia, Ghana, Kenya, Malawi, Mozambique, Tanzania and Uganda.

1. Ethiopia

<i>Disease Programs Funded</i>	HIV/AIDS, tuberculosis and malaria
<i>Principal Recipients</i>	Ministry of Health HIV/AIDS Prevention and Control Office
<i>Five-year Approved Amount¹</i>	
<i>HIV/AIDS</i>	US\$ 541,309,124
<i>Tuberculosis</i>	\$ 26,980,649
<i>Malaria</i>	\$ 76,875,211
<i>Signed Grant Amount²</i>	
<i>HIV/AIDS</i>	\$ 97,279,695
<i>Tuberculosis</i>	\$ 26,980,649 (including Phase 2 amount)
<i>Malaria</i>	\$ 37,915,011
<i>Total Funds Disbursed</i>	
<i>HIV/AIDS</i>	\$ 59,835,010
<i>Tuberculosis</i>	\$ 8,732,765
<i>Malaria</i>	\$ 32,600,733

Challenges and Progress with Implementation

There are encouraging signs that the Government of Ethiopia, in collaboration with a range of partners, is proactively working to resolve the significant challenges to implementation of Global Fund grants in Ethiopia. Delays in rolling out the program have resulted from a range of factors, including lengthy procurement processes, a lack of management capacity in national bodies involved in grant implementation throughout the implementation process – including the CCM, Ministry of Health and district health institutions – and slow decision-making due to bureaucratic systems.

Ethiopia's grants include substantial portions for the procurement of medical supplies. The combination of weak human resource capacity and infrastructure, and the legally required and cumbersome procurement processes have directly impacted the rate of implementation.

Another obstacle to timely implementation has been poor communication and coordination within the CCM, and between government and international partners in the country. A lack of understanding of the roles and responsibilities of the CCM and Principal Recipients among national institutions and international partners has led to misunderstandings between parties. In

¹ Grants are usually approved for five years by the Global Fund's Board, with the full funding dependent on good performance over the first two years.

² Signed grants are for Phase 1 (the first two years of funding) unless otherwise indicated in parentheses

addition, other programs supported by international partners were not aligned with one another or with Global Fund programs, resulting in some duplication of efforts and a burden on limited resources. A lack of government involvement in the coordination of development partner activities exacerbated the situation. Finally, the horizontal distribution of resources by the governmental Principal Recipient to implementers at the sub-recipient level has been inhibited due to the limited involvement of civil society in grant-funded programs.

Collaboration with Partners

Collaboration between development partners and the Ethiopian government occurred primarily during the Global Fund proposal preparation period and not during initial grant implementation. The Ethiopian government considered the implementation of Global Fund grants to be solely the responsibility of its ministries. As a result, development partners and civil society have been less involved in implementation activities. However, with the recent appointment of a State Minister of Health, every effort is being made to accelerate implementation, including better alignment of activities with partners and increased participation of civil society. The State Minister has actively solicited the assistance of development partners and other non-governmental stakeholders.

Specific collaborative efforts to date include:

- Capacity-building support from UNICEF to develop the procurement and supply management systems;
- Provision of technical assistance by WHO to support all programs, including Monitoring and Evaluation (M&E) support;
- Support from WHO for the procurement of specific drugs;
- Provision of assistance by PEPFAR through USAID and CDC to strengthen the national M&E program;
- Coordination of PEPFAR and Global Fund treatment activities, including the allocation and renovation of treatment sites (25 PEPFAR, 63 Global Fund) and the alignment of drug supplies and training efforts. Work plans have also been reviewed to better harmonize activities and use resources more efficiently;
- Provision of funding by PEPFAR and WHO to support CCM activities;
- Provision of assistance for identified gaps by the Technical Working Group of Donors including USAID and the Embassy of the Kingdom of the Netherlands.

Future Collaboration

Progress of implementation activities is to become a central theme of discussion in CCM meetings to enable the increased involvement of partners in activities to facilitate accelerated implementation. The Global Fund will work closely with the Ethiopian government to support the broader participation of all partners in the CCM, including international development partners and civil society, and the continuing harmonization and alignment of all activities. The Secretariat will also undertake joint missions with PEPFAR to address these issues. In addition, the Global Fund and PEPFAR have agreed to intensify their exchange of information on all programs.

2. Ghana

<i>Disease Programs Funded</i>	HIV/AIDS, tuberculosis and malaria
<i>Principal Recipient(s)</i>	Ministry of Health
<i>Five-year Approved Amount</i>	
<i>HIV/AIDS</i>	US\$ 14,170,222
<i>Tuberculosis</i>	\$ 5,687,055
<i>Malaria</i>	\$ 47,737,272
<i>Grant Amount</i>	
<i>HIV/AIDS</i>	\$ 14,170,222 (including Phase 2 amount)
<i>Tuberculosis</i>	\$ 5,687,055 (including Phase 2 amount)
<i>Malaria</i>	\$ 27,410,858 (including Phase 2 amount for Round 2 grant)
<i>Total Funds Disbursed</i>	
<i>HIV/AIDS</i>	\$ 3,600,360
<i>Tuberculosis</i>	\$ 2,336,940
<i>Malaria</i>	\$ 11,444,217

Challenges and Progress with Implementation

Global Fund grants in Ghana have been implemented in a timely and effective manner and have not faced major challenges. The two Round 1 grants for tuberculosis and HIV/AIDS and the Round 2 grant for malaria have been approved for Phase 2 funding. The vast majority of targets for all three grants have been reached or exceeded. However, the targets for women receiving PMTCT for Phase 2 of the HIV/AIDS grant have not been reached. As 70 percent of all child births take place at home in Ghana, it is difficult to reach mothers with prevention services. This is true even though an increasing number of pregnant mothers are being tested for HIV. Media and community outreach activities will have to be increased to achieve targets. The Round 4 malaria grant has just been signed.

There had been some concern about the composition and functioning of the CCM. Both the PR and the CCM Chair were from the Ministry of Health and as such there was a perceived conflict of interest. With the engagement of a range of partners, these concerns have been addressed as described below.

Collaboration with Partners

Partners have been integral to changes made to streamline and strengthen the CCM. In the past the CCM was largely seen as an impediment to the smooth functioning of grants in Ghana. In fact, the grants seemed to be succeeding largely because of a dynamic and dedicated Principal Recipient, the Ghana Health Service branch of the Ministry of Health. Key members of the CCM

led by the PEPFAR representative advocated for a change in the size of the CCM as well as for the election of the chair and vice chair and the selection of members by their constituencies. Initial resistance to these reforms was overcome by a combination of partner engagement and the conditions on Phase 2 renewal of the Round 2 grants, which require chairs to be elected from an entity different from that of the PR. The bilateral and multilateral partners deserve credit for keeping the issue on the table throughout the last year and for assuring that it was brought to resolution. The final outcome was the adoption of new by-laws for the functioning of the CCM. The CCM has been streamlined and members are now elected by the constituencies they represent. Most importantly, elections for the CCM chair and vice chair have been held, and these two positions will be filled by representatives of the private sector and NGO community.

Future Collaboration

There is ongoing discussion among the stakeholders in Ghana about whether or not Global Fund resources should be channelled through the existing pooled mechanism for HIV/AIDS programs or through a SWAp arrangement. The CCM has not yet determined if this arrangement would be optimal. The CCM and partners are involved in an analysis of the pros and cons of pooled financing and will provide recommendations concerning the feasibility of undertaking a SWAp in Ghana.



3. Kenya

<i>Disease Programs Funded</i>	HIV/AIDS, Tuberculosis and Malaria
<i>Principal Recipient(s)</i>	Ministry of Finance Sanaa Art Promotions Kenya Network of Women with AIDS
<i>Five-year Approved Funding</i>	
<i>HIV/AIDS</i>	US\$ 131,925,780
<i>Tuberculosis</i>	\$ 11,232,735
<i>Malaria</i>	\$ 219,683,363
<i>Grant Amount</i>	
<i>HIV/AIDS</i>	\$ 39,593,495
<i>Tuberculosis</i>	\$ 4,928,733
<i>Malaria</i>	\$ 92,276,636
<i>Total Funds Disbursed</i>	
<i>HIV/AIDS</i>	\$ 29,326,570
<i>Tuberculosis</i>	\$ 2,457,403
<i>Malaria</i>	\$ 4,640,447

Challenges and Progress with Implementation

With the engagement of various partners, substantial progress has been made in overcoming challenges to the implementation of Global Fund grants in Kenya. Delays were primarily due to problems with the functioning of the CCM, the disbursement of funds from one of the Principal Recipients to sub-recipients, and the procurement of health products.

Initially the CCM was a large body and thus could not function with the required flexibility and agility. It was also marked by a lack of trust between members from the various constituencies, including government, civil society and development partners. Parallel channels of communication were being used to address issues amongst CCM members. Minutes of CCM meetings were not taken and so there was no method to confirm deliberations and decisions. After receiving substantial input from partners and the Global Fund Secretariat, including missions to Kenya by a number of senior Secretariat staff, the CCM has transformed itself into a lean and functional body. Communication amongst CCM members has improved greatly, and minutes of meetings are being taken, shared and discussed.

The disbursement of funds beyond one of the Principal Recipients to Sub-recipients, including technical units of the Ministry of Health, NGOs and CBOs, was initially slow. This has improved significantly with the appointment of a focal point in the Ministry of Finance – one of the PRs –

who is responsible for all activities relevant to the Global Fund, and the appointment of a Financial Management Agent (FMA) to disburse funds to civil society organizations.

Collaboration with Partners

With significant support from partners and guidance provided by the Global Fund Secretariat, communication among relevant parties, including development partner members of the CCM, the engagement and relevance of the CCM has improved significantly. To ensure its most effective functioning, all partners including international development partners have been encouraged to address any concerns regarding implementation of Global Fund grants within the CCM. A retreat for all CCM members is planned for the end of 2005 to address and resolve any gaps and issues that may still exist.

Substantial progress has been made to deal effectively with delays affecting procurement through the implementation of a four-party Procurement and Supply Management Consortium comprising Crown Agents, GTZ, John Snow International and KEMSA (Kenya Medical Supplies Agency). The aim of this consortium is to improve the procurement of commodities under Global Fund grants while at the same time developing the capacity of KEMSA to strengthen local capacity in the long term. US\$ 36 million worth of products have been ordered since its creation. The efforts of the Consortium should enable dramatic scaling up and rapid implementation of activities in the future.

Future Collaboration

A roadmap for improving partnerships in Kenya is being pursued on two levels: within the CCM and through greater participation of civil society. The Global Fund and partners are considering the commissioning of a study to analyse how best to distribute money quickly to civil society organizations based on lessons learned by the World Bank MAP program, current FMA methods and an analysis of what is most appropriate in the Kenyan context. In coordination with the National AIDS Coordinating Council and the World Bank, the Global Fund and partners are also exploring the possibility of using a single FMA for all partners to direct funds to civil society organizations. In the longer term, the Global Fund Secretariat is also considering the identification of one representative development partner – for example, the lead agency of the Health Development Partner's group – to ensure better communication and closer follow-up of implementation challenges and to enhance other partnerships.

4. Malawi

<i>Disease Programs Funded</i>	HIV/AIDS and malaria
<i>Principal Recipients</i>	Ministry of Health National AIDS Committee
<i>Five-year Approved Amount</i>	
<i>HIV/AIDS</i>	US\$ 196,118,700
<i>Malaria</i>	\$ 39,688,000
<i>Grant Amount</i>	
<i>HIV/AIDS</i>	\$ 41,751,500
<i>Malaria</i>	\$ 20,872,000 when the Phase 1 grant is signed – scheduled for late June 2005
<i>Total Funds Disbursed</i>	
<i>HIV/AIDS</i>	\$ 36,253,844
<i>Malaria</i>	-

Challenges and Progress with Implementation

Despite initially slow-moving disbursements from the Global Fund, the Malawi HIV grant has made remarkable progress over the last 12 to 18 months in achieving its main target of rolling out antiretroviral (ARV) treatment, and the country has submitted its Phase 2 request for continued funding of US\$ 154 million for HIV/AIDS. The approval of Global Fund grants for Malawi catalyzed additional and ongoing resources by other donors in the country to cover program costs before grant money arrived. Challenges in implementing the HIV/AIDS grant remain the lack of sufficient human resource capacity and the need to better harmonize interventions with international development partners.

The main constraint to signing the Round 2 grant for malaria has been the weak financial management capacity within the Ministry of Health, the nominated Principal Recipient. It was expected that this would be resolved with the signing of the SWAp Memorandum of Understanding in November, which would have brought with it additional human resources for the Ministry of Health. However, there were some delays, and the SWAp was slower in starting than anticipated. However, the SWAp is now underway, with donors having made their first disbursements to the pooled fund. In addition, the Ministry of Health has invited the Global Fund to join the SWAp, which will enable Global Fund grant funding to use these funding channels.

Collaboration with Partners

Engagement of the Global Fund with donor partners in Malawi in addressing challenges is substantial. The Global Fund is in regular communication with bilateral and multilateral partners that participate in the pooled funding mechanism for HIV/AIDS (DFID, Norway, SIDA, the

World Bank, CIDA and USAID). This is particularly important, as an ambitious national six-year plan to address the country's severe human and systems capacity issues is partially dependent on Global Fund Phase 2 funding. If approved in the Phase 2 decision process, the Global Fund would provide approximately US\$ 40 million during the three-year period of Phase 2 to support this effort.

There is also on-going active engagement with international development partners participating in the SWAp to ensure that financial management and other management capacity needs are addressed within the Ministry of Health. This is necessary to enable the signing of the Global Fund's malaria grant for Malawi and to ensure prompt disbursements once the grant has been signed.

Future Collaboration

Partners are well aware of the challenges in implementing the ambitious HIV/AIDS plan of action and are committed to actively addressing them. The CCM is considering whether or not to request that the Global Fund pool Phase 2 funding with the other donors that participate in the country's pooled funding mechanism for HIV/AIDS. The Global Fund has emphasized that, given its support for harmonization efforts and its commitment to being responsive to country requests to join pooled mechanisms, it would be receptive to such a request.



5. Mozambique

<i>Disease Programs Funded</i>	HIV/AIDS, tuberculosis and malaria
<i>Principal Recipient</i>	Ministry of Health National AIDS Council
<i>Five-year Approved Amount</i>	
<i>HIV/AIDS</i>	US\$ 109,338,584
<i>Tuberculosis</i>	\$ 15,201,801
<i>Malaria</i>	\$ 28,149,603
<i>Grant Amount</i>	
<i>HIV/AIDS</i>	\$ 29,692,640
<i>Tuberculosis</i>	\$ 9,202,140
<i>Malaria</i>	\$ 12,217,393
<i>Total Funds Disbursed</i>	
<i>HIV/AIDS</i>	\$ 8,475,099
<i>Tuberculosis</i>	\$ 1,255,750
<i>Malaria</i>	\$ 6,653,718

Challenges and Progress with Implementation

Mozambique is the first country in which Global Fund grants were fully implemented through pooled funding mechanisms. As a result, three of the four grants are being implemented through the health sector SWAp. Over 15 bilateral agencies and multilateral agencies participate in the SWAp in Mozambique. The contribution of the Global Fund for 2005 amounts to approximately US\$ 19 million, which is about 15 percent of the common fund budget and 5 percent of the total health budget.

One of the key challenges in implementing Global Fund grants in Mozambique is working through SWAp mechanisms while remaining a disease-specific, performance-based funding institution. Monitoring and evaluation tools that exist within the SWAp are general and do not necessarily provide disease-specific indicators. Yearly reports as required by the steering group of the SWAp may not enable evaluation of performance during the two-year time frame of a Global Fund grant. The Global Fund Secretariat is therefore looking into ways to fulfill internal reporting requirements while remaining true to its commitment to the harmonizing principles of the SWAp including the use of common reporting systems and the reduction of transaction costs. The recent change in government and resulting changes in the Ministry of Health have also slowed the SWAp implementation. Institutional strengthening in provinces and the hiring of over 40 personnel will not take place until the latter half of 2005.

Another major challenge to the implementation of grants is the weak institutional capacity of the National AIDS Council. This Principal Recipient has not yet requested funds to be disbursed.

Collaboration with Partners

Collaboration in Mozambique is substantial with the active engagement of SWAp partners, including DFID, the Norwegian Development Agency, CIDA, World Bank, Ireland Development Corporation, FINNIDA, Swiss Aid Agency, Clinton Foundation, Agence Française de Développement, Catalunya Cooperation and relevant UN agencies: UNAIDS, UNFPA, WHO, UNICEF and WFP. PEPFAR is also an important bilateral partner in Mozambique.

Global Fund partners are providing substantial capacity-building support to the National AIDS Council to develop its ability to effectively manage grants and disburse funds to sub-recipients, i.e., national NGOs. In particular, the Global Fund is working with UNDP, CIDA and DFID in developing a stronger National AIDS Council which can lead and monitor national, provincial and district-level responses against HIV/AIDS. Having an effective grant management system in place will enable the disbursement of funds to the National AIDS Council. Partners are also encouraging high-level political commitment to the National AIDS Council to prioritize national efforts to fight the pandemic. Partners collaborate in various forums, including the CCM, to ensure that responses to Global Fund activities are coordinated and progressing according to schedule.

Future Collaboration

To address the need for adequate reporting requirements, the working group of the SWAp is considering working with the Ministry of Health to develop programmatic quarterly reporting instruments which would feed into an existing yearly reporting cycle. Efforts to support the institutional development of the National AIDS Council will continue. The Secretariat is currently considering closer partnership with an in-country partner to enable better communication and closer follow-up on issues specific to implementation of Global Fund grants. An institutional arrangement will be developed during the course of the year.

6. Uganda

<i>Disease Programs Funded</i>	HIV/AIDS, tuberculosis and malaria
<i>Principal Recipient</i>	Ministry of Finance
<i>Five-year Approved Amount</i>	
<i>HIV/AIDS</i>	US\$ 170,444,124
<i>Tuberculosis</i>	\$ 5,713,081
<i>Malaria</i>	\$ 193,830,079
<i>Grant Amount</i>	
<i>HIV/AIDS</i>	\$ 106,672,524
<i>Tuberculosis</i>	\$ 4,692,021
<i>Malaria</i>	\$ 89,643,448
<i>Total Funds Disbursed</i>	
<i>HIV/AIDS</i>	\$ 26,160,888
<i>Tuberculosis</i>	\$ 2,055,027
<i>Malaria</i>	\$ 9,749,358

Challenges and Progress with Implementation

The implementation of Global Fund grants in Uganda has had numerous challenges and as a result, has had a slow start. A lack of capacity to manage funds and undertake planned program activities, slow decision-making processes and inadequate monitoring and evaluation systems prevented efficient and effective implementation. Procurement processes and supply chain management systems were cumbersome and lacked the capacity to procure large quantities of drugs. Low levels of civil society participation resulted in the limited horizontal distribution of capacity.

In addition, the role and responsibilities of the CCM, Principal Recipient and internal Project Management Unit were unclear, and there was a lack of understanding of the relationship of the CCM to other coordinating mechanisms in the health sector involving development partners. Improvement was also needed in the internal coordination of the Project Management Unit with relevant national programs such as the National Malaria Control Program and the National AIDS Control Program. For example, TB programs financed by the Global Fund and other partners including WHO led to problems with management capacity of the unit responsible for implementation of tuberculosis grants as it attempted to cater to the requirements of the various donors.

Implementation delays were also due to a lack of coordination between the Global Fund and international development partners. Inadequate donor coordination for TB programming, for example, led to a lack of harmonization of program activities which affected the whole spectrum of implementation from planning to M&E. In addition, there was little alignment of Global Fund HIV/AIDS programs with PEPFAR initiatives.

Collaboration with Partners

A number of the above-mentioned challenges are being addressed by the Ugandan government with the support of partners and the Global Fund's Secretariat. However, there continues to be a need for better harmonization and alignment of efforts between the Global Fund and its international development partners. In the past, collaboration between partners was limited to only those activities that each partner was involved in. However, in recent years development partners have become more active in harmonizing all efforts and have established a well-functioning SWAp mechanism. Increasingly, the Global Fund is working with the partners to align the programs it funds with those of other partners to support the gains of these coordinating efforts, and a jointly commissioned study by the Ugandan government, partners and the Global Fund is examining the channelling of Global Fund grants through the SWAp mechanism.

Specific areas of collaboration include:

- Support from the Danish Development Agency to strengthen the procurement system;
- Provision of technical and financial resources from WHO to support the tuberculosis program;
- Review of potential participation of the Global Fund in the SWAp and potential for the functions of the CCM to be incorporated into an existing coordination body in a study funded by the Global Fund grant, with results expected by August;
- Provision of resources by USAID and other development partners to support and align the Orphans and Vulnerable Children Program;
- Active participation of the UK's Department for International Development in the CCM and Health Policy Advisory Committee (a coordinating body for the health sector) to accelerate implementation of Global Fund-financed activities;
- Alignment of activities between the Global Fund and PEPFAR regarding first- and second-line antiretroviral treatment.

Future Collaboration

The primary objective of collaboration between partners in Uganda is to rationalize the country's coordinating mechanisms, including the CCM and other inter-agency coordinating bodies in the health sector. The Global Fund is currently awaiting the outcome of the review being undertaken on the potential for its participation in the SWAp. Discussions with the US government will be intensified to strengthen its participation in the CCM and to better align Global Fund and PEPFAR programs to ensure successful implementation of first-line and second-line ARV treatment. Development partners have also been briefed on their critical role in the further development of the Global Fund's early warning system, to be developed by the Secretariat in coordination with national and international partners.

7. United Republic of Tanzania

<i>Disease Programs Funded</i>	HIV/AIDS, tuberculosis and malaria
<i>Principal Recipients</i>	Ministry of Health Ministry of Finance Pact Tanzania Population Services International AMREF
<i>Five-year Approved Funding</i>	
<i>HIV/AIDS</i>	US\$ 298,663,191
<i>HIV/Tuberculosis</i>	\$ 86,987,868
<i>Malaria</i>	\$ 110,296,679
<i>Grant Amount</i>	
<i>HIV/AIDS</i>	\$ 108,591,298
<i>HIV/Tuberculosis</i>	\$ 23,951,034
<i>Malaria</i>	\$ 62,992,399
<i>Total Funds Disbursed</i>	
<i>HIV/AIDS</i>	\$ 1,800,000
<i>HIV/Tuberculosis</i>	\$ 7,104,535
<i>Malaria</i>	\$ 5,563,851

Challenges and Progress with Implementation

Implementation of Global Fund grants in Tanzania has proceeded very slowly in their initial phase. This has primarily been a result of the lack of financial management capacity of Principle Recipients, but delays have also been due to a lack of support from the relevant government authorities in supervising the implementation of grants and providing the necessary tax waivers for procured goods. A lack of capacity and exhaustive tender processes (including protracted negotiations) in the Medical Store Department (a semi-autonomous government department responsible for procurement) and its complex relations with implementing agencies also slowed initial activities.

In addition, the roles and responsibilities of the CCM, PR and the LFA have been unclear to many implementing and supporting partners, preventing strong communications and the development of quick solutions as problems arose. Finally, there was a marked lack of collaboration and coordination between development partners, and donor-funded projects were not aligned. While most partners support the SWAp mechanism, some provide direct budget support for specific projects. The varying funding channels are often viewed as a burden on implementing agencies.

Collaboration with Partners

During the early stages of Global Fund-related activity in Tanzania, partners largely concentrated their assistance on the proposal development process. However, partners are now refocusing their resources to support implementation after the slow start to programs financed in early rounds. A key area of collaboration has been through USAID funding of Management Sciences for Health (MSH) for assistance to the Tanzania Commission for AIDS (TACAIDS). TACAIDS is responsible for coordinating the implementation of most HIV/AIDS-related activities in Tanzania. MSH provides capacity to support the development of work plans, and procurement and supply management.

Other areas of collaboration with partners include the following:

- DFID, Swiss Agency for Development and Cooperation through the Swiss Tropical Institute, Development Cooperation Ireland and other bilateral donors have provided technical and financial resources to support implementation of the Round 1 malaria grant. Through their combined efforts, a program once considered very weak is now progressing well. The CCM is seeking an extension of funding for Phase 2;
- DANIDA has provided resources to scale up the capacity of the Medical Stores Department to support increased levels of procurement;
- The Clinton Foundation has provided resources to support enhanced coordination of donor activities with a view to accelerating implementation of HIV/AIDS programs;
- USAID has supported activities aimed at aligning their and the Global Fund's Orphans and Vulnerable Children Programs;
- UNAIDS and UNDP have provided relevant government agencies with technical support to coordinate activities and review work plans for implementation of the Round 1 HIV/AIDS grant;
- Italian Cooperation has provided an expert for the National Malaria Control Program to support implementation of the Round 4 malaria grant.

Future Collaboration

All partners in Tanzania have recognized the need for closer collaboration to reduce transaction costs and accelerate implementation of programs. The government's policy on first- and second-line treatment for ARVs has provided much needed clarity for the major HIV/AIDS programs funded by PEPFAR and the Global Fund. PEPFAR and the Global Fund will meet with the Tanzanian government to review implementation of all programs and discuss the reduction of transaction costs. This meeting is scheduled to take place before the end of August.

While work with USAID has largely been linked to PEPFAR activities to date, USAID has also signalled its intent to actively support the tuberculosis and malaria programs, and to play a role in the Global Fund's early warning system in the country. Italian Cooperation has agreed to a joint review to foster accelerated implementation, and UNAIDS will take on a more active role in supporting the implementation of the HIV/AIDS grant. Finally, the Global Fund will review the possibility of participating in the SWAp.