THE OFFICE OF THE INSPECTOR GENERAL

The Global Fund to Fight AIDS, Tuberculosis and Malaria

# Audit of Global Fund Grants to the Republic of Ghana

## Annexes

**GF-OIG-10-018**
**29 October 2012**

## ANNEXES

### Annex 1: Abbreviations

| | |
|---|---|
| ACT | Artemisinin-based Combination Therapy |
| ADRA | Adventist Development and Relief Agency |
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Anti-Retroviral Therapy |
| ARV | Antiretroviral |
| CCM | Country Coordinating Mechanism |
| CP | Conditions Precedent |
| CQ + SP | Chloroquine and sulfadoxine/pyrimethamine |
| GAC | Ghana AIDS Commission |
| GHS | Ghana Health Service |
| GHS | Ghanaian New Cedi (currency) |
| HIV | Human Immunodeficiency Virus |
| HIS | Health Information System |
| IEC | Information, Education and Communication |
| IPT | intermittent preventive treatment |
| ITN | insecticide-treated net |
| LFA | Local Fund Agent |
| MDR-TB | Multi-drug resistant TB |
| M&E | Monitoring and Evaluation |
| MDR | Multi-Drug Resistant |
| MOH | Ministry of Health |
| MOU | Memorandum of Understanding |
| NGO | Non-Governmental Organization |
| NACP | National AIDS Control Program |
| NMCP | National Malaria Control Program |
| NTCP | National Tuberculosis Control Program |
| OIG | Office of the Inspector General |
| PPAG | Planned Parenthood Association of Ghana |
| PR | Principal Recipient |
| PSM | Procurement and Supply Chain Management |
| PUDR | Progress Update Disbursement Request |
| QA | Quality Assurance |
| RCC | Rolling Continuation Channel (for Global Fund grants) |
| RDT | Rapid Diagnostic Test Kits |
| SR | Sub Recipient |
| TB | Tuberculosis |
| UNDP | United Nations Development Program |
| USD | United States Dollars |
| VCT | Voluntary Counseling and Testing |
| WHO | World Health Organization |

## Annex 2: Summary of Grants to Ghana

| Round | Component | Grant Number | Grant Amount in USD | Disbursed in USD | Fund not yet Disbursed in USD | Grant status |
|---|---|---|---|---|---|---|
| **Ministry of Health/Ghana Health Services (MOH/GHS)** | | | | | | |
| 1 | HIV/AIDS | GHN-102-G01-H-0 | 14,170,222 | 14,170,222 | - | Closed |
| 1 | Tuberculosis | GHN-102-G02-T-00 | 5,687,055 | 5,685,493 | 1,562 | Closed |
| 2 | Malaria | GHN-202-G03-M-0 | 8,849,491 | 8,849,491 | - | Closed |
| 4 | Malaria | GHN-405-G04-M | 111,556,235 | 87,900,666 | 23,655,569 | RCC |
| 5 | Tuberculosis | GHN-506-G05-T | 31,471,784 | 30,275,755 | 1,196,029 | Phase II |
| 5 | HIV/AIDS | GHN-506-G06-H | 97,098,678 | 88,444,709 | 8,653,969 | Phase II |
| 8 | Malaria | GHN-809-G07-M | 2,288,504 | 2,288,504 | - | Phase 1 |
| 8 | HIV/AIDS | GHN-809-G11-H | 27,994,442 | 16,278,881 | 11,715,561 | Phase I |
| Sub Total | | | 299,116,411 | 253,893,721 | 45,222,690 | |
| **AngloGold Ashanti (Ghana) Malaria Control Limited (AAMCL)** | | | | | | |
| 8 | Malaria | GHN-809-G08-M | 30,500,500 | 6,395,068 | 24,105,432 | Phase I |
| **Adventist Development and Relief Agency of Ghana (ADRA Ghana)** | | | | | | |
| 8 | HIV/AIDS | GHN-809-G09-H | 4,746,831 | 1,479,958 | 3,266,873 | Phase I |
| **Planned Parenthood Association of Ghana (PPAG)** | | | | | | |
| 8 | HIV/AIDS | GHN-809-G10-H | 2,835,231 | 1,554,868 | 1,280,363 | Phase I |
| **Ghana AIDS Commission (GAC)** | | | | | | |
| 8 | HIV/AIDS | GHN-809-G12-H | 13,774,466 | 6,419,944 | 7,354,522 | Phase I |
| **GRAND TOTAL** | | | **350,973,439** | **269,743,559** | **81,229,880** | |

*Source: the Global Fund website as at 1 November 2010*

## Annex 3: Background and Epidemiological Context

### *The wider health context*

1. All work in the health sector falls within a medium-term development plan. The 2010-2013 plan builds on the general principles of providing affordable primary health care to all people living in Ghana, developing cost-effective general health systems, bridging of equity gaps in access to health care services and reinforcing the continuum of care.[15]

2. An independent review of the health sector is undertaken annually. This is based on a performance appraisal framework agreed between the government of Ghana and development partners. This 'holistic assessment' is designed to provide a brief but informed, balanced and transparent appraisal of the health sector. It uses a variety of tools to measure the quantity, quality and speed of progress in achieving an annual MoH program of work.[16]

3. The 2009 review found the health sector to be performing well. Service delivery indicators and capacity development indicators generally improved while indicators on healthy lifestyle worsened. Other indicators experienced neither significant overall improvement nor deterioration, such as reduction of excess risk and burden of morbidity, disability and mortality (especially among poor and marginalized groups), reduction of inequalities in health services and health outcomes and governance and financing.[17]

4. The independent review report states that during the review "it became apparent that some of the main obstacles in the Ghana health sector are in the broad domain of governance." Some governance issues cited include increasing fragmentation of health service organization and delivery, a tendency to earmark financial resources, inefficiencies and delays in funding and reimbursements, poor communication and coordination between national agencies on health and emphasis on clinical and curative care.[18]

5. The MoH holds a health summit twice a year that is attended by a variety of stakeholders. The summit in April gives the results of the performance assessment of the previous year and of other studies and surveys. The second summit is mainly about planning for the following year. The aid-memoire following the April 2010 health summit states that "clear roles and responsibilities as well as leadership by the MoH" is critical to address governance issues.[19]

[15] The health sector medium term development plan 2010-2013, draft 12 August 2010
[16] MoH 2008 Health sector assessment tool
[17] MoH Independent review: Health sector programme of work 2009, April 2010
[18] MoH Independent review: Health sector programme of work 2009, April 2010
[19] Joint Ministry of Health and Development Partners' Health Summit Aide Memoire 26-30 April 2010

6. At the April 2010 health summit a report was given on a study of interactions between Global Fund-supported programs and national health systems. The report noted that the "extent of integration varied across health systems with integration being high for service delivery and moderate to low for stewardship, planning and M&E."[20]

***The disease-specific context***

7. In the context of the three disease components there is political commitment but few political champions or advocates. A number of stakeholders acknowledge that the financial sustainability risk is extremely high for HIV and malaria, though less so for TB, with the current heavy reliance on donor funding. The high dependency on the Global Fund and other development partners for malaria and HIV and AIDS prevention and treatment is clear from the table below:

| MOH Programs | Total amount available (USD) | Government budget (USD) | Global Fund contribution (USD) | Other development partners (USD) |
|---|---|---|---|---|
| **Malaria**[21] | 47.1m | 8.7m | 18.3m | 20.1m |
| **HIV and AIDS**[22] | 46.5m | 1.8m | 21.4m | 23.3m |
| **TB**[23] | 41.1m | 36.2m[24] | 4.9m | - |

*Table 6: 2009 budget available for the three disease programs*

8. The Global Fund currently funds 95% of ARVs. This has implications for the sustainability of the treatment component of these grants should future funding not continue.

9. There are policies and strategies relevant to all three diseases in place and aligned with the health sector medium-term development plan. There is an HIV/AIDS national policy and strategic plan, while malaria and TB policies are addressed in the national communicable disease policy. Each disease has a strategic plan and all programs have a monitoring and evaluation (M&E) plan and sound guidelines that are available at each level of the health system.

10. Access to some aspects of prevention, care and treatment is facilitated by the fact that about 60% of the population is covered by health insurance. In public and private sector facilities, drugs for TB have been available for free for a long time and ARV treatment is heavily subsidized at 5 cedis per month per package. A 1999 directive stated that children under five must be given free treatment and care in the public

[20] MoH 2010 Health Summit 'Going Beyond Strategy to Action'
[21] Email NMCP to OIG 03.12.10
[22] The HIV &AIDS Programme of Work 2009, NACP
[23] Slide 23, in ppt 'Overview: How far have we come with TB control in Ghana by Dr Frank Bonsu, 2009
[24] Direct and Indirect costing analysis

sector, while DFID provided support to enable free maternal care. Free treatment is available in public sector health facilities for those who are uninsured and too poor to pay for a service.

11. Combined, these initiatives are now resulting in much increased attendance levels, especially by women at antenatal and post-natal clinics. However, free treatment for those too poor to pay is in place solely due to a directive from the MOH, not statute, and is therefore dependent on the benevolence of health providers. A public health bill covering issues such as human rights and free health care for those too poor to pay had not, at the time of the audit, been sent to the Cabinet for ratification.

12. There is a significant level of societal awareness of the three diseases, but behavioral change is widely acknowledged as being relatively slow. There is still some stigma associated with HIV and TB in particular.

## Annex 4: Expenditures not in the approved budget

| Description | Program | Amount USD | Comment from Global Fund Secretariat Country Team |
|---|---|---|---|
| Purchase of 7 unbudgeted vehicles | NACP | 128,452 | Although these amounts were not included in the original budget, these vehicles were used for programmatic purposes. These expenditures were incorporated into the overall PR budgets, and properly reported in the PUDR, EFR and fixed asset register. Moreover, these vehicles were included in the forecasting of needs during the grant negotiations for consecutive grants. |
| Purchase of 16 unbudgeted vehicles | NMCP | 200,625 | |
| Purchase of 5 unbudgeted vehicles | NTCP | 136,782 | |
| Construction and refurbishment cost not foreseen in the budget (cold store, regional medical stores and Construction of department of disease control unit and External works Supply & installation of transformer set-NACP Offices) | NACP | 4,491,825 | These amounts were used for the construction or refurbishment of buildings that were then used for program purposes, which should be considered in determining whether these amounts should be recovered from the PR. |
| Construction cost not used for the purpose intended (Budget was to rehabilitate the Central/regional Medical stores, however the work was done on the NMCP building with significant portion of the building being administration unit, i.e. offices, Construction of Department of Disease). | NMCP | 628,427 | These amounts were used for the construction or refurbishment of buildings that were then used for program purposes, which should be considered in determining whether these amounts should be recovered from the PR. |
| Construction of the Disease Control Unit | NTCP | 911,876 | These amounts were used for the construction or refurbishment of buildings that were then used for program purposes, which should be considered in determining whether these amounts should be recovered from the PR. |
| **Total** | | **6,497,987** | |

## Annex 5: Expenditures exceeding the approved budget

| Description | Program | Expense Amount USD | Budgeted Amount USD | Budget Exceeded USD | Comment from Global Fund Secretariat Country team |
|---|---|---|---|---|---|
| Construction/refurbishment cost including remodeling NACP offices, refurbishment and redecoration of comprehensive care center at Effia Nkwata, of VCT centers at Pantang and Tema, and construction and completion of VCT center at Dodowa. | NACP | 3,198,854 | 298,750 | 2,900,104 | The PR had sufficient budget within its renovation budget line for these works and the Secretariat notes that the budget assumptions for renovation works are usually based on average assumptions. |
| Within the amounts stated, the total construction budget for the refurbishment of 177 VCT centers for Phase 2 (including equipment) was USD 4,275,000; this was based on an average of USD 20,000 per center. The OIG selected four centers for testing and found that the expenditure on these centers amounted to USD 1,875,000. | | *1,955,407 (included above)* | *80,000 (included above)* | *1,875,407 (included above)* | |
| Refabricating the NMCP Building (phase 1) | NMCP | 615,550 | 250,000 | 365,550 | These amounts were used for the construction or refurbishment of buildings that were then used for program purposes, which should be considered in determining whether these amounts should be recovered from the PR. |
| Renovation of the Central TB Unit | NTCP | 84,196 | 40,000 | 44,196 | The PR notes that a lump sum budget provision for this activity was made under Round 1 grant in 2003. This was the first grant disbursed by the Global Fund and the detailed costing was not required to support any lump sum budget. At the time of implementation, the scope of works needed by the contractor included mobilisation cost, demolition and reconstructions of elements which was not anticipated in the lump sum budget. Moreover, the Principal Recipient contends that these overruns were verbally approved by the then-FPM over the phone. We also note that as these amounts were used for the construction or refurbishment of buildings that were |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | then used for program purposes, which should be considered in determining whether these amounts should be recovered from the PR. |
| **Total** | | 3,898,600 | 588,750 | 3,309,850 | |

## Annex 6: Summary of Other Financial Discrepancies

| All Amounts in USD | Ministry of Health – Ghana Health Service | | | PLANNED PARENTHOOD ASSOCIATION OF GHANA (PPAG) | Ghana AIDS Commission (GAC) | TOTAL |
|---|---|---|---|---|---|---|
| | NACP | NMCP | NTCP | | | |
| Malaria funds used to pay for HIV grant expenses | 0 | 37,561 | 0 | 0 | 0 | 37,561 |
| EFR over stated | 104,639 | 110,336 | 242,500 | 0 | 0 | 457,475 |
| EFR under stated | 0 | (93,890) | 0 | 0 | 0 | (93,890) |
| Interest not reported | 11,742 | 0 | 56,895 | 0 | 0 | 68,637 |
| VAT paid inappropriately[25] | 3,020 | 0 | 0 | 0 | 82,671 | 85,691 |

[25] There was a special condition in the grant agreement which required the PR to obtain a waiver for indirect taxes and duties by no later than 01 December 2009.

## Annex 7: Recommendations and Management Action Plan

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
|---|---|---|---|---|---|
| | | Country Comments | Secretariat Comments | | |
| Oversight and Governance | ***Recommendation 1 (Critical)***<br>*The Global Fund Secretariat should ensure that the CCM:*<br>*a. Strengthens the PR selection process by defining appropriate rankings of agreed upon criteria to guide the evaluation of proposals. Draft proposals should be submitted to the CCM with enough time for review and adoption;*<br>*b. Develops SR assessment and selection guidelines to ensure that the selection process across all PRs is appropriately guided and undertaken in a transparent manner. SRs selected by the PRs should have the minimum capacity required to implement the Global Fund grants; and*<br>*c. Develops a fundraising strategy for funding the operations of its Secretariat and share the CCM budget and expenses with the member at each meeting.* | *a. Noted*<br>*b. SR assessment and selection criteria exist*<br>*c. Noted* | *a. Ghana CT will follow up on this recommendation.*<br>*b. Recommendation is useful but might not be feasible to be implemented by CCM. Each PR has its organizational structure and even though the overall process of selection and assessment of SRs should follow same principle of transparency and accountability, the internal procedures should be rather tailored within PRs organizational frameworks.*<br>*c. CCM received co-funding in the amount of US$ 36,348.31 from the Ministry of Health in Year 1 of current agreement (2011). This includes in-kind contributions in rent - the CCM Secretariat, located at the Ministry of Health, made 100% savings on the rent budget. Also, the CCM continues to benefit from the services of the full time accountant seconded* | *CCM* | *Next Funding application* |

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
|---|---|---|---|---|---|
| | | Country Comments | Secretariat Comments | | |
| | | | *and fully paid for by the Ministry of Health.*<br><br>**OIG Comment:**<br>*In relation to the point b of the recommendation, the goal is to ensure that certain minimum quality and transparency standards are observed in SR selection. The CCM is, in our view, best suited to make this happen.* | | |
| | ***Recommendation 2 (Critical)***<br>*The Global Fund Secretariat should develop clearer instructions for all LFAs to use in reviewing PUDRs, to ascertain that the work done sufficiently covers all program areas and risks during the periodic reviews. This review plan should include, but not be limited to:*<br>*a. Analyses to be undertaken, such as budgeted versus actual expenditures for the period and by budget line;*<br>*b. Mandatory tests to be performed and areas to be covered by the LFA in high risk areas e.g. procurement; and*<br>*c. Sampling methodology linked to the country risk profile to ensure sufficient samples are selected in high-risk areas.* | | *The generally understood LFA approach on the review of expenditures at the time of PU/DR is twofold: Based on the level of risk: (1) to verify a sample of individual transactions, (2) to review the budget variance analysis provided by the PR's accounting system. After considering the benefits (of better variance information) compared with the costs of providing it, the Secretariat has currently determined that the EFR report (which considers expenditures at the three levels - cost category, SDA, implementing entities) be reviewed annually as part of the disbursement process and not for each disbursement. Also the PR has the option (or the Global Fund* | *LFA*<br>*The Global Fund Secretariat* | *Immediately* |

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
|---|---|---|---|---|---|
| | | Country Comments | Secretariat Comments | | |
| | | | *can insist on) to complete the SR Financials Annex providing more details on SRs expenditures & cash balances. The approach to disbursements and budget controls are areas being strengthened as part of the consolidated transformation plan.* | | |
| | ***Recommendation 3 (Critical)*** *The Global Fund Secretariat should ensure that the LFA undertakes its periodic review based on the risk approach guided by an updated risk assessment that should also guide the design of activities and tests to be undertaken for verification of implementation and capacity assessments.* | | *The LFA completed the Country Risk Assessment for Ghana by October 2010 and subsequently updated the Country Risk Profile in November 2011. Further follow up and update of the Risk profile is budgeted for in 2012 work plan for LFA.*<br><br>*In addition to Country Risk Assessment and in accordance to the major areas of risk identified, LFA has performed additional services such as*<br>– *review of procurement process documentation within Malaria and HIV programs (from tendering and supplier section to payment of invoices),*<br>– *Reviews of SRs and implementing partners (regional and district) for each active grant in 2011, Spot checks for 1st line buyers within Malaria* | *LFA*<br>*The Global Fund Secretariat* | *Done* |

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
|---|---|---|---|---|---|
| | | Country Comments | Secretariat Comments | | |
| | | | *AMFM program (Rd4 grant) in December 2011.*<br><br>*Furthermore, the Ghana CT will conduct a comprehensive Operational Risk Assessment of the Ghana Portfolio (QUART) in October- December 2012.* | | |
| | ***Recommendation 4 (Critical)***<br>*The Global Fund Secretariat should:*<br>*a. Monitor the compliance of PRs with grant agreements, conditions and other Global Fund requirements and ensure regular monitoring of these matters by the LFA;*<br>*b. Ensure consistency and agreement between documentation on PR compliance; and*<br>c. *Ensure that adherence to compliance matters is consistently reflected in disbursement decisions.* | | *The Ghana CT will ensure that this recommendation is addressed.* | *The Global Fund Secretariat* | *Immediately* |
| | ***Recommendation 5 (Important)***<br>*The Global Fund Secretariat should:*<br>*a. Establish a standardized process by which grant portfolios are handed over to new FPMs; and*<br>*b. Ensure that all grant documents are readily available and properly completed.* | | *The GF secretariat concurs with the recommendation and will make best possible effort to ensure incoming FPMs are fully and appropriately informed on portfolio context. We will also ensure the appropriate filing of documentation as part of the secretariat wide approach towards impeccable grant management. However, the OIG should* | *The Global Fund Secretariat* | *Immediately* |

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
|---|---|---|---|---|---|
| | | Country Comments | Secretariat Comments | | |
| | | | *acknowledge that as part of the recent re-structuring process a standardized FPM hand-over process was put in place for all countries, including Ghana. This includes comprehensive knowledge capture notes on the Ghana portfolio (available on request).* | | |
| Ministry of Health/ Ghana Health Service | ***Recommendation 6 (Critical)*** *The Global Fund Secretariat should ensure that the MOH/GHS:*<br>*a. Starts using the accounting software immediately. Expenses should be recorded and tracked against relevant budget lines and service delivery areas in the approved budget and work plan;*<br>*b. Ensures that the PUDRs and EFRs are properly reconciled with the Program financial records before submitting them to the Global Fund;*<br>*c. Maintains separate bank accounts for its programs and grants. Alternatively a financial management system that separates income, expenditure and fund balances by accounting code should be put in place;*<br>*d. Records and reports all interest arising from program accounts. Such funds should only be* | *a. The accounting software is in use by the PR*<br>*b. PUDR and EFR reconciliation is on-going*<br>*c. Separate bank accounts have been opened for the various grants and program*<br>*d. The process of recording and reporting all interests arising from program* | *The Ghana CT will work with the PR to ensure the recommendation is fully implemented.*<br>*However the CT wishes to provide the following updates on each point within this recommendation:*<br>*a. and b. The PR has since started using the software. They have also seconded the Deputy Financial Controller (chartered Accountant) to the program.*<br>*c. Separate bank accounts have been opened for all grants since Round 8 so there are no more comingling of funds (except for Round 5 and Round 8 HIV GHS grants that are still using the same bank account).*<br>*d. All bank interests are reported in the PUDRs.* | *MOH/GHS*<br>*MOH/GHS*<br>*MOH/GHS*<br>*MOH/GHS* | *Immediate*<br>*December 2012*<br>*Immediate*<br>*Immediate* |

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
|---|---|---|---|---|---|
| | | Country Comments | Secretariat Comments | | |
| | *spent on program activities and with the requisite approval.* | *accounts is on-going. The non-reporting sighted is an oversight which has long been corrected. Interest accrued are recorded and reported in PUDR documents for GF notification regularly.* | | | |
| | ***Recommendation 7 (Critical)*** *The Global Fund Secretariat should determine whether the amounts documented as excess expenditure amounts reported in the PUDRs for the grants that have already been closed should be recovered. For the grants that are still being implemented, variances should be adjusted appropriately.* | *The differences are a result of different rates used to convert local currency for reporting as against the actual rates of the transactions. Some errors in PUDR reports especially at the early stages of the grants. The differences are unrealized amounts and therefore do not represent cash existing in the accounts.* | *Regarding the difference between the total amount of expenditures as per the cashbook and the total amount of expenditures as reported to the Global Fund in the grant close-out report, the Ghana CT notes that the close-out reports did not report the true position of total expenses of the grants. Included in the reports were commitments that were later honored. Thus funds to be refunded are the closing cash balances after the cut-off period of honoring all commitment* | *The Global Fund Secretariat* | *April 2013* |
| | ***Recommendation 8 (Critical)*** *The Global Fund Secretariat should ensure that MoH/GHS:* *a. Strengthens the budgetary control system by using accounting software that is able to record and track expenditure by budget line and ensure a periodic budget monitoring;* | *a. Management would institute a Financial Risk Management Plan that would incorporate a control system to monitor and control budget performance. Accounting software (Great Plains) in use allows for budgetary* | *a. Work in progress. The Ghana CT has already engaged with the LFA and PR to strengthen the budgetary controls.* *b. The Ghana CT has already agreed with the PRs on the procedures for reprogramming and provided guidance on how to seek* | *MOH/GHS* *MOH/GHS* | *Immediate* *Immediate* |

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
|---|---|---|---|---|---|
| | | Country Comments | Secretariat Comments | | |
| | *b. Follows the Global Fund policies relating to seeking approval for budget overruns.* | *control, expenditure tracking by budget line and periodic budget monitoring.*<br><br>*b. Noted* | *approval for budget overruns.* | | |
| | ***Recommendation 9 (Critical)***<br>*The Global Fund Secretariat should:*<br>*(a) Ensure that approved detailed grant budgets and workplans are signed and dated by the PR and the Global Fund Secretariat and an image/PDF format are sent to the CCM after signature.*<br>*(b) Determine whether the amounts documented as unbudgeted and overruns should be recovered.* | *All funds were approved as per our forecasts for disbursement requests. Subsequently we note that formal written approvals will be sought for unbudgeted expenses and budget overruns (Kindly refer to detail responses by the various programs)* | *The Ghana CT will follow up on the agreed recovery requests.*<br><br>**OIG Comment:**<br>Kindly refer to the OIG observations and responses to the comments and documents provided by the country. The OIG recommends that all disputed amounts, including supporting evidence, should be discussed with the Global Fund Secretariat and resolved appropriately. | The Global Fund Secretariat | *Immediate* |
| | ***Recommendation 10 (Important)***<br>*In order to strengthen the management of advances, the Global Fund Secretariat should ensure that MOH/GHS:*<br>*a. Establishes a system to track advances made to the regions and districts and ensure that all funds transferred for activities have been accounted for;* | *a. Management would institute a Financial Risk Management Plan that would incorporate a tracking system for the advances. The Great Plains software ensures a tracking system for advances to regions and districts exists.* | *a. The Ghana CT will follow up with PR to ensure that this recommendation is addressed.*<br>*b. The Ghana CT will follow up with PRs and technical partners to ensure that this recommendation is addressed.*<br>*c. The Ghana CT will follow up with PRs and technical partners to ensure that this recommendation is addressed.* | *MOH/GHS*<br><br>*MOH/GHS CCM*<br><br>*MOH/GHS* | *On-going*<br><br>*Immediate*<br><br>*On-going* |

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
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| | | Country Comments | Secretariat Comments | | |
| | *b. Compares financial results from regions with programmatic ones to ensure that funds have been used effectively;*<br>*c. Develops and disseminates an advances accountability template. This should provide information on the amount advances, amounts accounted for, balances outstanding as well as any cash balances returned;*<br>*d. Develops a training plan approved by the Global Fund Secretariat before any advance payment is issued. Such a plan should include budget estimates by expenditure category, training objectives and duration, number and qualifications of participants and number and qualifications of trainers, facilitators, monitors and coordinators etc.; and*<br>*e. Ensures all training related accountabilities contain comprehensively completed attendance lists.* | *b. The Dashboard implemented by the CCM as a means to monitor progress of programmatic implementation compares financial to programmatic results. The M & E Unit works with the Finance Units to ensure that financial returns reflect programmatic activities.*<br>*c. This is in existence and noted.*<br>*d. This is already being implemented. Program-specific Training plans are developed, sent to Global Fund Secretariat, for approval, before implementation. All areas listed are covered.*<br>e. *This is being implemented and will be improved.* | *d. and e. Training plans are reviewed and approved by the GF before disbursement and implementation of training activities since January 2011. It is worth noting that majority of new grants signed within 2011 and 2012 have a mandatory condition related to verification of training within the program.* | *MOH/GHS* | *On-going* |
| | ***Recommendation 11 (Important)***<br>*The Global Fund Secretariat should ensure that inter-grant borrowing ceases and all unpaid balances refunded.* | Well noted. | *The Ghana CT will follow up with PR to ensure that this recommendation is addressed.* | *MOH/GHS* | *Action taken* |
| | ***Recommendation 12 (Important)*** | Well noted. | *The Ghana CT will follow up on* | *MOH/GHS* | *On-going* |

| Section | Recommendation | Comments and Agreed Actions | | Responsible Party | Due Date |
|---|---|---|---|---|---|
| | | Country Comments | Secretariat Comments | | |
| | *The Global Fund Secretariat should ensure that MoH/GHS complies with all clauses and conditions specified in the grant agreements.* | | *this recommendation.* | | |
| | ***Recommendation 13 (Important)*** *The Global Fund Secretariat should ensure that MoH/GHS develops a tool for evaluating SR capacity and consistently assesses SR capacity prior to selection (Implementing entities, PLHIV association).* | *The CCM advertises always, inviting entities to apply to be PR or SR. A set of criteria was developed, for instance, for RCC Malaria. Attached,* ***(CCM Minutes on SR selection,)*** *shows one such selection of NGOs to implement malaria control activities*<br><br>*This is already in place and in use for SR evaluations.* | *MoH/GHS implements the programs generally through its own system. There is less SR involvement apart from contractors and implementing entities such as PLWHAs. The recommendation is however noted.* | *MOH/GHS* | *On-going* |
| Adventist Development and Relief Agency of Ghana | ***Recommendation 14 (Important)*** *The Global Fund Secretariat should ensure that ADRA Ghana complies with the conditions stipulated in the grant agreement. This will strengthen the control environment within which Global Fund programs are implemented. Specifically, ADRA should capture and report all interest generated from program funds, including by its SRs and SSRs. Such funds should be used for program activities with the requisite approvals obtained. The Global Fund should be informed of all investigations undertaken.* | *ADRA has fully reported on its income generated activities (mainly from sale of condoms). Interests earned on accounts are reported in the latest PU/DRs.* | **Well noted. Action instituted;**<br><br>*Interest generated from program funds by PR was reported in PUDR. SRs and SSRs did not generate interest since they use current account and did not invest the money.*<br><br>*Well noted. action instituted;*<br><br>*Staff now have a maximum of 14 days after the end of the activity to retire all outstanding advances*<br><br>*Well noted. Action instituted.* | *ADRA* | *On-going* |

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| | | | *The Voucher referred to (JF0115) has nothing to do with the amount stated. A copy of JF 0115 is attached. It is the Journal recording the total activities of Drama Network for USD 8580; see appendix 3. All the supporting documents are on file.* | | |
| | ***Recommendation 15 (Critical)*** *The Global Fund Secretariat should ensure that ADRA Ghana standardizes the overhead rate among its SRs and ensures that the payment of overheads is aligned to Global Fund policy on overheads. SRs that do not qualify for overhead costs should be encouraged to charge actual program-related costs. These should be within the budget and reasonable.* | *Well noted* | *The Ghana CT will ensure through Phase 2 negotiations that the overhead costs are aligned to GF policies.* | *ADRA* | *Prior to Phase 2 signing* |
| Planned Parenthood Association of Ghana | ***Recommendation 16 (Important)*** *The Global Fund Secretariat should ensure that PPAG utilizes its accounting system. Provision should be made for the accounting system to record advances and monitor accountabilities submitted* | | *The Ghana CT will ensure that this recommendation is addressed.* | *PPAG* | *On-going* |
| Ghana AIDS Commission | ***Recommendation 17 (Important)*** *The Global Fund Secretariat should ensure that GAC establishes an annual internal audit work plan that focuses on Global Fund supported program-specific risks. Resultant* | | *The Ghana CT will ensure that this recommendation is addressed.* | *GAC* | *November 2012* |

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| | *reports should be shared with key stakeholders like the LFA and the CCM.* | | | | |
| | ***Recommendation 18 (Important)***<br>*The Global Fund Secretariat should:*<br>*a. Ensure that GAC complies with all provisions of the Grant Agreement; and*<br>*b. Determines whether any monies paid in taxes and duties should be recovered from the PR.* | | *The Ghana CT notes that GAC is currently computing all VAT payments made within the validity period of the exemption to request a refund from the Ghana Revenue Authority in collaboration with the CCM. The CT will ensure that the VAT recovery plan be developed and fully implemented.* | *GAC* | *2013* |
| | ***Recommendations 19 (Important)***<br>*The Global Fund Secretariat should ensure that GAC:*<br>*a. Standardizes the overhead rate among its SRs and ensures that the payment of overheads is aligned to Global Fund policy on overheads. SRs that do not qualify for overhead costs should be encouraged to charge actual program-related costs. These should be within the budget and reasonable.*<br>*b. Carries out SR selection in a documented and transparent manner. The timely appointment of SRs will ensure that programs are implemented in a timely manner.* | | *The Ghana CT will ensure through Phase 2 negotiations that the overhead costs are aligned to GF policies. The Global Fund Secretariat will follow up with PR to ensure that this recommendation is addressed.* | *GAC* | *Prior to Phase 2 signing* |

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| Anglogold Ashanti (Ghana) Malaria Control Limited | ***Recommendation 20 (Important)*** *The Global Fund Secretariat should ensure that AAMCL develops a revised work plan to reflect the delays in grant implementation and to link the targets with the new timelines.* | *Both points of recommendation are no longer valid as they have been addressed since the time of report as described in the above points.* | *This has been done and its captured under the Round 8 Malaria grant* | *Anglogold Ashanti* | *Action Taken* |
| Procurement and Supply Chain Management | ***Recommendation 21 (Critical)*** *The Global Fund Secretariat should ensure that the MoH/GHS establishes a technical specification committee including subject experts like pharmacologists, drug regulatory authorities, packaging experts and textile experts to ensure that the products procured meet International Pharmacopoeia standards and Global Fund policy requirements. Such a committee should ensure that the specifications are broad enough to allow fair* | *In addition to the Ghana Public Procurement Law, Act 663, the Procurement Manual developed by the Public Procurement Authority provides guidelines and step-by-step procedures to assist Procuring Entities such as MOH/GHS to undertake public procurement in accordance with the Act.*<br><br>*Although no such permanent committee exists, the technical specifications relating to quality of products are reviewed by relevant technical officers of the FDB (for Medicines) and their suggestions are incorporated into the specifications. The MOH has also adopted guidelines on specifications drawn by WHO for member countries on various products such as LLINs and ACTs to further compliment the local* | *This recommendation, according to the PR has been addressed already. The PR notes that the review of specifications is done by various experts and following recent developments in technology and recommendations from partners such as WHO. The PR, just as Secretariat noted explains that the recommendation seems to have been derived from incidents that happened a while back such as procurement of LLINs when there were no clear specifications.*<br><br>*A review of the entire supply chain, though, is underway, including setting up of appropriate legal framework and a dedicated unit for supply chain management in the MoH that would be dedicated to PSM, in the Supply* | *MOH/GHS* | *Action taken* |

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| | | *context.*<br><br>*Around 2003-2005 no such WHO guidelines existed and this may have led to the restricted nature of the specifications. Development of product specifications is based on product information available and WHO guidelines. These have evolved over the years as more evidence becomes available from research and development e.g. colour of net. MoH conforms to section 33 1,2&3 of Act 663 which provides guidance on specification objectives, technical and quality characteristics of goods, works and services.*<br><br>*Comment on LLIN issue specifically: In the years 2003 and 2004, there were no LLINs. The ITNs were the short-lasting ones, which were re-treated every six months.*<br><br>*After year 2004, then the LLINs came into existence; even that, the period referred to (year 2005), there was only one LLIN which met W.H.O. prequalification (WHOPES* | *Chain Master Plan that is currently jointly being developed with MoH, USAID, USAID\| DELIVER project, Cocacola, Accenture and other stakeholders etc. All areas of the Supply Chain are comprehensively addressed in this master plan which is at the costing stage. Next steps will be sourcing of funds, for which GF has already identified 2 Million USD in the Malaria Rd 8 MoH grant and additional funds could be injected later on based on need and availability of funding for the country in the next funding periods.*<br><br>**OIG Comment:**<br>*There is a need to have a committee responsible for reviewing the suitability of technical specifications in areas like Pharmacopoeia standards, packaging specifications or quality assurance mechanisms to be followed for pharmaceuticals.* | | |

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| | | *approval). Countries had been told to go for LLINs, under the Global Fund Grant, so we had no choice but to go for LLINs. This is why only one bidder (the bidder supplying LLIN, WHOPES-approved), won all lots.* | | | |
| | ***Recommendation 22 (Critical)*** *The Global Fund Secretariat should ensure that for procurement done by MoH/GHS with grant funds:*<br>*a. There is a consistent and robust methodology for quantification based on a combination of consumption and morbidity. The system needs to be evaluated for its efficiency and effectiveness, especially where multiple sources provide funding for the same product category; and*<br>*b. The e-LMIS software intended to capture ARV consumption and quantification data is operationalized and monitored to ensure effective implementation* | *a. Consumption and morbidity data are used for quantification by all programmes with technical assistance from JSI/DELIVER.*<br><br>*Attached, is a document: "NMCP Summary on consumption data" as an example*<br><br>*b. This point is noted. e-LMIS software is in use and will strengthen monitoring.* | *It is worth noting that there is a health sector wide approach on strengthening the supply chain reporting system (both forecasting and consumption related data).*<br><br>*a. The Global Fund Secretariat will follow up with PRs and technical partners to ensure that this recommendation is addressed.*<br>*b. The Global Fund Secretariat will follow up with PRs and technical partners to ensure that this recommendation is addressed.* | *MOH/GHS*<br><br>*MOH/GHS* | *On-going*<br><br>*On-going* |
| | ***Recommendation 23 (Critical)*** *The Global Fund Secretariat should ensure that MoH/GHS:*<br>*a. Clearly defines the method of procurement required for purchases valued between GHS 200,000 and GHS 1,500,000;*<br>*b. Provides a documented* | *a. Yes, there is no procurement method defined for procurement in the range between GHS200,000.00 and GHS1,500,000.00 by the Law. This is a gap which has been identified in the Law. Concerns on this have been raised with* | *a. The PR notes that the law is being reviewed to seal the gaps. Worth to note too that legal aspects of PSM are part of the Ghana Supply Chain Master Plan.*<br>*b. The Global Fund Secretariat* | *MOH/GHS* | *June 2013* |

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| | *justification for single-source procurement, restricted tendering and cases in which the appropriate procurement method as defined by the thresholds is not followed;*<br>*c. Ends the practice of splitting contracts to bring them under procurement thresholds. The MoH should instead consider bundling items in one contract and procuring through competitive bidding processes to obtain economies of scale and better value for money.* | *the Public Procurement Authority. This anomaly will be addressed in the Legislative Instruments which are currently being developed for Act 663*<br><br>*b. The Ghana Public Procurement law defines the administrative and institutional arrangements for procurement activities for all public sector organizations including the MOH. The development, coordination and implementation of the Public Procurement Act, Act 663 is the responsibility of the Ministry of Finance and Economic Planning.*<br><br>*According to Act 663, The selection of the procurement method is defined by: financial thresholds (Schedule 3)*<br><br>*- nature of items as defined in Schedule 3 of Act 663 as in the case of single source goods*<br><br>*-single source and restricted tendering are supported by section 40 and 38 of Act 663* | *will ensure that this recommendation is addressed.*<br>*In addition, the Secretariat has already instituted a systematic review of procurement activities through the LFA to ensure adherence to the procurement procedures*<br>*c. Same as b above.*<br><br>**OIG Comment:**<br>*The Global Fund Secretariat and the PR should not wait until the June 2013 in order to issue procurement rules to provide guidelines for procurement valued between GHS 200,000 and GHS 1,500,000.*<br><br>*There should be an agreed framework procedure/guidelines for procurements between GHS 200,000 and GHS 1,500,000. This should be implemented immediately.* | | |

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| | | *respectively. The Act does not provide financial thresholds for these procurement methods.*<br><br>*National Competitive Tender (NCT) is not only based on financial threshold but also on the nature of the item to be procured. If the value of the procurement is above NCT but the nature or scope is likely to attract adequate local competition then the Act allows the use of NCT*<br><br>*Procurements are guided by Act 663 and the Act does not require mandatory Pre-Bid conference for all goods, works and services. Pre-Bid conferences are not routinely organized for all ICBs and NCBs. The organization is based on the nature for goods and scope of the assignment such as items of complex nature.*<br><br>*Items procured with Global funding do not fall under this category and do not necessarily require pre-bid conferences.* | | | |

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| | | *Section 51(5 of the Public Procurement Law )- Procurement Entities may require the meeting of suppliers to clarify and modify the Tender Documents.*<br><br>*The process of seeking Clarifications to tenders are defined in Act 663 (section 23:5, 6, & 7 and section 51and these are adhered to.* | | | |
| | ***Recommendation 24 (Important)***<br>*The Global Fund Secretariat should ensure that MoH/GHS:*<br>*a. Considers placing advertisements on websites like dgMarket or UNDB online to ensure wider circulation among potential suppliers in cases where ICB is followed;*<br>*b. Writes bid evaluation reports that are more comprehensive by including templates for tender evaluation, tender checklists, debarred lists, post-qualification requirements, quality assurance, price reasonableness in bid evaluation, and supporting documents on technical and financial aspects; and* | *a. In the past, the adverts were not placed on sites such as UNDB website and dgmarket. Currently all ICBs are advertised in the dgmarket and UNDB websites*<br><br>*b. These recommendations are being employed in the preparation of current Bid Evaluation Reports .*<br><br>*c. On-going reforms in the entire Supply Chain seeks to address these concerns.* | *a. This recommendation is already being implemented*<br>*b. This recommendation is already being implemented by the MoH procurement unit. There are challenges in the Ghana Health Service Procurement arm. Ghana CT considering shifting procurement to one center-MoH procurement unit for items that are non-VPP core items*<br>*c. The Global Fund Secretariat will ensure that this recommendation is addressed.*<br><br>*Please also note that to avert other bottlenecks such as lengthy* | *MOH/GHS*<br><br>*MOH/GHS*<br><br>*MOH/GHS* | *Action taken*<br>*On-going*<br><br>*On-going* |

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| | *c. Creates contract forms that are sufficiently comprehensive to ensure their adherence to bid conditions. Monitoring of contracts should be strengthened with respect to delivery, supply chain, payment and database management.* | | *procurement processes, and conflict of interest, the VPP has been recommended for procurement of key health products until procurement reforms are completed and institutionalized.* | | |
| | ***Recommendation 25 (Critical)*** *The Global Fund Secretariat should ensure that MoH/GHS:*<br>*a. Strengthens pre- and post-shipment inspection of drugs. Random post-shipment inspections should be undertaken through FDB or independent WHO/ISO-accredited laboratories as required by the grant agreement to ensure quality of drugs and commodities; and*<br>*b. Establishes batch tracking up to at least the regional level. This will support the batch recall mechanism in the event that a recall of sub-standard or counterfeit medicines happens.* | a. *Currently all goods received are quarantined and random samples picked and submitted to the FDB for quality testing. The goods are distributed only when the results are received and they are favourable. The MOH is in the process of engaging an independent WHO/ISO accredited laboratory to assist with the quality testing.*<br><br>*Moving forward, we will be using Voluntary Pooled Procurement (VPP). This will ensure that pre-shipment inspections are done for all procurements.*<br><br>*b. Steps will be taken to develop and implement a Batch tracking system to support any recalls should the need arise* | *a. The Global Fund Secretariat will follow up with PRs and technical partners to ensure that this recommendation is addressed.*<br>*b. The Global Fund Secretariat will follow up with PRs and technical partners to ensure that this recommendation* is *addressed* | *MOH/GHS* | *On-going* |

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| | ***Recommendation 26 (Critical)***<br>*The Global Fund should ensure that the MoH/GHS:*<br>*a. Takes urgent action to build the capacity of stores at the regional level in terms of storage space, infrastructure, human resources and training on stores and inventory management;*<br>*b. Integrates information from central and regional medical stores in order to maintain uniformity and to facilitate the monitoring of inventories, for example through a specialized software system for pharmaceutical supplies in all RMS. The software should be able to facilitate the exchange of information between the central level and regional stores and generate appropriate reports;*<br>*c. Captures consumption data at the regional level and monitor this centrally for proper forecasting and documentation; and*<br>*d. Establish a tracer code for donor-funded products in the supply chain at different levels.* | *a. This issue is being addressed. In terms of infrastructure, under the RCC Malaria Grant and HIV Rounds 5 and 8 Grant, a total of 8 (out of the 10 Regional Medical Stores) are being renovated.In addition, Coca-Cola Accenture Organisation has completed a needs assessment towards the improvement of distribution and inventory management. The next steps is the identification of funding to move the recommendations forward*<br><br>*b. This is noted and steps are being taken to address this recommendation*<br><br>*c. Noted. The e-LMIS system* | *a. Generally recommendation seems to be financially implicative (especially point a. within recommendation 25, on building capacity for CMS and RMS). To comprehensively address the wide range of issues in the supply chain, a Supply Chain Master Plan has been developed which all partners will use as the source document to provide a vision for the supply chain and provide support to its implementation. It is worth to note that the PRs alone may not be in a position to implement this recommendation alone without partner support. There is therefore a concerted effort on the improvement of supply chain system in Ghana, led by USAID together with MOH through the PSM Technical Working Group comprising of a number of international donors, national entities and private sector (Coca Cola, IBM, Accenture Development Partners). Please find the* | *MOH/GHS* | *On-going* |

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| | | *will address all this.*<br><br>*d. This is noted* | *latest report of the TWG outlining the weaknesses identified in the national systems and actions to be taken (Annex C).*<br>*b. Same as a above. This is being addressed in the Supply Chain master Plan alluded to in a above. The Global Fund Secretariat will follow up with PRs and technical partners to ensure that this recommendation is addressed.*<br>*c. & d. While a tracer code for health commodities is important to test the system performance, it needs to be guided by the therapeutic importance/widely used/relevance/ of the products. We wouldn't emphasize that this be for donor funded products but rather what is important for the pharmaceutical system, since GF grants are additional to the existing resources and our aim is to strengthen this system* | | |
| | ***Recommendation 27 (Important)*** *The Global Fund should ensure that the MoH/GHS:*<br>*a. Quantifies expired medicines remaining in facilities at different* | a. Quantification of all expired medicines as well as disposal is done at the Central level. The lower levels will be assisted to do | *a. The Global Fund Secretariat will ensure that this recommendation is addressed.* | *MOH/GHS* | *On-going* |

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| | *levels and destroys them in a controlled manner; and*<br>*b. Undertakes annual physical stock checks at the regional level to generate data on stock on hand to support the forecasting process.* | same.<br><br>b. The CMS annual Physical Stock taking. The Regional Medical Stores will be monitored to do the same. | b. *The Global Fund Secretariat will ensure that this recommendation is addressed.* | *MOH/GHS* | *On-going* |
| Program Review | ***Recommendation 28 (Critical)***<br>*The Global Fund Secretariat should consider the necessity for the additional indicators, which are not aligned with national disease indicators, in the Round 8 malaria grant performance framework.* | This has been taken care of under the Consolidated Grant, when RCC, Round 8 and AMFm were harmonized and indicators streamlined to ensure they are all aligned. So currently, there is no stand-alone Round 8 Grant | *The audit appeared to review an initial version of the PF from December 2010 which was a draft in progress. Indicators retained in the final negotiated performance frameworks reflect the measurement towards the proposal goals and the national M&E plan. Under R8 the MOH is focusing on HBM (home based management of malaria) and AngloGoldAshanti on IRS (indoor residual spraying) which is reflected by respective indicators. The appropriateness of indicators, their alignment with national M&E framework and their number, will be reviewed following periodic review (December 2012) and at the same time align with most recent guidelines published in the 2011 M&E Toolkit.* | *MOH/GHS* | *Action taken* |

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| | ***Recommendation 29 (Critical)***<br>*The Global Fund Secretariat should ensure that the three diseases programs consistently report results against indicators and targets, not only in reports for the Global Fund but also in general review reports and presentations. The disease programs should consistently provide information on trends and on value for money.* | *Consistently, the three disease programs, report results against indicators and targets including trend analysis in other reports besides Global Fund reports. For example, in annual reports, and presentations given at bi-annual health sector reviews.*<br><br>*On value for money, comment is well noted* | *The Global Fund puts the M&E plan, ideally national, as a requirement to grant signing. Within that M&E plan one section of importance is the dissemination of strategic information, including results, targeting various audiences with an aim of sharing information and most importantly using it for decision-making. In the upcoming phase 2 negotiations and updated M&E plans the GF will ensure that this section is well described. However, it has to be noted that even if well described the implementation (and of the M&E plan in general) remains a real challenge in many countries. Thus that national programs use results reporting beyond what is required by the GF, which is of course fully supported by the GF, may be beyond the GF's control.* | *MOH/GHS* | *On-going* |
| | ***Recommendation 30 (Important)***<br>*The Global Fund Secretariat should ensure that:*<br>*a. The three disease programs work jointly with the GHS M&E Directorate to develop a culture* | *a. The 3 programmes are working with PPME of GHS to implement DHMIS 2, which includes the indicators of the 3 diseases.* | *a. During the upcoming phase 2 negotiations we will ensure that M&E systems strengthening activities are appropriately planned and budgeted for. This is include* | *MOH/GHS* | *Prior to Phase 2 signing* |

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| | *amongst those working in health facilities that values accurate information. The health post and health center levels should be prioritized; and*<br>*b. The CCM reconsiders its requirements for reporting by PRs and align these requirements with government reporting time frames.* | *b. Noted* | *training and sensitization of staff on the importance of accurate capturing of information. We will also ensure that data quality will be improved through appropriate measures.*<br>*b. It is our understanding that the reporting alignment issue is related to the CCM requests for quarterly reporting by the PRs, rather than an issue with the performance frameworks' alignment to national cycles. The Secretariat will encourage the CCM to review the reporting burden on PRs associated with this approach, and determine whether reducing these requirements will still allow sufficient oversight by the CCM.* | | |
| | ***Recommendation 31 (Critical)***<br>*The Global Fund Secretariat should ensure that:*<br>*a. The MOH puts in place training to increase confidence in RDTs and reduce the overconsumption of ACTs;*<br>*b. The MOH increases its focus on reducing the stigma associated* | *a. Malaria Program has already incorporated this in the Consolidated Grant. Budget lines have been provided. Together with PMI/USAID/IMAD, extensive training has been* | *a. When going through grant renewals GF secretariat will look into performance and effective use of malaria diagnosis in the consolidated malaria grants and use of RDTs at community level. We* | *NMCP* | *Prior to Phase 2 signing* |

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| | *with HIV and AIDS and with TB. Lessons could be learned from other countries in the region, such as Malawi; and*<br>*c. The MOH makes sure that NACP targets a sufficiently wide variety of outlets for selling condoms.* | *undertaken of health workers to improve their use of RDTs/microscopy. This is evidenced by the increasing proportion of fever or suspected malaria cases which are confirmed. In the year 2002, only 15.3% of cases were confirmed, in 2009, it was 29%, but this has increased to 50% in year 2011 (Refer Page 44 of Evaluation of the Malaria Program Funded by Global fund in Ghana 2003-2011)*<br><br>*b. Ghana launched an HIV Anti stigma campaign in 2006 and this has been on going. The current Heart-to-Heart campaign launched by the Vice President on World AIDS Day 2011 is the most recent of these. Other local one-on-one anti-stigma campaigns are also on going.*<br>*The NTP uses the regular* | *will plan for appropriate measures for the second implementation period, including training to address any possible bottlenecks.*<br><br>*Moreover, this point has also been raised in the grant-renewals pre-assessment note sent to country and subsequently was discussed with the PR during a country mission in June 2012, focusing on the grant renewals process. The PR has been invited to specifically address the suboptimal uptake of RDTs thus far and how this issue will be addressed in the next implementation phase, if granted.*<br><br>*b. Stigma reduction activities have been implemented mainly by ADRA HIV PR and have been overachieved. The target for Phase 2 however has been reduced in light of overall reprogramming within Rd8 HIV portfolio to streamline all available funding into treatment as the country is experiencing severe shortage* | *NACP/ NTP*<br><br>*NACP/ NTP* | *On-going* |

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| | | *Ghana Demographic and Health Survey to monitor its activities on stigma reduction. A study tour may be proposed to Malawi to understudy stigma reduction interventions.*<br><br>c. *This is noted. The Programme has initiated the distribution of condoms outside the Family Health Division's points of service.* | *in drug supply.*<br><br>*During the revision of the proposed revised go the TRP requested that MARPS and anti-stigma activities are scale up to the level as initially planned in the proposal. During forthcoming phase 2 negotiations the CT will ensure adherence to this request.*<br><br>*c. Same as under b).* | *NACP* | *Prior Phase 2 signing* |
| | ***Recommendation 32 (Important)*** *The Global Fund Secretariat should ensure that:*<br>*a. The MOH considers a written agreement with the NACP on reprogramming the funds and the indicator related to quality home-based care for the chronically ill; and*<br>*b. The MOH makes sure that the NTCP and GAC provide TB DOTS where there are workplace clinics.* | *a. NACP is a unit of the MOH. Funding for home-based care was for training of service providers in home-based care to be undertaken by our partner agency, Christian Health Association of Ghana, CHAG. No additional funds were made available in the budget for actual provision of home-based care service. The programme had over-achieved for this indicator* | *a. Round 5 program ended in April 2012. The current active grants do not include funding for home-based care. As mentioned in the overall Secretariat response, Rd5 TB grant was closed in April 2011. New Rd10 TB program has a component of expanding DOTS in the private sector but not specifically concentrating on the workplace clinics.*<br>*b. The Secretariat will work with NTCP to ensure that workplace* | *NACP*<br><br>*NTCP* | *Action taken*<br><br>*Action taken* |

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| | | *by grant closure. See PUDR for this indicator since 2008.*<br><br>*b.* *b. Workplace Clinics providing TB DOTS services exist and there is a gradual roll out being supported by GIZ and GAC/NACP. However this could be accelerated.* | *program is covered under the TB grant.* | | |