Fundamentals for Effective LFA Service Delivery

LFA TRAINING 2019/20
Agenda

- Fundamentals of Differentiation
- Evolution of the Global Fund
- Global Fund 2017-22 Strategy
- Grant Management - Delivering Impact
- Programmatic/M&E
- Finance
- Health Product Management
- Sharing best practices for delivering high quality LFA services

Fundamental Information/Assurance Requirements
Differentiated Portfolio

3 portfolio categories
Allocation & Impact

- **FOCUSED**
  - Smaller portfolios, lower disease burden, lower risk (< 75M)

- **CORE**
  - Larger portfolios, higher disease burden, higher risk (> 75M and < 400M)

- **HIGH IMPACT**
  - Very large portfolios, mission critical disease burden (> 400M or High Impact)

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**Global Fund portfolio**:  
- 333 active programs  
- Over 100 countries  
- $4.0 bn disbursed in 2018

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2 cross-cutting classifications

- Challenging Operating Environment
- Transitioning Portfolios
LFA scope of work in focused portfolios

Differences to Core/High Impact portfolios

1. Smaller portfolios/lower risks - scope of required LFA assurance = smaller

2. Grant Reporting:
   2.1 No PUs
   2.2 PUDRs:
      • Programmatic verification not required, but if deemed necessary by CT, then follows standard PUDR verification
      • Until now, no verification of expenditures

   **New**: re-introduction of financial verification with next PUDRs!

3. Review of Grant Revisions
   • If required, once a year as part of PUDR
   • Exceptional material budget revisions any time during the year
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Fundamental Information/ Assurance Requirements
Evolution of Global Fund Model

Early Years - Light touch approach / Performance Based Funding Model

Validate the reported results by PR
Undertake spot-checks to mitigate financial risks (of theft)

Middle Years

Increasing emphasis on establishing systems (HMIS etc.) to improve quality of reporting – systems assessments

2017-2022

Investing for Impact

• Are our investments making an impact?
• What are we doing right or what do we need to do differently to achieve results and impact?
• Can we improve value for money?
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The why and what of the Global Fund 2017-2022 Strategy

- 20 million lives saved through the Global Fund partnership
- 15.1 million people have received TB treatment
- 659 million mosquito nets distributed by programs for malaria
- 9.2 million people on antiretroviral therapy for HIV
- 1/3 decrease in malaria mortality in children under 5
The why and what of the Global Fund 2017-2022 Strategy

**Vision**
A world free of the burden of AIDS, Tuberculosis and malaria with better health for all.

**Mission**
To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria and to support the attainment of the Sustainable Development Goals.

**Strategic Enablers:** Innovate and differentiate along the development continuum + Support mutually accountable partnerships
How will we implement and demonstrate performance?

KPI Framework linked to Strategic Framework

<table>
<thead>
<tr>
<th>Strategic Targets</th>
<th>Strategic Objectives</th>
<th>Strategic KPIs</th>
<th>Implementation KPIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Performance against impact targets</td>
<td>Maximize Impact Against HIV, TB and malaria</td>
<td>3. Alignment of investment &amp; need</td>
<td>1. Grant level service delivery performance</td>
</tr>
<tr>
<td>2. Performance against service delivery targets</td>
<td>Build resilient &amp; sustainable systems for health</td>
<td>4. Investment efficiency</td>
<td>2. Impact modelling coverage</td>
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<td>5. Service coverage for key populations</td>
<td>3. Transition preparedness</td>
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<td>4. Access to funding</td>
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<td>5. Forecast accuracy: Grant expense, Commodity demand, Service delivery</td>
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<td></td>
<td>Promote and protect human rights &amp; gender equality</td>
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<td>Mobilize increased resources</td>
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<td>6. Strengthen systems for health</td>
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<td>7. Fund utilization</td>
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<td>10. Resource mobilization</td>
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<td>11. Domestic investments</td>
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<td>12. Availability of affordable health technologies</td>
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</table>

LFA Critical Role in achieving efficiency and results along the cycle of grant implementation: Are we investing in high impact interventions?
Agenda

- Fundamentals of Differentiation
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- Big Picture Framework
  Grant Management
- Information/assurance requirements
- Programmatic/M&E
- Finance
- Health Product Management
- Sharing best practices for delivering high quality LFA services
Big Picture Framework to enhance value for investment

- Reduction in disease burden
- Increased coverage of quality assured interventions
- Results

Program Quality
Data Quality
Financial
HPM

Investment/Efficiency

Risks

Impact

Routine grant management knowledge
Quality of management issues and actions
Fundamental: In-depth & integrated analysis

Integrated Analysis

Why are targets not being met?

What are the repercussions for the program?

What can be done about it?

Involve Finance, Prog/M&E and PSM experts
Leveraging Multidisciplinary Teams

Are expectations well understood and defined from both ends?

What are we jointly trying to address? Are we aligned with the strategy?

How can the quality of routine deliverables be improved?
Leveraging Multidisciplinary and partner engagement

• Building the right team of experts to look at specific programmatic domains
  • Have a mix of Public Health Specialists, Finance and HPM to review implementation
  • Have the right Public Health Expert – each disease requires a specific expertise – if we wish to make the best of resources being spent
  • Have the best HPM expert that turns program figures into adequate product quantities to meet the demand and cost all the components (using all the relevant parameters) so the finance knows the budget needs

• Capitalize on local expertise
  • LFA panel of Public Health experts and or PSM experts is limited/restrictive
  • Not enough effort being undertaken to identify local expertise or liaise with local institutions (a lot of in-country capacity has been built over the years!)

• Engage with partners
  • Very few LFA teams engage with partners to inform their reviews/spot checks
  • Alignment of assurance plans with work by partners e.g. vector control reviews feeding into PMI work & vice versa
Fundamentals: Grant Management

- Have we asked all questions in order to unpack all issues?
- Validation of issues

- Limited root-cause and in-depth analysis leading

- Siloed approach – where finance/PSM don’t contribute to Programmatic/M&E conclusions

- PU reviews – limited value from validating reported results (from DHIS); no analysis on contributing factors

- Practicality and relevance of recommendations

- Persistent issues despite progress on management actions

- Are the commentaries adding value?/Linkage with bigger picture

- Most of the variances are due to differential access times to DHIS
Some examples of how things can be done differently

- **Joint reviews by LFA specialists** – lead to improved review of operational challenges/bottlenecks
  - End to End review of LLIN campaign / Comprehensive IRS reviews undertaken in enabled by assembling of right local expertise with right skill sets (catch was issue of conflict of interest)
  - Review of Xpert roll-out and utilization
  - Review of HRH strategy, including training of community health workers
  - Cost-efficiency reviews
  - Procurement execution (projected/actuals/savings/space for re-investing or gaps)

- **Joint reviews with partners**
  - Jointly LLIN distribution/case management review with PMI
  - Joint ARV utilization/supply chain review with PEPFAR/USAID

- **Engaging institutions/experts**
  - Exploring innovative ways of tapping into technical/universities expertise
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Fundamental Information/Assurance Requirements

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M&E systems strengthening, one of the key objectives of the Global Fund strategy 2017-2022

Strategic Objective 2
Build resilient and sustainable systems for health

Sub objective- 2e
Strengthen data systems for health and countries’ capacities for analysis and use
Data Use for Action and Improvement framework at country level

**Vision:** To strengthen data availability, quality and use of data in order to drive Global Fund supported programs towards program improvement and maximized impact.

**Mission:** To strengthen capacity and build systems to collect, analyze and use data across all levels of program implementation.

Comprises of five interrelated components often taking place simultaneously in countries.
Key outcomes of interest

Improved data availability and quality, data disaggregation and analytical capacity at different levels, sustained for long term

Sources of funding

- M&E investments through grants to countries: Approximately USD 400 million over 2018-2020
- Strategic Initiative for M&E (2017-2019): USD 20 million

Key areas of investments

- Routine reporting- e.g. HMIS/DHIS, system interoperability (including LMIS), data disaggregation, case-based reporting, surveillance (including GIS mapping & mobile technology), hospital/ community reporting
- Program and data quality
- Surveys
- Program reviews and evaluations
- Administrative and financial data sources
- Civil Registration and Vital Statistics (CRVS)
### Key M&E Investments and Activities

**Upcoming Concept Notes and Grant making Budgets**

<table>
<thead>
<tr>
<th>Investment Area</th>
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<tbody>
<tr>
<td>Data quality review</td>
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<tr>
<td>Investment in routine HMIS</td>
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<tr>
<td>System interoperability</td>
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<tr>
<td>Analytical capacity</td>
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<tr>
<td>Evaluations</td>
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<tr>
<td>Program reviews</td>
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<tr>
<td>Investments in community systems</td>
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<tr>
<td>Patient tracking</td>
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</tbody>
</table>

LFA review of Concept Notes and Grant making budgets to consider the following:
Key outcomes of interest

- Progress reporting and funding decisions based on sound, fit for purpose M&E frameworks
- Generate learning during program implementation and identify and address bottlenecks
- Assess progress, reprogram where necessary
- Scale up innovative approaches

Key areas of focus

- Coverage, outcome and impact indicators, aligned with global norms and recommendations
- Disaggregated data - by age, sex, key populations

Key principles

- Align with country reporting cycles
- Harmonized indicators with partners
- Unified data collection and reporting
2. Program Monitoring – program and data quality

- Support planning and implementation of national program and data quality monitoring activities in countries using available assessment tools/review mechanisms

- Quality assurance of in-country processes in selected cases using external service providers or LFAs

- Mobilize and fund technical assistance where necessary

- Review the findings and recommendations, identify areas for improvement and action plans to strengthen national HMIS and data and program quality

- Work with partners to support and fund data & program quality improvement activities-
  - domestic financing,
  - partner funding/technical support,
  - new Global fund grants
  - reprogramming of on-going grants
2 Program Monitoring – Program Quality

1. Program quality has many dimensions and is complex to measure.

2. Use of 3-4 tracer indicators for the three diseases
   - **HIV**: PLHA known their status, ART coverage, retention and viral suppression
   - **Tuberculosis**: Treatment coverage, success rate (drug sensitive and MDR TB), ART or TB/HIV
   - **Malaria**: ITN use, diagnostic coverage, IPTp coverage

3. Based on performance a program quality risk level is defined (very high risk, high risk, moderate risk and low risk)

4. Risk levels are used by the CTs to identify and support appropriate program improvement measures

5. In addition, one of the following methods is used to get further insight into quality of programs supported by the Global Fund:
   - In-country review and dialogue including national program reviews, evaluations, special studies, regular national and sub-national data analysis, partner reviews
   - Country Portfolio Reviews at the Global Fund secretariat assessing what is working well and not working well
   - Health facility assessments and/or data quality reviews
   - Periodic assessment of laboratory systems
   - Program and/or data quality spot checks
   - Thematic reviews and Prospective Country Evaluations (PCE) led by TERG
3 Systematic data analysis and synthesis

Objective: Strengthen regular in-country assessment of what is and is not working well, identify bottlenecks to be addressed and opportunities to increase grant and program performance, quality of service delivery and efficiency to maximize impact.

- In order to monitor the progress of overall national response to diseases including the progress of its grants in-country, Global Fund supports regular review of available data from various sources.

- Health sector & national disease programs ideally work on an aligned 5 year planning cycle, with annual reviews, mid-term review and final review. Some countries also have an effective process for more regular data analysis at national and sub-national level.

- Global Fund engages with countries in periodic reviews (six monthly/annually/every 2-3 years) and data driven dialogue with key stakeholders including technical partners throughout the grant life cycle to help drive program improvements.

- The data analysis process should support, strengthen, build on and align with existing in-country review processes.
Critical areas to consider

1. **Epidemiological trends and program performance** - intervention scale-up, access to and uptake of services

2. **Health systems and program management** - in particular:
   - Surveillance and M&E systems, including data availability, quality and use
   - Supply chain, health products management and lab
   - Human resources constraints

3. **Quality and efficiency of service delivery**

4. **In-depth reviews** of specific issues as needed - for example:
   - Missing cases
   - Adolescent & Girls and Young Women
   - Mobile populations, etc.

5. **Financing**
   - Domestic financing, Global Fund grant information, other partner investments
   - Absorption, financial gaps, unit costs, allocative efficiency
Country Evaluations

4. Country Evaluations

Country evaluations – GF led

- Portfolio evaluations planned in most Focused countries, addressing transition, key populations, human rights and other issues

Country evaluations – country led

- Global fund supports relevant country led evaluations including by providing funding through grants, facilitating technical support, etc.
  - For example, on program effectiveness, impact, sustainability, evaluations of innovative approaches
- Enhancing Global Fund-GAVI collaboration on Prospective Country Evaluations

Thematic reviews

- To provide additional information on progress of specific areas supported by GF strategy
  - For example, ICCM, intervention packages for KPs, factors contributing to favorable MDR-TB treatment outcomes etc.
  - 8 thematic reviews to be completed until end of 2020
5 Data use for improved health outcomes, efficiency and impact

Use all available data at national and sub-national level to increase access to services and to attain improved health outcomes

Examples of data use at country level include the following:

- Development or revision of national strategic plans
- Program design, planning and implementation
- Prioritization and resource allocation
- Targeting risk groups and geographic areas
- Learning and course correction/reprogramming
- Risk identification, management and assurance
- Preparing funding requests to the Global Fund and other donor
Current Programmatic and M&E Assurance and role of LFA
Programmatic and M&E assurance planning - approach

- Country Teams to consider the full range of data and program quality assurance options and service providers
- Diversified pool of service providers to ensure appropriate expertise for the quality assurance country needs
- Approach is based on “Who is best suited to provide specific quality assurance” and can vary a lot in different countries
- Objective is to ensure a sustainable approach, aiming for cost-effectiveness and value for money
- Consistent increase in budget for programmatic spot-checks
- HFA remains an assurance option, however is no more a ‘must do’ for HI/Core countries
**Key Programmatic and M&E risks** *(see details in Annex)*

<table>
<thead>
<tr>
<th>Risks as defined in IRT</th>
<th>Programmatic Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inadequate program design and relevance</td>
<td>1. Review of data systems (community/ facility)</td>
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<tr>
<td>2. Inadequate design and operational capacity of M&amp;E systems</td>
<td>2. Program quality/ data quality spot checks</td>
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<tr>
<td>3. Inadequate program quality and efficiency</td>
<td>3. Health facility assessment (national or targeted)</td>
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<tr>
<td>4. Limited data availability and inadequate data quality</td>
<td>4. Data quality reviews (national or targeted)</td>
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<td>5. Limited use of data</td>
<td>5. Review of Laboratory systems</td>
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<td>6. Routine programmatic analysis</td>
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<td>7. Program reviews</td>
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<td>8. Partner reviews</td>
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<td>9. Country evaluations</td>
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<td>10. Thematic reviews</td>
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<td>11. Prospective Country Evaluations</td>
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<td>12. Population-based surveys</td>
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<td>13. Community-based monitoring</td>
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</tbody>
</table>
LFA Service categories and programmatic assurance services will vary across portfolios and be based on CT requests

<table>
<thead>
<tr>
<th>Strategic Advisory</th>
<th>Review of Implementers’ Systems, Controls and Capacities</th>
<th>Verification of Implementation</th>
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<tbody>
<tr>
<td>• Grant making (Review of performance Framework and M&amp;E plan)</td>
<td>• Implementer capacity assessment</td>
<td>• PU/PUDR (Verification of programmatic performance – sections 1A, 1B, 1C).</td>
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<tr>
<td>• Ensure key and needed M&amp;E investments included in budget</td>
<td>• Review of medical lab systems/services, including lab-related supply chain (Programmatic/M&amp;E &amp; PSM/SC service)</td>
<td>• Program and/or Data Quality spot checks</td>
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<td>• Targeted data quality checks and program quality checks at health facility</td>
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<td>• Specific (or joint with finance) programmatic implementation verifications and spot checks</td>
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Programmatic and M&E assurance planning - 2019 updates

- **Risk handbook and toolbox** available

- **OPN on program and data quality** has been replaced by guidance provided in the Data Use for Action and Improvement [HERE](#)

- **Integrated Risk Tool (IRT)** integrated as part of GOS with updated Programmatic and M&E categories that will facilitate risk identification. Definition of a Key Risk Matrix

- **MECA oversight and planning template**: A tool that enables PHME to review program and data quality assurance activities conducted in past 3 years, identify gaps and document plans for next year. Aligned with Key Risk Matrix and reviewed and signed-off by MECA

- **Remapping of LFA services**: completed across all areas and a clearer definition of the role of LFA in programmatic assurance
<table>
<thead>
<tr>
<th>Assurance</th>
<th>Main service provider</th>
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<tbody>
<tr>
<td>Review of data systems (community/ facility)</td>
<td>Country led (TA as needed) QA by identified service provider/ LFA</td>
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<td>Country led (TA as needed) QA by identified service provider</td>
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<td>Partner reviews</td>
<td>Partner led</td>
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<tr>
<td>Country evaluations</td>
<td>GF-led with identified service provider (e.g. evaluations in focused countries, or evaluation of specific areas Country led with TA if needed</td>
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<tr>
<td>Thematic reviews</td>
<td>Secretariat-led with service providers (one RFP per thematic review)</td>
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<tr>
<td>Prospective Country Evaluations</td>
<td>Secretariat (TERG-led) with service provider</td>
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<tr>
<td>Population-based surveys</td>
<td>Country led (TA as needed) or partner contracted service provider QA by identified service provider</td>
</tr>
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</table>

The LFA and/or the service providers identified should have technical skills and competencies (as defined in the SoW)
Additional M&E slides
Measure

Percent of high impact & core countries with fully deployed and functional HMIS

End-2018 Result

26% (13) of countries with fully deployed and functional HMIS

Target

70% (38 countries) by 2022

Overall Progress Against Target

Key takeaways

- **Strengthened coordination between GF and GAVI** on central investments and country level TA in country data systems

- **28% (14) countries have achieved 3 of 4 sub-indicators**: need to focus on remaining countries and appropriate investments in country data systems.

- **Good achievement on HMIS coverage**, Now the focus is on integration/interoperability of aggregate disease reporting into national HMIS, and improving quality of data in the HMIS
A pool of “certified consultants” created that can be selected based on country needs and request 2018-2020

1. Country M&E frameworks, M&E plans, tools and guidance
2. Health Information Systems, including community reporting, surveillance
3. Program and data quality monitoring
4. Evaluations, program reviews and impact assessments
5. HIV service delivery cascade and treatment outcome analysis
6. Civil Registration and Vital Statistics
7. Measurement and analysis of data on Adolescent Girls & Young Women
8. Measurement and analysis of key population programs
9. Program quality monitoring
10. Technology solutions for strengthening health information systems
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Key Findings and Recommendations_Overview of the new vs. old processes

How risks will be managed differently with the integration of IRM, PR Reporting and AFD modules
Key Findings and Recommendations from LFA

Displays what LFA has identified in PUDR.

Click to add Risk, Root Cause, and Mitigating Action to Risk Tracker.
**Feedback to LFAs**

- Consolidate small issues that fall under the same Risk and Root Cause into one list of mitigating actions.

**Feedback from LFAs**

- What has your experience been using the new defined Root Causes?
- What guidance or reference materials would help you to complete this section moving forward?
Presentation of Facilitators and Module Objectives

Evolution of Global Fund Assurance requirements

Overview of Global Fund Strategy to Financial Assurance

Fundamentals of Grant Financial Management
Agenda

I  Presentation of Facilitators and Module Objectives

II  Evolution of Global Fund Assurance requirements

III  Overview of Global Fund Strategy to Financial Assurance

IV  Fundamentals of Grant Financial Management
Objective of this module

- **Provide an overview of the evolving financial assurance needs from Global Fund grants**

- Provide an overview of the **Global Fund Strategy** (& KPIs) and Financial Risk Assurance framework

- Discuss the fundamentals of grant financial management and assurance: including **linkage of financial and programmatic information for decision making**

- Create a **forum for feedback** on improving GF/LFA collaboration and delivering on the Global Fund Strategy
Rules during this session

Interactive session
Be present, participate, comment, ask, speak up, challenge and be ready to be challenged.

Mutual respect
No work, no phones, no laptops, no emails

Quick Quiz
Small quizzes will pop up to reinforce or clarify objectives.
Agenda

I. Presentation of Facilitators and Module Objectives

II. Evolution of Global Fund Assurance requirements

III. Overview of Global Fund Strategy to Financial Assurance

IV. Fundamentals of Grant Financial Management
How has grant financial management evolved?

Early years (2002-2007)
- Broad implementation guidance
- Simple excel templates

Middle years
- Operational policy manuals
- Defined excel templates to harmonize reporting
- Aligning finance/ERP and GMD systems for reporting
- Compliance focus

Current strategy (2017-2022)
- Maturity in reporting and data analytics
- Sustainability, system and transition focus
  - Domestic contributions
  - KPI 7b – Financial management

GF Mission and Needs
- Attract, manage and disburse
- a minimum set of reliable financial information
- adequate fiduciary controls
How do we bridge the Expectation Gap?

Country Teams focused on delivering on the Global Fund Strategy

$10.3b

Grant implementation with differing levels of implementer capacity and risk

$14.02b

Robust risk and assurance framework requires adapting Local Fund Agent approach to assurance

Key Considerations

► Shift from compliance to sustainability and system strengthening. From a culture of compliance to a culture of continuous improvement/learning

► Changing assurance needs must be recognized (e.g. domestic investment tracking)

► Changing risk landscape must be addressed (e.g. gaps between Malaria medicines and reported cases in M&E systems)

► Innovations in assurance are encouraged (e.g. Survey on lessons learnt implementing LLIN mass campaigns in Africa)

► Emphasis on value for money in LFA report is under scrutiny (i.e. risk materiality vs. cost and quality of assurance)

► LFA interactions and challenges with low capacity implementers not well captured
### What are the critical **financial KPIs** within the Global Fund Strategy?

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<td></td>
<td>9. Mobilize increased resources</td>
<td>d. Forecast accuracy: Grant expense, Commodity demand Grant expense</td>
</tr>
<tr>
<td>5. Build resilient &amp; sustainable systems for health</td>
<td></td>
<td></td>
<td>e. Gender programming</td>
</tr>
<tr>
<td>6. Maximize Impact Against HIV, TB and malaria</td>
<td></td>
<td></td>
<td>f. CCM Key Population engagement</td>
</tr>
<tr>
<td>7. Build resilient &amp; sustainable systems for health</td>
<td></td>
<td></td>
<td>g. Commodity procurement under management</td>
</tr>
<tr>
<td>8. Promote and protect human rights &amp; gender equality</td>
<td></td>
<td></td>
<td>h. PPM OTIF delivery</td>
</tr>
<tr>
<td>9. Mobilize increased resources</td>
<td></td>
<td></td>
<td>i. Roll out of innovative products (triggered KPI)</td>
</tr>
</tbody>
</table>

**Grant making / Budgeting**

**Grant fin. reporting**

**Risk / Capacity (CO-link)**
## Linking LFA Assurance with financial KPIs

<table>
<thead>
<tr>
<th>Key decisions</th>
<th>Primary KPI linkage</th>
<th>Examples of LFA Reports Used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attract funds</strong></td>
<td>KPI 10: Resource mobilization</td>
<td>Reports on tracking of government contributions/co-financing compliance</td>
</tr>
<tr>
<td></td>
<td>KPI 11: Domestic investments</td>
<td>Qualitative adjustments for absorption are based on information in <strong>Annual Financial Reporting (AFR)</strong></td>
</tr>
<tr>
<td><strong>Allocate funds</strong></td>
<td><strong>KPI 7: Fund utilization</strong></td>
<td>Reporting to Grant Approvals Committee (GAC) is based on <strong>LFA review</strong> of Funding Requests and <strong>Grant making documents</strong>, AFR absorption, <strong>Capacity Assessments</strong> and other LFA analysis</td>
</tr>
<tr>
<td><strong>Approve (sign) grants</strong></td>
<td>KPI3: Alignment of investment with need</td>
<td>Reporting to Grant Approvals Committee (GAC) is based on <strong>LFA review</strong> of Funding Requests and <strong>Grant making documents</strong>, AFR absorption, <strong>Capacity Assessments</strong> and other LFA analysis</td>
</tr>
<tr>
<td>(including implementer capacity)</td>
<td>KPI4: Investment efficiency</td>
<td>Reporting to Grant Approvals Committee (GAC) is based on <strong>LFA review</strong> of Funding Requests and <strong>Grant making documents</strong>, AFR absorption, <strong>Capacity Assessments</strong> and other LFA analysis</td>
</tr>
<tr>
<td></td>
<td>KPI5: Service coverage for key populations</td>
<td>Reporting to Grant Approvals Committee (GAC) is based on <strong>LFA review</strong> of Funding Requests and <strong>Grant making documents</strong>, AFR absorption, <strong>Capacity Assessments</strong> and other LFA analysis</td>
</tr>
<tr>
<td></td>
<td><strong>KPI 6c: Financial Management-RSSH</strong></td>
<td>Reporting to Grant Approvals Committee (GAC) is based on <strong>LFA review</strong> of Funding Requests and <strong>Grant making documents</strong>, AFR absorption, <strong>Capacity Assessments</strong> and other LFA analysis</td>
</tr>
<tr>
<td><strong>Disburse funds</strong></td>
<td>All KPIs</td>
<td>Approval of <strong>annual funding decisions</strong> are based on the PUDR and <strong>Annual Forecast Tab</strong></td>
</tr>
<tr>
<td><strong>Validate results</strong></td>
<td>KPI1: Performance against impact targets</td>
<td>Reporting to Board and Donors are based on <strong>programmatic results and expenditure</strong> reported in <strong>PUDR and AFR</strong></td>
</tr>
<tr>
<td>(linking financial and</td>
<td>KPI2: Performance against service delivery targets</td>
<td>Reporting to Board and Donors are based on <strong>programmatic results and expenditure</strong> reported in <strong>PUDR and AFR</strong></td>
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<tr>
<td>programmatic performance)</td>
<td>KPI5: Service coverage for key populations</td>
<td>Reporting to Board and Donors are based on <strong>programmatic results and expenditure</strong> reported in <strong>PUDR and AFR</strong></td>
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<td></td>
<td><strong>KPI 7: Fund utilization</strong></td>
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<tr>
<td></td>
<td><strong>KPI d: Forecast accuracy</strong></td>
<td>Reporting to Board and Donors are based on <strong>programmatic results and expenditure</strong> reported in <strong>PUDR and AFR</strong></td>
</tr>
<tr>
<td><strong>Portfolio Risk Appetite</strong></td>
<td>All KPIs</td>
<td>Determination of risk levels are based on LFA reports such as <strong>PUDR Findings &amp; Recommendations</strong>, <strong>PUDR absorption</strong>, <strong>Status of Grant Covenants</strong>, <strong>Capacity Assessments</strong>, <strong>Spot Check reports</strong>, etc.</td>
</tr>
</tbody>
</table>
Agenda

I. Presentation of Facilitators and Module Objectives

II. Evolution of Global Fund Assurance requirements

III. Overview of Global Fund Strategy to Financial Assurance

IV. Fundamentals of Grant Financial Management
Importance of LFA to Global Fund Risk and Assurance Framework

- The Global Fund manages risk across its portfolio of grants, focusing especially on high impact countries. It employs a robust risk and assurance system to identify, mitigate, monitor and manage risk across four areas (see next slide).

- Bringing assurance, risk management, and grant management experts together, the Global Fund Secretariat develops portfolio level assurance plans to gauge the effectiveness and efficiency of its investments in the fight against the three diseases.

- There are a number of assurance mechanisms which the Global Fund adopts as a means by which it gauges the effectiveness of portfolio-related controls and mitigants. These include: implementers themselves; surveys; international and in-country partners, including major donor agencies, their implementers and UN technical agencies; community-based watchdog or advocacy groups; national audit authorities; and Local Fund Agents.

- The Global Fund Model continues to be underpinned by Local Fund Agents as our ‘eyes and ears’ in country. LFA assurance supports evidence based decision making. As risks evolve, so must we all.
Global Fund defined Risk Categories for Finance

<table>
<thead>
<tr>
<th>Risk thematic areas</th>
<th>1 Programmatic and M&amp;E Risks</th>
<th>2 Financial and Fiduciary Risks</th>
<th>3 Health Product Management and Supply Chain Risks</th>
<th>4 Governance, Oversight and Management Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk elements</td>
<td>1.1 Inadequate program design and relevance</td>
<td>2.1 Inadequate flow of funds and arrangements</td>
<td>3.1 Inadequate selection of health products and equipment</td>
<td>4.1 Inadequate national program governance</td>
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<td>1.2 Inadequate design and operational capacity of M&amp;E systems</td>
<td>2.2 Inadequate internal controls</td>
<td>3.2 Unreliable forecasting, quantification and supply planning</td>
<td>4.2 Ineffective program management</td>
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<td>3.3 Inefficient procurement processes and outcomes</td>
<td>4.3 Inadequate program coordination and SR oversight</td>
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<td>1.4 Limited data availability and inadequate data quality</td>
<td>2.4 Inadequate accounting and financial reporting</td>
<td>3.4 Inadequate warehouse and distribution systems</td>
<td>1.1 Inadequate program design and relevance</td>
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<td></td>
<td>1.5 Limited use of data</td>
<td>2.5 Limited value for money</td>
<td>3.5 Limited quality monitoring and inadequate product use</td>
<td>2.1 Inadequate flow of funds and arrangements</td>
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<td></td>
<td>1.6 Inadequate Promotion of Human Rights and Gender Equality</td>
<td>2.6 Inadequate auditing arrangements</td>
<td>3.6 Inadequate information (LMIS) management systems</td>
<td>3.1 Inadequate selection of health products and equipment</td>
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</tbody>
</table>

Several LFA reports contribute to identification of risks and mitigating actions including PUDR, capacity assessment, meetings with external auditors, spot checks and follow up investigations requested by OIG.
Presentation of Risk Findings and Recommendations

Iceberg effect

Symptoms are seen

PR Reporting (poor quality & delayed)

Root cause is deeper

Systems (Automated / Computerized system for budget, accounting & financial reporting)

People (Qualified and Experienced HR in Financial Management)

Processes (Robust policy and procedures)

Findings should **address root causes** with recommendations that address Country Systems and align with strategic priorities for RSSH
Strengthening Public Financial Management (PFM) systems - KPI6c

Overall Approach

**Short Term**
(Global Fund grants' focused)

Up to 3 years

**Routine Financial Management Strengthening**

Support Implementers to improve:
- Institutional and oversight arrangements
- Absorption of grant funds
- People, processes and system tailored to each country’s or region’s (i.e. Francophone) needs for transition to donor harmonization and use of country system
- Risk management and assurance

**Short to Medium Term**
(Aid Effectiveness)

3-5 years

**Donor Harmonization**

Support Implementers (government and non-government organizations) to use:
- Single financial management information system for donor-funded projects
- Integrated shared services unit - Financial administration
- Common operational policy & procedures manuals
- Single internal audit function for all donor funded projects
- Single audit approach

**Medium to Long Term**
(Sustainability and Transition)

5 – 10 years

**Public/Country Financial Management System**

Support Implementers (Government Organization) to use:
- Public Financial Management Information system for Global Fund grants
- Government policies and procedures regulating financial management
- Government internal audit function and SAI
- On budget program routing through national treasury

**Overarching objective:** Determine status quo and incrementally improve the financial management system of grants implementers to move them to donor harmonization and ultimate use of country system (as appropriate)
As part of RSSH, the Global Fund would like to prepare countries for sustainability and transition which will rely on use of country systems. Below are the **8 pillars of PFM** assessed by World Bank that LFA should consider in engagement.

<table>
<thead>
<tr>
<th>Components</th>
<th>Use of country system</th>
<th>Use of donor harmonised system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information System</td>
<td>Use of integrated public financial management information system (IFMIS) or Ministry of Finance-managed software for budgeting, accounting &amp; reporting</td>
<td>Use of single financial management information system for donor-funded projects including TGF, procurement, M&amp;E with dedicated resources (civil servants or directly recruited donor staff, based on country context)</td>
</tr>
<tr>
<td>Institutional arrangements &amp; management oversight</td>
<td>Use of government civil servants for managing and providing oversight on government &amp; donor budgets</td>
<td>Use of common operational policy &amp; procedures manuals in line with applicable laws &amp; regulations and donor requirements (i.e. government policies adopted with harmonized donor needs)</td>
</tr>
<tr>
<td>Operational policy &amp; procedures manuals (Finance, Procurement &amp; HR etc.)</td>
<td>Use of government policies and procedures regulating financial management as outlined by Ministry of Finance/Accountant-General</td>
<td>Use of shared internal audit function for all donor-funded projects</td>
</tr>
<tr>
<td>Internal Audit</td>
<td>Use of government internal audit function (internal audit function of organization or central internal audit function) for providing internal audit services on donor funding</td>
<td>Use of supreme audit institution (SAI) for providing external audit services on donor funding through single audit framework as approved by national parliament. This also includes SAI audits outsourced.</td>
</tr>
<tr>
<td>External Audit</td>
<td>Use of supreme audit institution (SAI) for providing external audit services on donor funding through single audit framework as approved by national parliament. This also includes SAI audits outsourced.</td>
<td>Use of supreme audit institution (SAI) for providing external audit services on donor funding through single audit framework as approved by national parliament. This also includes SAI audits outsourced.</td>
</tr>
<tr>
<td>Chart of Accounts</td>
<td>Use of government-wide chart of accounts mapped to donor cost elements</td>
<td>Use of government-wide chart of accounts mapped to donor cost elements</td>
</tr>
<tr>
<td>Planning &amp; budgeting</td>
<td>*Follows country planning &amp; budgeting cycle *Donor funding fully integrated in national plan and budget (budget support)</td>
<td>Projects/donor-based budget integrated and managed as a consolidated plan. Countries are strongly encouraged to include donor funding in the overall budget for information.</td>
</tr>
<tr>
<td>Treasury &amp; Funds Flow</td>
<td>Donor funding disbursed into central treasury main account &amp; managed through government system (Central Bank)</td>
<td>Use of integrated banking arrangements through central or commercial bank and use of single account per donor or for all donors (i.e. no separate bank account per grant/project)</td>
</tr>
</tbody>
</table>
Agenda

I. Presentation of Facilitators and Module Objectives

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IV. Fundamentals of Grant Financial Management
What is not working?

LFA X: This is new! I am not clear on GF closure template …

LFA Y + CT Y: Another iteration on the same deliverable? What will PET look like?

CT X: The figures in FCR do not reconcile from start of grant to close!

LFA: PR weak capacity is impacting timely submission and evidencing of numbers

ALL: We need to get on the same page to get to the same objective!

LFA Z: I am not sure I understand what the CT requirements are on this task… how different is this from previous reports we have completed?

ALL: We need to document final amount validated for consistency of subsequent reporting
Fundamentals of Grant Financial Management

- Emphasize alignment of investment and need (linking budget to programmatic targets and RSSH)
- Apply principles of value for money in procurement, PMC costs, TRC costs
- Early identification of risks based on material cost categories, implementation maps, funds flow, etc.
- Emphasis on capacity building and adoption of PFM, for grant and domestic finance reporting
- Delivering impact requires accurate and timely data to monitor in-country absorption and influence re-investments (portfolio optimization)

- Increasingly risk based and alignment of various assurance providers (LFA, external audit, internal audit, fiscal agents, development partners)
- Assurance reports need to align with new strategy, providing succinct information/recommendations on fund utilization, VfM, accuracy of financial reporting, internal control environment, fraud risk, etc.

- Maximize impact against HIV, TB and malaria.
- Build resilient and sustainable systems for health
- Promote and protect human rights and gender equality
- Mobilize increased resources

Deep dive on Day 3 & 4

- Maximize impact against HIV, TB and malaria.
- Build resilient and sustainable systems for health
- Promote and protect human rights and gender equality
- Mobilize increased resources
Fundamentals of Grant Making/Budgeting

- Assumptions on Salary scales & HR policy, per diem rates
- Needs assessments for vehicles, IT equipment
- Document funds flow and ERP system in use
- Define sub-recipients, implementation map and likely impact on implementation cost/absorption
- Link programmatic gap to budget (ART patient targets, LLINs, etc.)
- Document risks associated with cash based schemes (mass campaign, IRS spray allowances, AGYW cash transfers)
Test our Grant Making skills

• **Q1:** Does the programmatic gap table have some relevance to the grant budget for ART targets?

• **Q2:** Where does LFA document risks identified during grant making?
Solution

• **Q1:** Does the programmatic gap table have some relevance to the grant budget for ART targets?
  ✓ Yes. The targets defined in the allocation section, determine the quantification and grant budget for ARV/medicines

• **Q2:** Where does LFA document risks identified during grant making?
  ✓ Capacity assessment
  ✓ Cover letter submission of grant making document review
  ✓ LFA Debrief pre/post grant making
There are **4 key financial reports** required by implementers for decision making and tracking of KPIs

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress Update (PUDR)</td>
<td>Required to report on grant performance, use of grant funds, absorption, reporting on KPIs, cash balances and forecast to inform annual funding decision, and non-compliant expenditure (recoveries)</td>
</tr>
<tr>
<td>External Audit Report</td>
<td>Required for accountability on use of funds, validating expenditure, <strong>internal controls</strong> and non-compliant expenditure (recoveries)</td>
</tr>
<tr>
<td>Tax Report</td>
<td>Required for reporting to donor on funds subject to taxation and track <strong>PR ability to recoup VAT and other taxes paid</strong> from grant funds</td>
</tr>
<tr>
<td>Financial Closure (FCR)</td>
<td>Required to validate <strong>final expenditure</strong>, allocation cut off, grant absorption level, <strong>establishing final closing cash balance</strong> for refund or transfer to next IP as well as final recoverable non-compliant expenditure</td>
</tr>
</tbody>
</table>

**NOTE:** Quarterly cash balance and expenditure reporting has been discontinued
## Key ratios (KPIs) derived from Financial Reporting

<table>
<thead>
<tr>
<th>Ratios</th>
<th>Basis of calculation</th>
<th>What does it tell you?</th>
<th>Ideal Range</th>
<th>KPI/MTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation Utilization</td>
<td>(Disbursement Forecast / Allocation)</td>
<td>Total amount of funds t forecasted to be disbursed to a country against its allocation amount. This indicator is monitoring financial performance by the AFC and opportunities for portfolio optimization</td>
<td>At least 90%</td>
<td>Key performance Indicator</td>
</tr>
<tr>
<td>In-Country Absorption</td>
<td>(In-Country Expenditure / Budget)</td>
<td>Indicative of the amount expensed against the grant budget within the reported timeframe</td>
<td>At least 75%</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>Budget Utilization</td>
<td>(Disbursement incl. starting cash balance* / Budget)</td>
<td>This provides visibility on the actual disbursement against the latest approved budget and implementation period.</td>
<td>At least 85%</td>
<td>Management Tracking Indicators</td>
</tr>
<tr>
<td>Disbursement Utilization</td>
<td>(Expenditure / Disbursement)</td>
<td>This is measured at grant level and is indicative of funds disbursed within the implementation period. It is the first assessment of absorptive capacity.</td>
<td>At least 90%</td>
<td>Management Tracking Indicators</td>
</tr>
</tbody>
</table>

### Other Considerations from financial report:
- What is the potential to fill emerging gaps / UQD in context of portfolio optimization? Savings?
- What does the budget variance analysis indicate for health products and PSM costs (i.e. status in implementing the list of health products)?
- How much was annual spend (expenditure) for the previous year to inform the next annual funding decision?
Importance of Triangulation (in PUDR and FCR)

**Internal to GF**
- GF ALM
  - Pledges & Allocation
  - Grant Expense
  - Disbursements

**External to GF**
- PR Reporting
  - PUDR
  - PR Expenditure
  - PR Cash Balance

**Triangulation Issues**
- Closing cash balance not supported
- SR expenditure in SR recon not consistent with AFR
- Audit Report inconsistent with PUDR
- PPM expenditure not captured
- GFS disbursement vs GOS PUDR validation
- Cumulative figures not consistent
- LFA failure to complete FX info in PUDR
- FX losses and interest income not correctly captured

**Disbursement + Other Income = Expenditure + Cash Balance**
Test your expertise on risk & assurance

• Q1: How many finance risk categories are monitored by GF?

• Q2: How many risk categories are monitored by GF across all functional areas?

• Q3: Who should test for internal control (LFA or external audit)?
Solution: Test your expertise on risk & assurance

- Q1: How many finance risk categories are monitored by GF? 6
- Q2: How many risk categories are monitored by GF across all functional areas? 21
- Q3: Who should test for internal control (LFA or external audit)?
  - External auditor.
  - However, LFA may observe weaknesses during capacity assessment or spot checks and should report to GF
Agenda

Fundamentals of Differentiation

Evolution of the Global Fund

Global Fund 2017-22 Strategy

Grant Management - Delivering Impact

Fundamental Information/Assurance Requirements

Programmatic/M&E

Finance

Health Product Management

Sharing best practices for delivering high quality LFA services
Overall objectives of this training

To add value to the CT in managing the Portfolio, we expect the LFA (PSM Specialist) to have:

• A full understanding of the end-to-end HPM system, including stakeholders and partners;

• The ability to diligently assess the Global Fund investments within the country context;

• A long-term HPM system strengthening mindset;

• The ability to work with other LFA Team Members to analyze and link PSM information with financial and programmatic data; and

• The insight to identify the root cause of a problem and propose practical solutions or risk-mitigation measures.
Available Resources

Tools

- LoHP template/ HPMT
- PPM/wambo.org
- GDF/order tracking system
- PUDR - procurement tab
- Procurement Review Tool
- Risk & Assurance Toolbox
- PPM reference prices
- Partner tools e.g. GeneXpert
- LFA draft ToRs
- PQR

Guidance

- PSM Policy
- QA Approved Lists
- Spot-check ToRs
- PUDR Guidelines (March 2017)
- Budgeting Guidelines
Health Product Management

- Health Product Management Fundamentals

- Where are we at the Global Fund? at the country level?

- How do we balance between demand/supply/governance/infrastructure/partners/politics…

- RSSH mindset

- LFA PSM Services – current opportunities and how can we improve further
Definitions

Health Products
Definitions

• Procurement
• Supply Chain (SC)
• Sourcing and Supply Chain (SSC)
• Procurement and Supply Management (PSM)
• Health Product Management (HPM)

Where does it start? Where does it end?

Are we all having the same understanding? here?

…and in countries?
The Global Fund funding of Health Products is significant…

…wide range across portfolios from zero to 90+ %

% spent per health product categories in the last grant cycle

- Procurement and Supply-Chain Management costs: 14%
- Health Products - Equipment: 13%
- Health Products - Non-Pharmaceuticals: 33%
- Health Products - Pharmaceutical Products: 40%
  - 31% ARVs & TB medicines
  - 9% other medicines
- LLINs: 12%
- Lab reagents & cons: 13%
- other: 8%
Sourcing 2018 Results

Strategic KPI 12b. Significant return on investment and savings delivered over the past 5 years

Implementation KPI h. On-time-in-full delivery – performance above target

Implementation KPI g. Commodity procurement under management

60% PPM out of total GF procurement

Number of Core products procured in 2018

ARVs: 57m packs
ANTMs: 110m treatments
LLINs: 108m nets

Products procured for 63 PPM countries in 2018

63 PPM countries

Numbers for 2018 are preliminary

Switching to carton-less packaging reduces product, freight and storage costs

33% Carton-less

$1.6m freight and product cost savings

With carton

Switching to carton-less packaging reduces product, freight and storage costs

33% Carton-less

$1.6m freight and product cost savings

With carton
## Risk and assurance overview

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<th>Risk thematic areas</th>
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<td>3. <strong>Health Product Management and Supply Chain Risks</strong></td>
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<td>4. <strong>Governance, Oversight and Management Risks</strong></td>
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<td></td>
<td></td>
<td>4.1 Inadequate national program governance</td>
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### Focus of this section

- **Global Risk Owner**
- **Procurement related risk**
## Supply Chain KPI for the 2017-2022 Strategic KPI Framework

<table>
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<tr>
<th>Strategic Targets</th>
<th>Strategic Objectives</th>
<th>Strategic KPIs</th>
<th>Implementation KPIs</th>
<th>Supply Chain KPI</th>
</tr>
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<tr>
<td>1 Performance against impact targets</td>
<td>Maximize Impact Against HIV, TB and malaria</td>
<td>3 Alignment of investment &amp; need</td>
<td>Grant level service delivery performance</td>
<td>1 Product wastage</td>
</tr>
<tr>
<td>2 Performance against service delivery targets</td>
<td>Build resilient &amp; sustainable systems for health</td>
<td>4 Investment efficiency</td>
<td>Transition preparedness</td>
<td>2 Product turnover</td>
</tr>
<tr>
<td>8 Gender &amp; age equality</td>
<td>Promote and protect human rights &amp; gender equality</td>
<td>5 Service coverage for key populations</td>
<td>Funding access</td>
<td>3 Supply Chain cost</td>
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<td>12 Availability of affordable health technologies</td>
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<td>h PPM OTIF delivery</td>
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<td>i Roll out of innovative products (triggered KPI)</td>
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### Target Status
- 34 Board approved
- 12 For MEC review
- 7 For SC SteerCo review
Global Fund Supply Chain Strategy focused on 16 countries

<table>
<thead>
<tr>
<th>Key Countries (6)</th>
<th>Support Countries (10)</th>
<th>Other Countries</th>
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</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Burkina Faso</td>
<td>All other GF recipients</td>
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<tr>
<td>DR Congo</td>
<td>Tanzania</td>
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<td>Nigeria</td>
<td>Malawi</td>
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<td>Bangladesh</td>
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<td>Ghana</td>
<td>South Africa</td>
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<td>Ivory Coast</td>
<td>Pakistan</td>
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<td>India (4 states)</td>
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<td>Haiti</td>
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<td>Liberia</td>
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<td>Niger</td>
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</table>

**Benefits**
- Dedicated in-country resource (contractor)
- +++ SC Specialist time
- SI Funding priority
- SI Capacity & Innovation priority
- Joint SSC & GMD targets
- Monthly Review ME & PF

**Benefits**
- SC Specialist time (current)
- SI Funding available
- SI Capacity & Innovation
- Quarterly Review ME & PF
- Joint SSC & GMD targets

**Benefits**
- Support with:
  - Standardised Logistics contracts
  - Support with SC KPI setting and data collection
  - Political / replenishment activities
The new structure – HPM (GMD) and Sourcing and Supply Chain (PPM, Wambo, QA, Supply Chain)
Guiding principles

• Provides clarification on the language regarding TRIPS flexibilities, the definition of a **Stringent Regulatory Authority (SRA)**, and on the **price and quality reporting (PQR)** requirements

• Reflects changes related to **vector control (VC)** transitioning from the WHO

• Pesticide Evaluation Scheme (WHOPES) to the WHO Prequalification Mechanism

• Improved guidance on reporting mechanism for **adverse drug reaction** to NDRA and the Secretariat

• Requires that Principal Recipients designate a **Quality Assurance focal point**

• **Adoption of GS1 Global Data standards** for product identification, location identification, and product master data
Where is the entry point for the HPM and the LFA?

- Who are the key stakeholders (current/prospective)

- Is there a national vision/strategy/plan on Pharmaceutical Policy, National Supply Chain Integration, CMS business plan, National Strategy for Lab System Strengthening…

- How integrated are HIV, TB, Malaria medicines and laboratory products in the national system


- LMIS, HMIS, LIMS integration, digital health strategy
Understanding HPM/PSM in-country governance architecture

Where is the entry point for the HPM and the LFA?

- Procurement rules - who procures and what is the capacity (central/decentralized; contract management)

- Supply chain management – the flow from the port of entry to the end user; 3PL, contracting, storage conditions, Last Mile

- Is there local manufacturing capacity and a policy in place to favor it? What are the risks?

- Legal framework (regulation requirements, enforcement capacity)

- Budget for pharmaceuticals and other health products (laboratory often different channels)

- Incentives influencing the demand (RDF, co-payment)
A word on tools and guidance....

**Tools**

- LoHP template/ HPMT
- PPM/wambo.org
- GDF/order tracking system
- PUDR - procurement tab
- Procurement Review Tool
- Risk & Assurance Toolbox
- PPM reference prices
- Partner tools e.g. GeneXpert
- LFA draft ToRs
- PQR

**Guidance**

- PSM Policy
- QA Approved Lists
- Spot-check ToRs
- PUDR Guidelines (March 2017)
- Budgeting Guidelines
Products to meet the targets

PH&ME

Targets

HPM

Funds for products/systems to meet the targets

FINANCE
As we enter the new grant making year…

• We expect the LFA to have a full understanding of the end-to-end HPM system

• We expect the LFA team to mirror CT team (PH&ME – HPM – Finance)

• Have the ability to diligently “zoom-in and zoom-out” the Global Fund investments within the country context

Have a long-term HPM system strengthening mindset

Assuming funding for only diagnostics and treatment is available

“If Global Fund funding stops, will the HPM system resist or collapse?”
Case study conclusions

Additional funding up to $40 million was recommended, by the CT to the GAC, for approval.

This was based on:
1. the increased “funding need” for the country to achieve 85% coverage by 2020 as a consequence of the increased “estimated people living with HIV” arising from the 2017 census data;
2. the outputs of the national quantification exercise which was supported by in-country partners and which considered a downward adjustment to account for the consumption data;
3. a complete view of the ARV supply pipeline up to 31 December 2020, taking into account all funding sources;
4. a comprehensive review of implementation and expenditure to-date, identification of savings and reprioritization of interventions; and
5. the programmatic achievements over the past 36 months related to monthly enrollment and retention rate as well as what the programme has put in-place to achieve the ambitious targets.

*Please refer to your handouts for information on the factors the LFA should have considered in this scenario*
Agenda

Fundamentals of Differentiation
Evolution of the Global Fund
Global Fund 2017-22 Strategy
Grant Management - Delivering Impact

Fundamental Information/Assurance Requirements
Programmatic/M&E
Finance
Health Product Management
Sharing best practices for delivering high quality LFA services
Group Work

• Discuss the following questions as a group on your tables.

• As much as possible, please discuss each question from the perspective of being an LFA in a Focused and a Core/High Impact portfolio.

• You have 20 minutes.
Group Work

Group 1 (3-4 tables)
• Building on what we discussed this morning, what are the key GF expectations and quality criteria for GF LFA deliverables? Do you believe you consistently meet them?
• What steps does the LFA team undertake to ensure the quality criteria of the GF are met, i.e. how do you fact-check and quality assure the report before submitting it to the GF?
• What challenges do you face and how could they be addressed?

Group 2 (3-4 tables)
• What steps do you take when reviewing a PUDR?
• Who in the LFA team is involved in each step and how does the team prepare for the work?
• How do you manage priorities and conflicting schedules?
• What are the challenges the LFA team faces and how could they be addressed?

Group 3 (3-4 tables)
• How does the LFA team manage/integrate the findings and knowledge emerging from the review of the different parts of the PUDR?
• How do you ensure that contextual and program-level knowledge is embedded in the review and reflected in the analysis?
• How do you determine and prioritize recommendations and how do you ensure they link to the results reported and findings from your review?