COUNTRY COORDINATING MECHANISM/ETHIOPIA (CCM/E)

CCM/E SECRETERIAT

QUARTERLY REPORT: OCTOBER-DECEMBER 2016

AND 2016 ANNUAL SUMMARY/DECISION POINTS

Report No. 04/2016

Reported By: **Bona Hora (Dr), Technical Officer, CCM/E Secretariat**

January 2016

Table of Contents

PART ONE **Page**

Descriptions/Subjects

I. INTRODUCTION/BACKGROUND INFORMATION..... 1

II. MAJOR ACTIVITIES/INTERVENTIONS 2

2.1 The 84th Regular Meeting of CCM/E 2

2.2 Other Activities of CCM/E Secretariat 13

2.3 Portfolio of Grants/Funding Status/Ethiopia 13

III. CURRENT STATUS OF THE GLOBAL FUND AND RELATED EVENTS FOR LESSONS TO LEARNS 15

IV. CHALLENGES AND THE WAY FORWAR 30

PART TWO

Summary of CCM/E Meetings in 2016 31

Annex – I: CCM/E members 2016 Attendance 50

Documents referred to 51

Acronyms

ACT	Artemisinin Combination Therapy
ART	Anti-Retroviral Therapy
CCM	Country Coordinating Mechanism
CP	Conditions Precedent
CSO	Civil Service Organization
CT	Country Team
EIFDDA	Ethiopia Inter-Faith Forum for Development and Action
EPA	Eligibility and Performance Assessment
EPHI	Ethiopian Public Health Institution
FBOs	Faith Based Organization
FMoH	Federal Ministry of Health
GAC	Grant Approval Committee
GFATM	Global Fund to Fight HIV/AIDs, TB and Malaria
GMS	Grant Management Solution
HAPCO	HIV/AIDS Prevention and Control Office
HBC	High Burden Countries
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HMIS	Heath Management Information System
HSS	Health System Strengthening
IRMMS	Insecticide Resistance Monitoring Management Strategy
IRS	Indoor Residual Spraying
LFA	Local Fund Agent
LLIN	Long Lasting Insecticide Treated Net
LLINs	Long Lasting Impregnated Nets
MDR-TB	Multi-Drug Resistant Tuberculosis
mRDT	malaria Rapid Diagnostic Test
MPR	Malaria Program Review
NEP+	Network of Networks of HIV Positives in Ethiopia
NFM	New Funding Model

NTP	National TB Program
OEC	Oversight Executive Committee
OIG	Office of the Inspector General
PFSA	Pharmaceutical Fund and Supply Agency
PMI	President's Malaria Initiative
PMTCT	Prevention to Mother to Children Treatment
PPD	Policy and Planning Directorate
PR	Principal Recipients
PUDR	Progress Update and Disbursement Request
RHB	Regional Health Biro
SR	Sub Recipients
TA	Technical Assistant
TFM	Transitional Funding Mechanism
TRP	Technical Review Panel
TSR	Treatment Success Rate
UNAIDS	United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

Acknowledgements:-

The CCM/E Secretariat is grateful to H.E Dr. Kebede Worku, the Alternate Chair/ CCM/E, State Minister, Federal Ministry of Health/Ethiopia for his professional guidance and support during the reporting period.

Sincere thanks to Dr Meshesha Shewarega, the Vice Chair/CCM/E and to the Secretary of CCM/E, Dr. Seblewongel Abate for their guidance and support in day to day activities of the CCM/E Secretariat.

The Technical Officer, CCM/E Secretariat, is grateful also to all CCM/E members for their contribution of technical and managerial support to the CCM/E during the report period.

On behalf of the CCM/E and on my own behalf let me extend my sincere thanks to The Global Fund and USAID/WHO for financial/funding support and managing the same for the operation of the CCM/E Secretariat.

Many thanks also to WHO/EPHA staff for the continued support provided regarding the proper utilization of advance and petty cash for day to day operation of the CCM/E Secretariat.

I am also grateful to the Principal Recipients and Components Managers/Team Leaders for their support and response to any queries in time.

COUNTRY COORDINATING MECHANISM/ETHIOPIA (CCM/E)

QUARTERLY AND ANNUAL SUMMARY REPORTS:-

***PART ONE (01)/QUARTERLY REPORT*:**

Reporting Period: 01 October 2016 – 31 December 2016 and Annual Summary of Decision Points

Reported to: Chairman/CCM/E, WR/Ethiopia

Copy for info: Vice Chair/CCM/E, Secretary/CCM/E, EPHA & all CCM/E Members+

Reported by: Bona Hora (PhD, MPH, BSc- Epidemiology/Public Health), Technical Officer/CCM/E Secretariat.

I. INTRODUCTION/BACKGROUND INFORMATION

1.1 This is the fourth quarterly report for 2016, covering 01 October - 31 December 2016 and annual summary of decision points for 2016.

1.2 The main objective of the report is to highlight major activities of the CCM/E and the Secretariat/CCM/E as per the requirement, and includes the current events/developments of GFATM and educational information for lessons to learn and to enhance and strengthen the ongoing performance of the GFATM supported Programs/activities in Ethiopia.

1.3 Annual summary of decision points of the meeting is also annexed for an ease of reference.

1.4 The report is presented in sections and sub-sections as follows:-

Section I: Introduction/Background Information.

Section II: Major activities undertaken during the reporting period and funding status/portfolio of grants/Ethiopia.

Section III: Current events and general development and GFATM related information.

Section IV: Challenges if any, and outlines the way forward with the main recommendations and/or suggestions to strengthen/enhance ongoing activities.

II. MAJOR ACTIVITIES/INTERVENTIONS

During the reporting period, one CCM/E regular meeting was conducted. The CCM/E Secretariat Technical Officer and the Program Coordinator drafted the agenda and recorded the minutes of the meeting in summary, with major decision points and challenges identified to face and for necessary action and follow up by the CCM/E and those concerned.

2.1 The 84th Regular Meeting of CCM/E:-

The meeting was held on 24 November 2016 at the Conference Room of FMoH and was chaired by H.E Dr. Kebede Worku, State Minister/FMoH. The meeting was attended by 12 CCM/E members, 04 experts/consultants and 06 observers and dealt with 08 agenda items, the major areas/issues of which are summarized below.

2.1.1 Plan of Oversight Committee Group/s, for Conducting Oversight/ Activity Visit during the Fourth Quarter of 2016

It was stressed by those in attendance that oversight activities are not being conduct as per the plan and all Oversight Committee Task Teams should conduct oversight missions in the 4th quarter of 2016.

And all oversight task teams have a plan to conduct oversight field visits accordingly as indicated below.

- Oversight Committee Task Team II met before the meeting and planned to conduct field visits on the week of 19 December 2016 to the Oromia Region.
- Oversight Committee Task Team III also planned to visit Southern Nations and Nationalities Peoples Region (SNNPR) before the end of 2016.
- Oversight Committee Task Team I also planned to visit either Afar or Tigray or both regions before the end of 2016.
- CCM/E Secretariat will provide administrative support to the oversight committee task teams. Daily subsistence allowance and transport costs for Government and CSO Oversight Committee members will be covered by the fund allocated to CCM/E Secretariat and will be arranged in collaboration with EPHA.

Mrs. Miriam Maluwa, UNIADS Country Director and CCM/E member and Oversight Executive Committee Chair stated that they have planned to conduct oversight committee orientation/sensitization workshop before the end of 2016.

- CCM/E Secretariat to check the availability of budget for the workshop.
- UNAIDS in collaboration with CCM/E Secretariat to organize Oversight Committee orientation/sensitization workshop.
- CCM/E Secretariat to share CCM/E governance framework documents to Oversight Committee members.

2.1.2 Current Status/Performance of Programs by Components and Challenges to Date:-

A. <u>Tuberculosis Component:-</u>

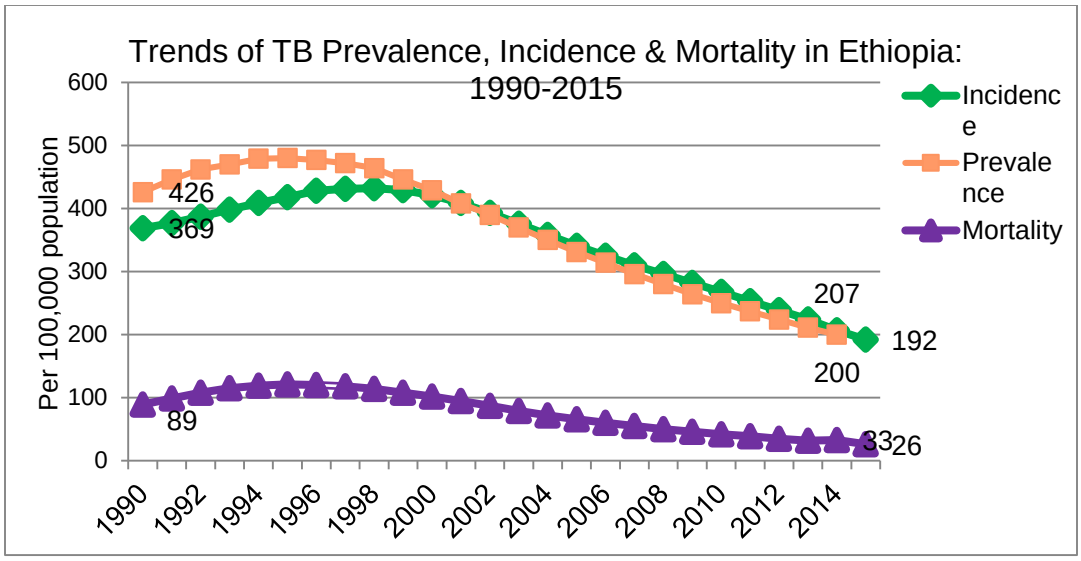
Incidence prevalence and mortality:-

Mr. Lelisa Fekadu, Tuberculosis Prevention and Control Team Leader and Alternate CCM/E member presented the current status of the grant implementation. Mr. Lelisa presented that the goal of the National TB Program is to reduce mortality and morbidity due to Tuberculosis and ultimately ending TB epidemic by 2030. Currently Ethiopia is one of the 30 high burden countries (HBC).

According to the 2016 WHO report:-

- The estimated incidence of TB is 192/100,000 population;
- Mortality rate is estimated to be 26/100.000 population (mortality due to TB/HIV co-infection is excluded);
- TB is the leading cause of mortality in Ethiopia according to HMIS-health and health related indicators report; and
- HIV co-infection rate among TB patients is 8%.

However, progress has been made in reducing TB incidence, prevalence and mortality as depicted in the figure below.



As indicated in the graph above:-

- There has been significant reduction in TB incidence since 2000 with the annual reduction of TB in Ethiopia, 4% compared to the global average of 6%; and
- The reduction in mortality due to TB was significant.

Programmatic:-

With regard to the major outcome/coverage indicators, it was reported that;

- TB case detection rate was reported to be 65% while the plan was 72%; and
- There was regional variation with Amhara, Somali and Benshangul Gumuz reported lower case detection rates compared to other regions.
- There was also underreporting from some of the regions, specifically 23 woredas in Somali didn't report during the reporting period (January to June 2016); and
- This could be the cause for the low case detection rate in Somali.
- Nationally, 36 woredas didn't report during the last reporting period.
- Treatment success rate (TSR) was 92% while the target was to achieve 88%. There was regional variation, Afar had the lowest TSR of 35.8%.
- Treatment cure rate was 81.2% nationally, with Afar (38.1%), Somali (48.3%) and Gambella (52.7%) having lowest cure rates.

Grant Management:-

The PR reported that most of the key management positions were fulfilled as indicated in below.

- Out of the planned 26 TB/HIV and MDR-TB Program Officers, 22 were recruited as of June 30, 2016;
- Out of the planned 18 TB laboratory external quality assurance officers, 11 were recruited until the end of the reporting period; and
- Out of the planned 15 zonal community TB officers, all were recruited.

Other management issues except delay of external audit report were not discussed during the meeting.

Financial:-

It was reported that, from the total, USD57.8 million NFM Grant, USD19 million was disbursed as of November 2016. The remaining USD37.4 million is expected to be disbursed and utilized in the coming 13 months, till the end of 2017.
The summary of the NFM year one budget, including the carryforward from Round 10 grant is indicated below:-

- Cumulative Year one budget – $37,427,548 (including carryforward from Round 10 $16,092,543);
- Cumulative disbursed so far is $36,960,232 (98.7%);
- Cumulative expenditure/liquidated as of June 30, 2016. $15,938,305 (42.8%);
- Advances at RHBs and PFSA are worth $18,169,009 (including old R10 and R6 grants); and
- Cash at bank as of June 30, 2016 is $4,190,640 and the PR reported that the indicated cash is committed for different activities.

In addition, the PR also reported that the regional and PFSA advances by age analysis as follows:-

- There is total of ETB147 million regional advance and ETB22 million is a balance at RHBs for over one year; and
- There is ETB241 million advance at PFSA and of this ETB16 million is advance for over one year.

PR also received the annual funding decision for the period July 2016 to December 2017 from GF Secretariat on November 01, 2016. The letter stated that GF committed

USD31 million from the available 37 million. The PR indicated that why the GF didn't commit the remaining USD6 million will be discussed during the country team visit scheduled at the end of November 2016.

B. Malaria Component

Mrs. Hiwot Solomon, CCM/E member and Team Leader/Malaria Prevention and Control Program, presented the status of malaria grant implementation as follows:-

Programmatic:-

It was explained that Ethiopia has significantly reduced morbidity and mortality due to malaria. Encouraged by these reductions, there is a plan to eliminate malaria from areas where there is low malaria transmission by 2020 and go ahead for national elimination. National Malaria Control Program (NMCP) in collaboration with Ethiopian Public Health Institute (EPHI) and partners conducted the third malaria indicator survey to assess the coverage of core malaria interventions.
Indicated that:-

- Proportion of households with at least one LLIN was 64% in 2015 compared to 55% in 2011;
- Proportion of households with at least one LLIN and/or sprayed by IRS within the last 12 months was 71% in 2015; same as that of the 2011 result; and
- Proportion of pregnant women and under-5 children who slept under LLIN was reported to be 45% and 44%, respectively.
- It was also reported by NMCP that the results reported from MIS-2015 show difference from administrative report collected by FMoH/HMIS.

Management:-

PR management report mainly focused on stock status updates as follows.

- 5.3 million mRDTs and 4.3 million ACTs were procured and there is no stock out related to any of the malaria commodities so far.
- 116,136 kg worth USD 10 million and propoxure worth 4.6 million were procured were distributed to regions and IRS operation is currently finalized.

Financial:-

It was indicated that NFM year one commitment was USD65 million, and 42 million was disbursed as of November 2016.

- It was reported that 100% of the disbursed USD42 million was utilized pending submission of statement of expenditure (SoE) for some of the advances.

- On November 11, 2016, Annual Funding Decision was made by GF Secretariat to disburse USD73 million in five (05) trenches subjected to fulfilment of GF conditions precedent.

- Out of USD73 million, 1.17 million was disbursed for procurement of mRDTs.
- Another 17.1 million will be disbursed as soon as the external audit report is submitted to GF.
- NMCP reported that accelerated action plan was prepared and submitted to GF to expedite the grant implementation and effectively utilize all the remaining USD73 million.
- List of Health Products (LHP) document was prepared and submitted to GF CT.
- It was stated that almost 75% of USD73 million will be used for procurement malaria commodities (ACT, Premaquine, mRDT and insecticides for IRS).
- Reallocation is requested for procurement of spray pumps and personal protective equipment for IRS and additional explanation is requested by GF CT to approve the reallocation.

National Malaria Control Program also reported some of the development on program implementation such as the finalization of insecticide resistance monitoring management strategy (IRMMS), establishment entomological sentinel sites and development of elimination strategy.

The Program also presented some challenges that affect program implementations such as delay in disbursement of grant funds, delay of liquidation from RHBs and PFSA including the challenges with supply chain system and surveillance system.

The Program identified the following activities to face the challenges stated above:-

- Refine and implement accelerated plan;
- Strongly follow up with regions for utilization and liquidation of grant funds;
- Implement malaria elimination strategy; and

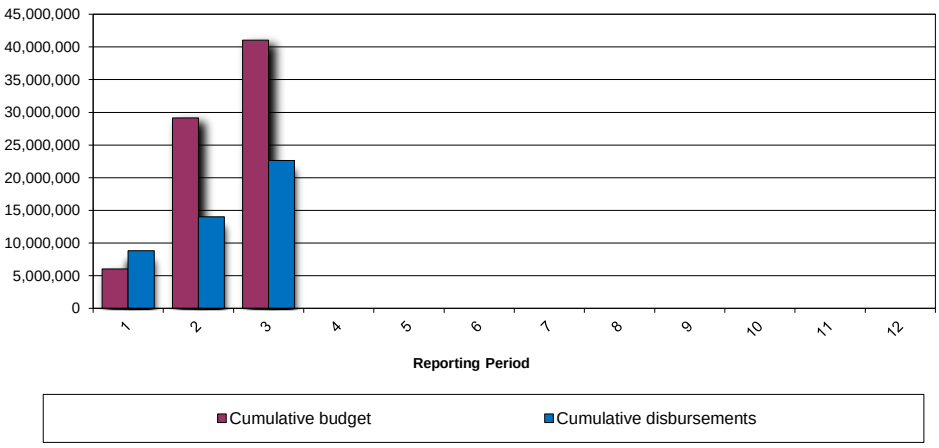
- Conduct impact assessment and malaria program review (MPR) which will be inputs for the upcoming concept note development.

C. Health System Strengthening (HSS) Component:-

Mr. Zerihun Eshetu, Grant Management Expert/FMOH presented HSS NFM grant implementation status as follows as follow:-

Financial:-

- Stated that USD 52.3 million was allocated for HSS under NFM grant of which , USD22.6 million was disbursed, i.e. 55% of budget as of November 2016 (refer to figure below).



- The fund disbursed from GF is transferred to regions and agencies. Though there most of the activities are executed, settling the advances is lagging.
    - Fund for renovation of 20 high volume laboratories worth UD8.6 million was disbursed by GF recently upon the fulfilment of conditions precedent.
    - However PFSA and PPD/HMIS didn't fulfil the requirements to disburse the funds allocated.

Grant Management:

- The PR reported 99 key management positions were planned to be filled under HSS NFM grant and 97 were recruited. The two (02) positions, one (01) in Oromia and one (01) in Dire Dawa are in the process of recruitment.

- Regarding status of conditions precedent (CPs) and time bound actions, it was reported that:-
    - Three (03) of eight (09) time bound actions were met and the remaining five (05) are not yet fulfilled, but within deadline.
    - One (01) of the three (03) conditions precedent was met and the remaining two (02) are not yet fulfilled, but within deadline.

Programmatic

As indicated in the table below, most of the reportable indicators included in the performance framework showed good progress in the last reporting period.

Indicators	Target	Achieved	0% - 59%	60% - 89%	> 90%	Comments
Availability of tracer drugs in health facilities	96%	0%	0%			Not Reported
Percentage of HMIS and other routine reporting units submitting timely reports according to the national guidelines	75%	68%		91%		
Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	70%	94%			135%	
Percentage of health extension workers who graduated on career development training program	42%	54%			129%	
Proportion of health posts implementing CCM	90%	96%			107%	
Number of quality control tests performed by EFMHACA for the Global Fund funded health products	0%	0%	0%			No target and no status report
Number of ministry of health agencies and RBHs implementing IFMIS	40%	0%	0%			No report for this period
Proportion of unliquidated advances over 6 months with RHBs and implementing agencies or partners at the end of reporting period.	0%	0%	0%			No target was set and no report for this period

<u>Discussion and the way forward</u>

About TB:-

- It was discussed that delay in the submission of external audit reports for TB, malaria and HSS grants is delaying timely disbursement of funds from GF. H.E. Dr. Kebede told the meeting that he is discussing with Audit Service Corporation to finalize the report as soon as possible.
- With regard to TB annual funding commitment, GFATM/CT indicated in their annual commitment letter that USD six million is deducted and this will be discussed when the CT comes/visits at the end of November 2016.

- Questions were raised on why there is huge variation across on the TB case detection and the challenges identified at identified at regions and woredas levels? Questions were also raised on adherence to the treatment and challenges of MDR-TB as there are many defaulters, and is the strategy to enroll more MDR-TB patient on treatment and improve TSR and on quality of mask procured and distributed.
- Responded that the variation of TB case detection rate across regions is mainly due to the slow implementation of community TB care through HEP. Heal TB has piloted community volunteer program in three woredas of Amhara to improve case detection. This pilot will be expanded depending on the results from the three woredas.
- In addition, integrated refresher training (IRT) of HEWs (which includes TB prevention and control) was recently conducted in all agrarian regions and is planned to be conducted in pastoralist regions.
- District level data analysis is done to identify woredas that are under performing and intensify activities. 15 high TB burden and low performing zones were identified and technical officers were deployed in each zone to follow the implementation of TB prevention and control activities.
- PR is also planning to use GeneXpert machines in all urban settings.
- With regard to MDR-TB, number MDR-TB patients planned to be on treatment is 1,100 while the estimate is 2,500. To improve the enrollment, cities (Dire Dawa, Adama and Harari) are identified to be the major intervention areas in coming months and the TB Program planned to use the deduct US$6 million for these activities.
- To have a better of estimate of number of MDR-TB patient in Ethiopia, national MDR-TB survey will be conducted in 2017.
- On MDR-TB TSR, achievement is 71.3% and it is relatively good when compared with other countries and global expectations.
- N95 masks are procured and 200,000 masks are available for distribution.

Malaria Component related:-

- Questions were raised on low coverage and utilization of antimalarial interventions reported in the recent Malaria Indicator Survey, how the remaining US$73 million will be efficiently utilized and effect on no fund available at FMoH level during the major malaria transmission period.
- It was stated that since there was LLIN distribution when data were collected for MIS-2015, it affected the coverage of LLINs as the survey results didn't

include LLINs distributed after the data collection. To address this, FMOH in collaboration with EPHI, PMI, UNICEF and other partners is planning to conduct LLINs distribution rapid assessment.

- Accelerated plan was prepared to facilitate grant implementation and efficiently utilize the remaining funds. In addition, experts will only be assigned to work on GF grant implementation and will not be allowed to engage in other activities for the next 13-months. Grant officers and technical officers are also deployed to follow up and expedite the implementation GF grants.
- Supportive supervision in all identified malaria hotspot woredas is also being conducted in which all malaria partners are taking part to monitor program implementation and identify gaps than need greater attention.

About HSS:-

- There were many cross cutting issues raised during the discussion that are relevant for programs and HSS grant, external audit report, fund absorption and liquidation, problems on supply chain management.
- It was reaffirmed that external audit reports will be submitted to GF Secretariat soon.
- Fund absorption and liquidation are major areas that PRs will strongly follow up and regular discussion will be conducted with regions and federal institutions. HE Dr. Kebede stated all programs will work with a theme of "no grant will be left unutilized until December 31, 2017".
- Teams from FMOH will be assigned to support big regions to discuss on how to efficiently utilize the available fund and settle the advances timely.
- It was stated that though there are no stock out problems at central level, there are reported stock outs at facility level. Acknowledging the problems on supply chain management, PFSA is doing restructuring and all CCM/E members and HPN ground are invited to attend the discussion on 30 November 2016.
- It was also noted that funds were disbursed for the following PRs/SRs after September 22, 2016:
    - NFM HAPCO: US$82,718086;
    - NFM NEP+ : US$2,281,987;
    - NFM EIFDDA: US$1,404,248;
    - NFM Malaria: US$1,171,538.
- A total of US$87,574,858 was disbursed after the last CCM/E Regular Meeting of CCM/E, September 22, 2016.

2.1.3 Briefing by the CCM/E Members who attended the CSO Workshop, Conducted on 17 November 2016

- CCM/E CSO constituencies' workshop was conducted on November 17, 2016.
- The workshop's main objective was to develop a plan on how CSO representatives on the CCM/E solicit inputs from and provide feedback to their constituencies that selected them to represent in the CCM/E.
- The workshop was conducted for one-day and 65 participants were attended.
- Dr. Agonafer Tekalgne, CCM/E member and Country Director of Malaria Consortium, briefed the meeting that the workshop was the first of its kind and had good discussion among CSO constituencies. He also indicated that H.E Dr. Kebede and Dr. Meshesha chaired the workshop.
- After being oriented on about CCM/E composition, size and core function, presentation were also made on new developments from GF, grant implementation updates and mechanisms of soliciting inputs and providing feedbacks.
- Dr. Agonafer also stated there were group discussions on challenges and possible solutions on the current CSOs engagement.
- Finally the workshop was closed by putting way forwards and three people; from HIV component (Mr. Belay Reta, CCM/E member and Acting Executive Director of NEP+), TB component (Dr. Ahmed Bedru, Technical Director of Challenge TB/KNCV) and Malaria Component (Mr. Abere Mihrete, Head of Health, Development and Anti-malaria Association) were selected CSO constituencies engagement plan together with CCM/E Secretariat.
- CCM/E Secretariat will share the workshop report to all CCM/E members and participants of the workshop.

2.1.4 Briefing on Preparation for Application of GFATM for Funding Cycle 2017-2019

Mr. Meseret Aseffa, CCM/E Program Coordinator briefed the meeting on the next funding cycle 2017-2019;

- The allocation letter for 2017-2019 funding cycle will be sent to countries mid-December 2016. The GF published that the allocation was made based on countries disease burden, ability to pay and absorption capacity.
- There will be three application windows; 20 March, 23 May and 28 August 2016.

- The application materials will be published in December 2016.
- The GF has differentiated application and review process; program continuation, tailored review and full review. And Ethiopia will go through the full application and review process (Concept Note, budget and performance framework).
- There won't be consolidation or overlap with the current grants and grant implementation start date for the new funding cycle is January 2018.
- Ethiopia is encouraged to submit on one of the first two application windows.
- Programs are also encouraged to conduct mid-term strategic plan/investment case reviews which will inputs for concept notes.

2.2 Other Activities of the CCM/E Secretariat:-

- Drafted the agenda of the 84th regular meetings of CCM/E and circulated to all CCM/E members, then to observers and consultants/experts;
- Reminded all to attend the meetings for necessary attention and action.
- Drafted the minutes of the meetings and circulated to all those concerned for a review and feedback to be approved and signed by CCM/E members.
- Prepared and organized the Civil Society Constituencies workshop conducted on November 17, 2016 for the first time and participated
- Draft CCM/E CSO constituency engagement plan is prepared and circulated to all CCM/E members+ for review and comments.
- Arranged meetings for GF CT with PRs and SRs
- Arranged logistics for Oversight Committee Group II field visit
- Prepared and submitted CCM/E budget for 2017 to GFATM
- Attended meeting with PRs on grant performance reviews and program reviews
- Updated the list of CCM/E members/alternates with addresses/emails and circulated to all CCM/E members and GFATM Secretariat/Portfolio Manager; and
- Carried out other routine activities.

2.3 Portfolio of Grants/Funding Status/Ethiopia:-

- As of the reporting date/years, fifteen grants have been approved for Ethiopia *(06 grants for HIV/AIDS, 03 grants for TB, 04 grants for Malaria and 02 grant for HSS*).
- RCC wave 02 has also been approved for HIV/AIDS component in connection with Round 02; and

- To date all the fifteen Grant Agreements have been signed as per the grants rule and regulation.
- Table 2.3 shows detailed portfolio grants to date/subject to review and change.

Table 2.3: Portfolio of Grants/Ethiopia, Update December 2016

No	Component	Total Amount in USD		
		Signed	**Committed**	**Disbursed**
1	HIV/AIDS	1,265,467,350.00	1,265,465,289.00	1,197,306,440.00
2	TB	163,718,856.00	157,704,013.00	140,196,673.00
3	Malaria	610,797,280.00	610,673,285.00	538,686,480.00
4.	HSS	65,339,412.00	47,709,686.00	40,995,723.00
	Total	**2,105,322,898.00**	**2,081,552,273.00**	**1,917,185,316.00**

Source: *- Portfolio of Grants/ Ethiopia, the Global Fund to Fight AIDS, Tuberculosis and Malaria, December. 2016*

III. CURRENT STATUS OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA AND RELATED EVENTS FOR LESSONS TO LEARN FROM:-

This section is to provide the summary of essential issues from the documented reports, related subjects and facts to refer to for lessons to learn from and strengthen performance of program/s in Ethiopia.

3.1 Ethiopia is one of the largest implementers of grants supported by the Global Fund, and has achieved significant results, reducing child mortality, expanding HIV prevention, treatment and care, and improving maternal health. However, Ethiopia continues to face serious health challenges. Nearly 800,000 people are estimated to be living with HIV and it is the second leading cause of death in the country. Ethiopia is the ninth-highest TB burden country in the world, is one of the 27 high multidrug-resistant TB burden countries, and annually records nearly 3 million cases of malaria.

3.2 Main decisions made at Board meeting (Global Fund Observer, Issue 300: 18 November 2016)

On 16-17 November 2016, the Global Fund Board held its 36th meeting in Montreux, Switzerland. GFO was present, with observer status. The main decisions made at the meeting, in chronological order, were as follows. *(For precise wording of what the Board agreed, see the decision points document that is available at* www.theglobalfund.org/en/board/meetings/36. *Background documentation will also, in time, be posted by the Global Fund at the same location.)*

Resource Mobilization. The Board requested that the Secretariat, under the oversight of the Audit and Finance Committee, develop an ambitious plan for attracting additional resources. The Board said that the plan, which may include providing additional pledging opportunities for donors, should maintain visibility of both unfunded quality demand and progress in achieving impact. The Board asked that the plan be shared with the Board at its 37th meeting, and be subsequently reported on by the AFC to the Board on a regular basis. [See Decision Point 03.]

Comprehensive Funding Policy. The Board approved an amended and restated Comprehensive Funding Policy. Further details are provided in a separate article in this issue.

2017-2019 Allocations. The Board decided that the amount of sources of funds for allocation for the 2017-2019 allocation period is $11.1 billion, of which $10.0 billion is derived from the 5th Replenishment and $1.1 billion represents forecasted unutilized funds from the 2014-2016 allocations period. Of the $11.1 billion, $800 million is reserved for catalytic investments, leaving $10.3 billion available for country allocations. Finally, the Board said that of the $10.3 billion, $800 million will be used to ensure scale up, impact and paced reductions. Further details are provided in a separate article in this issue.

Catalytic investments. The Board approved $800 million for catalytic investments. Further details are provided in a separate article in this issue.

Selection of next Executive Director. The Board approved revised terms of reference for the E.D. position as well as the voting procedure for the selection of the next E.D. Further details are provided in a separate article in this issue.

Work plan and budget. The Board approved a corporate work plan and budget narrative. The Board also approved a 2017 operating expenses budget in the amount of $300.0 million, which included $17.1 million for the expenses of the Office of the Inspector General. Further details are provided in a separate article in this issue.

Key Performance Indicators. Board member discussed proposed performance targets recommended by the Audit and Finance Committee and the Strategy Committee for 2017-2022 but did not adopt them. Instead, the Board requested that: (a) Board constituencies submit statements, questions, concerns, or suggested revisions regarding the performance targets, including how country-level information or estimates will be considered, to the Secretariat by 30 November 2016; (b) that the Secretariat provide a response by 9 December 2016; (c) that the chairs and vice-chairs of the Audit and Finance Committee (AFC) and the Strategy Committee (SC) determine the performance targets to be addressed by each committee; and (d) and the chairs and vice-chairs of the AFC and the SC establish a joint-committee advisory group to work with the Secretariat to present by 9 December 2016 revised performance targets for the Strategic KPI Framework – based on country-level estimates where relevant and available – to the AFC and SC for recommendation to the Board by the first week of March 2017.

Further, the Board decided that the Advisory Group will: (a) be comprised of four individuals identified by the implementer constituency and four individuals identified by the donor constituency and two representatives of the technical partners, in consultation with the Chairs and Vice-Chairs of the AFC and SC, to work with the Secretariat to present revised performance targets for the Strategic KPI Framework; (b) consult with the Technical Review Panel and the Technical

Evaluation Reference Group; (c) consider statements, questions, concerns, or suggested revisions by Board constituencies, as well as responses provided by the Secretariat, to advise the Secretariat on presenting the AFC and SC with revised performance targets for the Strategic KPI Framework; and (d) be dissolved upon the Board's approval of performance targets for the Strategic KPI Framework. [See Decision Point 09.]

3.3 $10.3 billion is available for the 2017-2019 allocations to countries

Includes $1.1 billion in unutilized funds from the 2014-2016 allocations

The amount of money available for country allocations for 2017-2019 is $10.3 billion. This amount includes $1.1 billion in unutilized funds from the 2014-2016 allocation period. See the table for details on how the final amount was calculated.

Table: Calculation of amount available for allocations to countries in 2017-2019 ($US)

Item	Balance
5th replenishment results as announced 2016-09-17 ($12.9 billion)	$12.9 b
Minus adjustment of $0.89 billion to reflect spot rates as at 2016-09-22	$12.02 b
Minus adjustment of $1.12 billion for technical assistance and other donor conditions	$10.9 b
Minus Global Fund operating costs of $0.9 billion	$10.0 b
Plus $1.1 billion in forecasted unutilized funds from 2014-2016 allocation	$11.1 b
Minus $0.8 billion set aside for Catalytic Investments	$10.3 b
Amount available for allocations to countries	**$10.3 b**

When the Global Fund announced that the Fifth Replenishment had generated US$12.9 billion, it used a five-year simple moving average (SMA) to convert pledges made in local currencies into U.S. dollars. However, for the purposes of determining how much money is available for the allocations, which are made at the end of 2016, foreign exchange spot rates were used. This explains the downwards adjustment of $0.89 billion.

The downwards adjustment of $1.12 billion for technical assistance and other donor conditions is broken down as follows:

- $0.35 billion to account for certain donors withholding portions of their announced pledge amounts to finance technical assistance in countries where Global Fund grant program are implemented;

- $0.16 billion to account for Debt-to-Health pledges or other permitted earmarked pledges that cannot be considered for allocation purposes given the restricted, targeted nature of such pledges; and

- $0.61 billion to account for other donor-specified conditions, including any matching pledge amounts from certain donors, up to any predetermined amounts or according to any pre-announced ratios or performance conditions, as well as risk provisions based on historical and anticipated pledge performance across donors.

Bottom line: Only $9.2 billion of the $12.9 billion raised for the 5th Replenishment will go towards allocations to countries. (This figure is arrived by deducting the $1.1 billion in forecasted unutilized funds from 2014-2016 allocation from the $10.3 billion total in the above table.) This may surprise and even disappoint many people, but the Global Fund was simply following the same process used for the 2014-2016 allocations.

The inclusion of unutilized funds from the 2014-2016 means that the allocations for 2017-2019 will once again consist of a mix of new funding (from the 5th Replenishment) and existing funding (from the 2014-2016 allocations).

The Global Fund decided that no money from the $1.1 billion in unutilized funds from the 2014-2016 allocations would be used to finance initiatives on the Unfunded Quality Demand (UQD) register. The rationale for this decision is as follows: Many initiatives initially registered as UQD have now been financed through grant-making efficiencies and optimization efforts have partially or fully addressed other 2017 funding priorities. Initially, the Secretariat recommended using funds from the 2017-2019 allocation to finance $36 million of the remaining registered UQD. However, of the $700 million validated by the Finance and Operating Performance Committee in March 2016 as available for portfolio optimization, nearly $40 million remains available after covering all 2017 priorities with respect to shortened grants and early applicants. So that $40 million more than covers the $36 million required for the UQD initiatives.

Civil society concerns

The Developed Country NGO Delegation issued a statement on 13 November which raised some concerns and advanced some recommendations to the Board.

The delegation said that the decision to use the spot rate for currency conversions rather than the SMA rate meant that the U.S. pledge was effectively $3.86 billion rather than the maximum $4.33 billion. (According to U.S. law, the country can only

contribute 33% of total contributions.) "Access to the full $4.33 billion will rely on the Global Fund raising additional funds to reach the target of $13 billion by September 2017," the delegation said.

The delegation said that the $13 billion replenishment target was estimated as the minimum amount needed to keep the fight against the diseases "at the right side of the tipping point." However, the delegation added, UNAIDS, the Stop TB Partnership, and Roll Back Malaria estimate that even with a $13 billion Global Fund contribution, and even after accounting for contributions from other external funders and domestic investments, "there is a gap of $20 billion between available resources and global need."

The delegation said that using the amount of money available for allocations to country, it has done some calculations concerning the funding countries and regions can expect to receive. Its calculations reveal three trends that it labels "problematic":

1. Most countries face a level of support that is flat-lined compared to previous allocations.
2. The region of sub-Saharan Africa is also expected to receive a flat-lined allocation.
3. Dramatic funding reductions are expected in three regions: Eastern Europe and Central Asia; Latin America and the Caribbean; and the Middle East and North Africa.

However, there is one important caveat: The delegation's calculations could not take into account the qualitative and other adjustments that the Global Fund will perform after it runs the income level/disease burden model to determine initial allocations to countries. These adjustments can have a considerable impact on what some countries receive.

The delegation recommended that the Secretariat develop an ambitious strategy to mobilize additional resources for the 2017-2019 replenishment cycle. The delegation said that a concrete action plan should be presented to the 27th Board meeting, and that a mid-term replenishment meeting should be organized for 2018 and should include a pledging session.

3.4 Executive Director of Global Fund highlights efforts at maximizing efforts to increase impact in the fight against TB and MDR-TB

One of the major themes in the Executive Director's Report is that multi-drug resistant TB is creating a real threat to global health security and now is the time for

a rapid and urgent response on TB. The disease has become a public health crisis as more people die from drug-resistant TB than any other antimicrobial resistant agent. The Report of the Executive Director to the Global Fund Board meeting in Montreux on 16-17stated that if the global community is going to tackle antimicrobial resistance and global health security, it must tackle drug resistant TB.

Figures from the WHO show that TB is now the leading cause of death from an infectious agent, killing 5000 people a day. Investment in the fight against TB fall far short of the targets set in the Global Plan to End TB 2016-2020, the End TB Strategy milestones and the 2030 SDG target of ending TB.

TB often results from the inadequate care of people with drug-susceptible TB, resulting in the development of drug resistance, as well as ongoing person-to-person transmission. TB infection therefore becomes a vicious circle of transmission due to the fact that so many missed cases of drug-resistant TB occur. MDR TB is simply a symptom of not investing enough resources to prevent, find and treat people from a curable disease fast enough to make the necessary progress.

According to the report, among Global Fund eligible countries, India, Indonesia, Nigeria and Ukraine have the largest number of estimated cases of MDR-TB. The Eastern European region has been highly affected by MDR-TB. In fact, the region has some of the highest rates of drug-resistant TB in the world. In Belarus, for example, about half of individuals diagnosed with TB have the drug resistant form.

Tactics and tools

In order to more effectively fight TB and MDR TB, the Executive Director's report presents some strategies the Fund intends to employ such as:

- Aggressively support the introduction of new drugs and novel, shorter regimens for treatment of the disease in over 35 countries.
- Provide special funding to address MDR-TB among migrant workers across borders with a focus on Syrian refugees.
- Support more cost-effective ambulatory treatment of MDR-TB cases in Eastern Europe and Central Asia, TB among mining communities in southern Africa region, and strengthening laboratory networks in east and southern Africa.

In the report the Fund identifies the need to use scientific advances to defeat tuberculosis in its ordinary and resistant forms:

- **New drugs**: Bedaquiline and Delamanid–the development of Bedaquiline and Delamanid show great potential.
- **New regimens**: The WHO recently endorsed a shorter treatment regimen for MDR-TB cases, including pediatric patients. This shorter treatment regimen is cheaper and has better treatment outcomes.
- **Lab tools***:* GeneXpert technology has significantly influenced he way the disease is diagnosed among drug resistant cases of tuberculosis and the Fund is investing heavily in expansion of this technology.
- **Expand testing for resistance to second line medications.** This is important in helping identify patients with drug resistant TB who are eligible for short treatment regimens so they can be can put on quicker and more efficient treatment, saving more lives and resources.

Increased Funding

The report states that the amount of MDR-TB funding facilitated by the Fund is growing, and has more than tripled over the last 6 years through reprogramming of existing grants. However, funding has fallen far short and more is needed. According to the Global Tuberculosis Report 2016, US$6.6 billion was available for TB care and prevention in low and middle-income countries in 2015, of which 84 percent was from domestic sources.

National TB programs in low-income countries continue to rely on international support for almost 90% of financing. Investments in low and middle-income countries are almost *US$2 billion short* of the US$8.3 billion needed in 2016 for the basic response package and far below the Global Plan's budget to accelerate the response to end TB. It is critical for the Global Fund to support countries in order to strategically address their epidemics before transitioning out of the countries.

Focus on partnerships

The Fund is the minority investor in some high burden TB countries but has an opportunity to partner with them in different ways. The greatest burden of disease, in part due to population size, is in areas with more limited investment – 50% of the TB burden is in Brazil, Russia, India China and South Africa. In light of this, the Fund should consider innovative approaches to partnerships with these countries in order to play an even greater and more effective role in driving greater domestic investments and impact.

In its report, the Fund reiterates it must continue to invest strongly in community health systems in order to address issues of patients lost by inadequate health systems. Progress against the disease has been far too slow and calls for radical expansion. TB and MDR- TB will be key priorities for the Fund's catalytic investments over the 2017 – 2019 allocation period. TB remains one of the best 'value for money' interventions in global development. Every dollar spent on TB results in an economic benefit of US$43. TB treatment coverage is a proxy measure of Universal Health Coverage.

The Executive Director's report states it is critically important to find the 4.3 million people with TB who remain "missing" – undetected and untreated or not reported to national programs - every year. These missing people with TB constitute a major global health challenge and an important reason for the slow decline in TB incidence. Partners continue to work to find the missing people using innovative tools and approaches such as Stop TB Partnership's TB REACH initiative.

Reaching these missing people is a key priority for the Fund and its technical partners and has guided the investment priorities identified for catalytic funding, including:

- Systematic screening for active TB/Active case finding
- Engaging private sector health care providers to improve notification and treatment
- Accelerating investments to address TB-HIV co-infections
- Active case-finding among high-risk and under-served groups
- Strengthening country and regional capacity in DR-TB care delivery
- Building resilient and sustainable systems for health, essential for an effective and efficient response to drug-resistant TB

The Fund, through this report, has recognized and identified these important areas in which it needs to refocus and renew its approaches and accelerate its fight against TB and MDR-TB. The Fund's response to TB and MDR-TB requires urgent and coordinated action and the ED's report is the first step in that ongoing process.

3.5 Countries cannot roll over unused funds to their 2017-2019 allocations (Global Fund Observer, Issue 301, 30 November 2016)

Allocation letters expected to go out in December

If a country has unused funds in an existing grant when the grant reaches its termination date, it cannot carry them forward into the allocations for 2017-2019. "Unused" means undisbursed or uncommitted at the Secretariat level, or cash remaining uncommitted at the implementer level.

For example, if Country X has a TB grant that is scheduled to end on 31 December 2016 (or later), and if there is $300,000 left in the grant on that date, Country X will not be able to access these funds. Instead, the funds will go into a pool which will be used to for portfolio optimization, including to top up grants with high absorption levels and good performance.

The funds awarded through portfolio optimization can be for any component; they are not restricted to TB.

Country X may be able to obtain a costed extension of its TB grant, but the funds awarded for the extension will be deducted from Country X's allocation for 2017-2019.

The Secretariat told Aidspan that this is the way the allocations process is designed to work under the new funding model (NFM). When the allocations for 2014-2016 were determined, they included existing funding from grants still in progress. But the two situations are not analogous. In 2013, the Global Fund was transitioning from the rounds-based system to the NFM.

If a country has one or more grants where it is lapsing funds, this will not affect how much the country receives in its allocation for 2017-2019, at least not directly. In other words, there won't be any penalty applied; however, when the Secretariat is determining the allocations for each country, it will look at factors such as the country's ability to absorb funding, as part of the qualitative adjustment process.

In December, allocation letters will be sent to each country. According to the Secretariat, the letters will contain:

- information on the amount allocated to that country;
- a recommended program split (i.e. the amounts for each disease);
- information on how to access the funds;

- information on which funding request approach should be used for each component;
- expectations concerning domestic financing – with respect to both new commitments and the realization of previous commitments; and
- Information on the importance of focusing on increasing return on investment.

The allocation letters will also encourage countries to invest in building resilient and sustainable systems for health, and will explain how the program splits provide the flexibility to do this.

3.6 Board approves $15 million for continuation of strategic investments in community, rights and gender over 2017-2019

The initiative will expand access to technical assistance during the 2017-2019 grant cycle

The Global Fund will invest $15 million over the next three years (2017-2019) to bolster community responses, human rights and gender equality in its grants. The Board has approved this funding for a Community, Rights and Gender (CRG) Strategic Initiative, building on progress made in strengthening engagement of civil society and community groups in Global Fund processes through the first CRG Special Initiative for 2014-2016. The Global Fund's Special Initiatives have been rebranded as "Strategic Initiatives" for the coming grant cycle.

The anticipated impact for the CRG Strategic Initiative from 2017-2019 will be to:

- strengthen the meaningful engagement of community and civil society in Global Fund processes across all stages in the grant cycle;
- better reflect civil society and community priorities in concept notes, transition planning and related national strategies;
- Provide greater emphasis on evidence-informed and rights-based programming demonstrated in Global Fund grants.;
- Identify the critical technical assistance needs of community and civil society key stakeholders.
- Strengthen community and civil society's capacity to design and deliver quality technical support.

The CRG Strategic Initiative for 2017-2019 will have the same three components as the 2014-2016 CRG Special Initiative: technical assistance (TA) programs, capacity-

building of key population networks on Global Fund processes, and regional civil society and community communication and coordination platforms. It is not yet known if the same technical assistance providers, regional platform hosts and key populations networks will continue on as partners for the new CRG Strategic Initiative.

Components and levels of investment for CRG Special Initiative (2014-2016) and CRG Strategic Initiative (2017-2019)

Component of CRG Strategic Initiative	Status of investments (as of end November 2016) from the 2014-2016 CRG Special Initiative	Estimated investments over 2017-2019 for the CRG Strategic Initiative
Technical assistance (TA) programs	$4,650,000	$6,000,000
Capacity-building of key population networks on Global Fund processes	$5,950,000	$5,000,000
Regional Civil Society and Community Communication and Coordination Platforms	$4,400,000	$4,000,000
TOTAL	**$15 million**	**$15 million**

The approval of the $15 million CRG Strategic Initiative for 2017-2019 comes on the back of the newly released formal evaluation of the 2014-2016 CRG Special Initiative.

The top-level recommendations from the 2014-2016 CRG Special Initiative evaluation report include:

- allocate funding for at least three years (2017-2019) for continuation of the CRG Special Initiative;
- expand the remit of the CRG Special Initiative to go beyond grant signing and offer TA and capacity building to communities/civil society for all stages in the Global Fund's Funding Model;
- review the conceptual framework and implementation modalities of the CRG Special Initiative to ensure that it operates as a more connected and comprehensive model;
- strengthen the CRG Special Initiative's efforts to mobilise and support the meaningful engagement of TB and Malaria-focused communities/civil society in Global Fund processes and the inclusion of CRG-related interventions in grants;

- Strengthen the effectiveness and efficiency of the management and administration of the CRG Special Initiative by the Global Fund Secretariat (this recommendation responds to a separate finding in the report which notes acute under-staffing in the CRG Special Initiative team).
- Develop and implement an M&E framework for each core Component of the CRG Special Initiative and for the Initiative as a whole.
- Develop and implement a knowledge management and communications strategy to document, analyse and systematise the key learning from the CRG Special Initiative.

While the new CRG Strategic Initiative (2017-2019) is largely similar to the previous CRG Special Initiative (2014-2016), the Board paper on catalytic funds (GF/B36/04) suggests there may be a few noteworthy changes.

Under the new CRG Strategic Initiative, the Global Fund aims to improve access to technical assistance. As before, the technical assistance will be south-to-south as well as peer-led and will be delivered through short-term assignments. However, the Board paper suggests that CRG technical assistance will now be available throughout the grant cycle, whereas it was previously only available up until the grant signing stage. This change would respond to the recommendation in the CRG Special Initiative evaluation which calls for the remit to be expanded and for TA and capacity building to be available for all stages of the funding model.

The Board paper also suggests there might be stronger links between the new CRG Strategic Initiative and other Strategic Initiatives. This link is made particularly explicit for the new Strategic Initiative to develop innovative approaches and accelerate progress on finding missing TB cases (building on the previous Special Initiative for WHO-Stop TB Partnership Agreements). The Strategic Initiative for finding missing TB cases includes a specific sub-component to provide support for CRG efforts. The CRG component will aim to tackle some of the specific barriers to TB case finding among key populations, as well as strengthen the integration of community-based TB activities into the work of existing civil society organizations.

In addition, there are potential linkages between the CRG Strategic Initiative and the new $15 million Sustainability, Transition and Efficiency Strategic Initiative. The CRG Strategic Initiative will have a specific focus on contexts that are undergoing transition planning and where key and vulnerable population engagement remains particularly challenging. Similarly, the Sustainability, Transition and Efficiency Strategic Initiative includes support for civil society engagement in budget processes

and domestic resource mobilization. This has also been piloted through the CRG Special Initiative technical assistance program, where $500,000 was set-aside in 2016 for sustainability and transition TA in Latin America and the Caribbean, Eastern Europe and Central Asia, South Africa and the Asia Pacific region.

Kate Thomson, Head of the Community, Rights and Gender Department at the Global Fund, emphasizes the importance of the continued investments in the CRG Strategic Initiative. "In all regions of the world, more extensive dialogue and participation in Global Fund processes are leading to HIV, TB and malaria programs that are more responsive to community needs and that will ultimately have greater impact," Thomson told Aidspan.

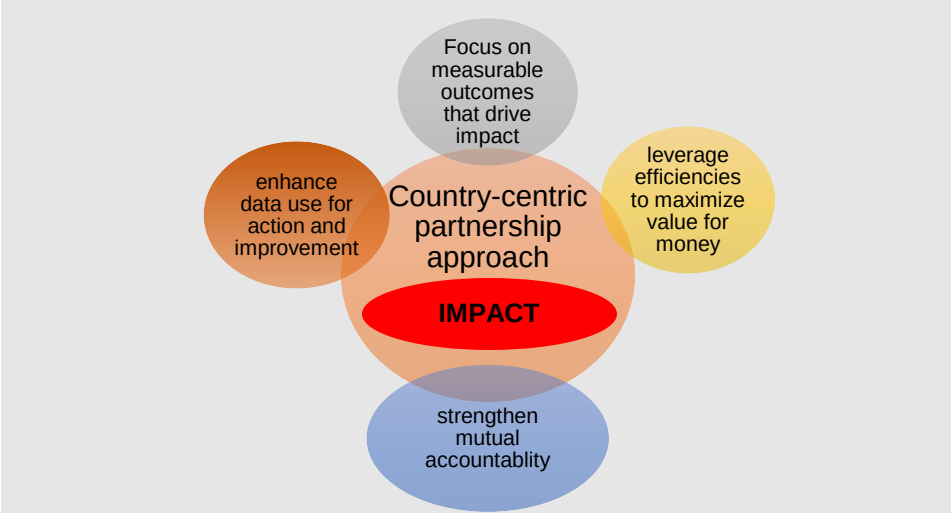
Given the Fund's elevated focus on community, rights and gender in its new Strategy for 2017-2022, the CRG Strategic Initiative is an important pillar for achieving results. The CRG Strategic Initiative will contribute important gains towards the Fund's strategic objectives to maximize impact against the three diseases, build resilient and sustainable systems for health and promote and protect human rights and gender equality.

3.7 The ED of the Global Fund reports on how the Fund intends to increase programmatic quality and efficiency

In his report to the Board, Executive Director Dr Mark Dybul, highlighted that in order for the Fund to maximize impact at the country level, the Fund must explore ways to improve program quality and efficiency from design to implementation. Dr Dybul stated in the report that the approach it is taking builds upon the Program Quality and Efficiency project it developed in 2015 which aims to improve health program outcomes. The report states that a strengthened Global Fund approach to risk management-what it terms its new Risk Assurance Policy, calls for active management of risk in a way that leverages on its partnerships and key stakeholders in a process which would result in an increased focus on programmatic risks in order to achieve greater outcomes and impact.

Dr Dybul stated his optimism that the Implementation through Partnership initiative (ITP) can foster support amongst Fund partners and enable countries to more rapidly invest in effective and efficient health programs. The report stated that the ITP will be measured and assessed by how much *impact* it achieves, this focus on impact has resulted in the initiative's name being changed from *Implementation* through Partnership, to *Impact* Through Partnership.

The report states further that the newly named and reoriented ITP will adopt a "proactive, problem-solving approach" to achieving increased impact and that the Fund and its partners have agreed that the ITP will shift from being focused on the disbursement of funds, to being a vehicle for driving efforts forward to maximize impact through what it calls a "country-centric partnership approach." To achieve this objective, existing partnership mechanisms will be utilized so that partners can leverage on their strengths for greater impact grand increase the effectiveness of their political advocacy efforts to improve program quality and desired outcomes.



Source: Graphic adapted from Global Fund

Other ways which the ED outlined in his report which will enhance program quality and efficiency are:

- *Focusing on measurable outcomes that drive impact:* Focusing on quality assurance in each step of the results chain to maximize measurable improvements in key outcomes that drive impact.
- *Leveraging efficiencies to maximize value for money:* To achieve better results, The Fund and its partners intend to continue to improve on efficiency in the allocation of resources by investing in programs that deliver the greatest impact, taking cost and resource availability into account.
- *Strengthening mutual accountability:* To continue the maximization of impact, the Fund and its partners will work together to further strengthen mutual accountability. This is to be achieved through the development of an online platform that "brings together needs and opportunities identified, committed actions, metrics that link actions with measurable outcomes and feedback on support being provided to countries."

Furthermore, the report by the ED sites that efforts to achieve increases in impact and efficiency, especially in regard to efforts at reaching more people with what it calls 'tailored services' have been successful in a number of countries:

Tanzania: The country has launched regional training in 16 regions, spanning 200 health facilities, providing training to over 1000 health workers.

Democratic Republic of Congo: Cooperation between the Global Fund and key partners in expanding an integrated package of reproductive and maternal health services in DRC aims at strengthening service delivery, utilization, quality of care and stewardship. The Fund has worked closely with UNICEF to rapidly increase the work of community health workers, who are trained to prevent and treat common childhood diseases, to 133 health zones.

Uganda: The AIDS Support Organization (TASO) has been providing different models of delivering antiretroviral therapy and TASO analyses indicate that compared to facility-based settings, the community ART delivery models resulted in improved treatment retention of people living with HIV.

Zimbabwe: Data-driven malaria programming and surveillance enabled by funding from Government of Zimbabwe, the U.S. President's Malaria Initiative and the Global Fund has led to increase of number of pre-elimination districts from 7 to 22 during the current grant period.

Togo: In order to improve health outcomes for HIV, TB, and malaria, Togo is implementing a program to improve the quality of integrated services in antenatal and postnatal care facilities level in the Plateaux and Savannes regions. This project will use WHO tools adapted to assess integrated care of mothers and newborns in health care facilities.

Ethiopia: Investments in community health information systems are addressing a challenge in Ethiopia's fragmented development of an electronic health management information platform.

IV. CHALLENGES AND THE WAY FORWARD

- Oversight activities by the established teams are challenges due to other compelling/priority engagements by the teams during the period; and
- Oversight activities/site visits need to be conducted by each team during the coming year as indicated in the plan.
- Low attendance rate of some of CCM/E members (Ethiopia Women Federation, Employers' Federation, etc.) and CCM/E should take action based on the attendance.

PART TWO (02)

Summary of CCM/E Meetings in 2016+
Main Items Discussed/Decision Points for Reference and Follow-up

Background:-

- The frequency, date and time of the CCM/E meetings was decided by the members in 2004 and reaffirmed in 2005 at the extraordinary meeting of 18/08/05 for the regular meetings to be held every month, last week of Thursday starting at 14:30 hrs (2:30 PM).
- At its 50th regular meeting, held on 30 October 2008, the frequency of the meeting had been revised for the meeting to be held last Thursday of every two months and remained the same to date.
- Accordingly, in 2016 five (05) regular meetings were conducted with major discussion and decision points summarized in the attached table for ease of reference and follow up/attention including challenges to face regarding those issues not implemented and/or requiring action.

Date	Meeting/Description	Major Discussion/Decision Points
31 March 2016	**80th Regular Meeting (Attended by 12 CCM/E Members, 01 Experts and 02 Observers)**	**<u>Plan and Actions by Oversight Committee Groups Regarding Site/Field Visit and Related Situation (Report by Team II)</u>** **<u>Challenges/the way forward</u>** **Gambella Region** **Some of the challenges identified to face among many, and recorded are indicated below.** • Low pediatrics HIV care/ART, poor treatment, adherence and lost to follow-up were indicated as one of the challenges for the HIV care and treatment service requiring attention; • In recent months, it was reported that malaria cases are increasing in the region and Gambella hospital have been reporting on average five severe malaria cases per week; • The LLINs was not distributed as the RHB didn't receive the bed nets yet. IRS operations were not conducted and it was planned for early September 2015; and • The Gambella town health center which is under the Gambella town municipality was not functioning on its full capacity and follow up is highly essential. • High GFATM supported staff turnover, weak coordination/joint planning between RHB and RHAPCO, increasing refugee migration to the region were mentioned in hampering the implementation of HIV, TB and malaria activities for immediate attention/action. **Oromia Region** • The national CSO regulation was mentioned as a challenge or limitation in resource mobilization activities. • In Arsi Zonal office+, there was no shelf to keep TB/MDR drugs for DOT patients and the drugs were simply put on the floor; and • There was no trained staff on TB/MDR-TB in the hospital and the service was being provided by non-trained staff. • Delay in liquidation of GTATM grant was mentioned as a challenge and this is mainly due to poor back reporting mechanism particularly at the woreda level. • However, all outstanding GFATM grants were liquidated by June 2015 except the ETB 23 million which is allocated for store construction – this amount of money reported to be carried-over to the NFM.

Date	Meeting/Description	Major Discussion/Decision Points
31 March 2016 (Continued)	80th Regular Meeting	**Somali Region** • High turnover of trained HIV and TB personnel was reported as one of the main challenges. • There is no MDR –TB treatment initiating center and the postal service for sample transport of MDR-TB diagnosis is not initiated. • The TB drugs were observed to have short life span and hospitals usually got drugs not based on the consumption report. • GF supported HR posts in the RHB are filled, however high staff turnover was reported as one of a measure challenge. **Harari Region** • Shortage of malaria drugs, ARV/lamivudine and HIV test kit in Jegula hospital and Amir Nur health center; and • The TB drugs were near to expire and shortage of laboratory supplies like sputum caps and cartilages were reported. **Dire Dawa City Administration** • There were some times intermittent shortage of HIV test kit and OI drugs; and. • There is also shortage of basic diagnostic materials and supplies in the center. **<u>Discussion and the way forward:-</u>** • Issues related to financial management, including salary variation have been raised as a measure concern; and • Adherence to the agreed upon contract during the employment are binding; • Regarding the variation of salary need to be justified by those concerned Regions and City Adm. • Timely liquidation of allocated funds is highly important and need to be given attention/follow up by each GFATM fund recipient.

Date	Meeting/Description	Major Discussion/Decision Points
31 March 2016 (Continued)	80th Regular Meeting	**Current Status/Performance of Programs by Components and Challenges to Date** **Discussion and the way forward** • Lessons learnt from the current assessment need to be considered; • In general to IGA only Women's Associations were mentioned; and • In regard to joint activities and intervention in the prevention of HIV, only those who have accessed were also mentioned in the report while other organizations like OSSA have been involved in the distribution of condoms; • Issues raised were accepted to be considered as the way forward for necessary attention and inclusion in the report next time. **Input by the Chair:-** Dr. Kebed/the chair, also explained the following in regard to some related issues for necessary attention which were also reflected under THE matters arising from the 79th Regular meeting minutes. • Service uptake including testing need to be given attention regarding ART uptake, which needs PFSA close follow up; and • The Team, to conduct such intervention has been established. • In relation to viral load, identification/actions are underway and EPHI is expected to conduct using CD4; • Tracking funds disbursement and utilization will be the priority by FHAPCO/FMoH and those concerned; and • The CCM/E Secretariat to encourage/follow up and PFSA to attend the meeting regularly for response to some of the queries raised. **Updates/Discussion and the Way Forward by the CCM/E Members+ on the Following:-** **Joint Partners Risk Assurance Management Workshop, held February 09-10, 2016, by Dr. Mekedem/FMoH:-** • The CCM/E Secretariat indicated that the Secretariat had arranged/ facilitated the meeting site/place and was done accordingly; and • Detail and engagement of those who attended the meeting and outcome better be reported by Dr Mekedem, the coordinator of the meeting who was not present and differed to the next meeting.

Date	Meeting/Description	Major Discussion/Decision Points
31 March 2016 (Continued)	80th Regular Meeting	**Status of the CCM/E Program Coordinator Recruitment, by EPHA:-** **Dr Fikreab Kebede Indicated the status as follows:-** • Indicated that call for the job has been done and applicants qualifications and other requirements were conducted; and • From the applicants, those who fulfilled the requirements have been short listed awaiting interview and the interview members to be assigned by the CCM/E. • The CCM/E advised and agreed that Dr. Seblewongel, Mr. Guda and Dr. Bona represent CCM/E for interviewing and selection of program coordinator for CCM. With EPHA as soon as possible.
25 May 2016	**81th Regular Meeting (Attended by 11 CCM/E Members, 07 Experts and 05 Observers)**	**Oversight (Site Visit) Activities** **Team One Oversight Visit to Amhara Region:-** • Team I oversight committee had conducted oversight visit to Amhara Region on 17-19 October 2015. The oversight visit report is compiled and circulated to all CCM/E members. • It was proposed that Dr Andargachew Kumsa, who compiled the report, to present the summary of the Amhara oversight visit in the next CCM/E meeting. **New Member of Oversight Committee:-** • It was reported that representative from Italian Cooperation has been included in the list; and • Assigned to Team II Oversight Committee. **<u>Current Status/Performance of Programs by Components and Challenges to Date</u>** **Discussion and way forward** **TB:** • On the low achievement of TB case detection rate, the NTP has acknowledged it as a challenge and investigated the core problems that:- o The health posts are not delivering the whole service modules/package including the community TB care; and

Date	Meeting/Description	Major Discussion/Decision Points
25 May 2016 (Continued)	81th Regular Meeting	○ Targeted TB services particularly in the congregated set-up need to be strengthened. ○ TB screening at the OPD and ART clinics were not optimal; ○ TB diagnostic capacity including lack of microscopy, lab personnel, power interruption (Gene Xpert utilization rate is 30%); including ○ Data quality issues. • Strengthening of the community based TB care is one of the responses to this challenge. • Woreda health offices & health centers have a big role in supporting health posts in implementing community based TB care. TB care in congregating set-up (Eg. prisons) needs be strengthened. Capacity building of personnel and procurement of microscopy is also planned. • TB care service in pastoralist community is a challenge and it is related to the overall health system in the area. Mobile health service is one strategy that the ministry is working on. **Malaria:-** • In regards to the FMoH preparedness towards Malaria epidemic, particularly in the worst scenario of the current climate anomalies, it was reported that the country is working closely on this issue including that:- ○ There is also advisory committee involving different stakeholders that addresses the issue systematically; and; ○ The Ministry is monitoring the malaria situation through weekly malaria report (PHEM report) and support regions accordingly. ○ The support includes technical assistance as well as supplies/commodities. It was also reported that the operational cost allocated to IRS is disbursed to the regions; and ○ The Ministry of Health is receiving weather forecast regularly and inform the regions accordingly. ○ There is also a committee which is led by the Deputy Prime Minister and TWG in the National Disaster Preparedness & Response which closely monitor the effect of the current climate anomalies in the country; and ○ FMoH is a member of these structures. Recently PHEM has moved to FMoH from EPHI; and ○ It was reported that FMoH is in a good shape in monitoring and responding, although it doesn't mean that it is fully done and needs to be continued and further strengthened.

Date	Meeting/Description	Major Discussion/Decision Points
25 May 2016 (Continued)	81th Regular Meeting	• Regarding to IRS chemical procurement, the country is proposing to procure a chemical with high efficacy locally in Ethiopia, however GFATM is not allowing as the product has not been listed by the GFATM; and • After discussing with the GFATM country team, it is agreed to prepare and submit an exceptional waiver request to the GFATM. **HSS:-** • Concern was raised why only government organizations, not other partners like CSOs, were not included in the HSS grant. • Was explained by that the grant is mainly on health system strengthening and FMoH, as PR, has selected key actors that have a big role on the health system as an implementer. • On the status of the conditions precedent to the next disbursement, it was reported that this is communicated to all stakeholders; and • Stakeholders are working on it and was reported that all the required documents will be submitted by this month. **GFATM grant utilization and settlement:-** • The overall grant implementation was reported to be progressing well while the fund utilization was very low (particularly HSS grant); and • Timely settlement of the outstanding/advance is still a long-standing big concern. • The Grant Management Unit at the FMoH is coordinating the three disease programs grants; and • The Unit is reviewing the implementation status regularly and quarterly together with partners. • It was highlighted that the GFATM is taking the cash balance in the country including the outstanding/advances. • Thus, as long as the country is not taking settlement of advances critically, it will definitely affect the future disbursement as well as the next GF country allocation; and • It was noted that the GF allocation formula is finalized recently. **Action Points:** • NTP to come-up with breakthrough in improving the low TB case detection rate; • Malarial program to prepare and submit exceptional waiver request for local procurement of IRS chemical;

Date	Meeting/Description	Major Discussion/Decision Points
25 May 2016 (Continued)	81th Regular Meeting	• In consultation with LFA and GFATM country team, each grant to prepare and submit reprogramming/reallocation request for unutilized fund to GFATM; • To prepare plan of action to accelerate program implementation as well as grant utilization (particularly HSS grant); and • Strict monitoring mechanism is required to track the timely settlement of advances which is a lingering problem for long time. **<u>Update/Discussion and the way Forward by the CCM/E Members+ on the Following</u>** **Joint Partners Risk Assurance Management Workshop, held February 09-10, 201** • On joining the FMoH Malaria & HSS GF grant management to the existing SDG pool fund, an OIG mission came to Ethiopia to assess the readiness of the system; and • Program implementation, financial and procurement systems were assessed and recommended to develop a risk assurance plan based on the identified weaknesses. • It was reported that DFID did an internal fiduciary risk assessment, GAVI did financial and program implementation assessment and WB did a mid-term review of the PforR of the SDG PF. • The FMoH had organized a two-day workshop and invited all SDG contributors, Global fund and HPN to work on the joint risk assurance plan; and • The draft risk assurance plan was developed after identifying and prioritization of the risks. The plan is discussed and commented by the Ministry Management. • Indicated that the plan is on the final stage and will be shared with all stakeholders for implementation and monitoring; and • The implementation will be monitored jointly by the Ministry and partners with the identified risks to be reviewed annually. **CCM/E study on alignment with the GIZ BACKUP initiative and the workshop conducted on 23 February 2016:-** • There was a mission on CCM integration study that GFATM jointly conducted with the GIZ BACKUP Initiative. • The essence of this study was to lay-down potential options for better integration of CCM with the other existing coordination mechanisms in the country and also develop an approach for long-term support to selected CCMs by the GIZ BACKUP Initiative.

Date	Meeting/Description	Major Discussion/Decision Points
		• The assessment was done in five countries including Ethiopia. • Triangulation of all data obtained through desk review of documents, interviews of more than 20 key in-country stakeholders & development partners and analysis of OIG on-line survey finding were done. • The findings of the mission were shared among the stakeholder and is summarized as below:- o Different options for CCM evolution were presented. o While several pre-existing platforms and linkages exist for further CCM integration, there are number of issues to consider before linkages are strengthened or the CCM's role evolves; and o Finally it was agreed to finalize and share the report to the CCM/E members.
28 July 2016	**82nd Regular Meeting (Attended by 10 CCM/E Members, 03 Experts and 06 Observers)**	**<u>Plan of the Oversight Committee/Task Team/s to Conduct Oversight Activity/Field Visit During the Next Quarters (3 and 4 of 2016)</u>** **Discussion/Decision Points:-** • The CCM/E Secretariat to check and align/update the naming and need of OEC in the CCM/E Governance manual; and • The three Task Teams/groups should conduct oversight activities and OEC to prepare/update oversight plan for all Task Teams accordingly. • OEC and CCM/E Secretariat to prepare standard reporting format for oversight activities. **<u>Current Status/Performance of Programs by Components and Challenges to Date</u>** **Discussion and the way forward** o It was raised that verbal presentations are very difficult to refer to and take note and the presentation by TB and Malaria Teams did not follow the same format. o Standard PR and SR reporting format should be prepared and used by PRs/SRs when presenting program updates of the components; and o CCM/E Secretariat to develop standard presentation formats for all the components.

Date	Meeting/Description	Major Discussion/Decision Points
28 July 2016 (Continued)	**82nd Regular Meeting**	○ It was also noted that funds were disbursed for the following PRs/SRs after May 25, 2016: ▪ CCM/E Secretariat: US$48,407; ▪ NFM TB Program/FMoH: US$5,605,093; ▪ NFM HAPCO: US$4,736,160; ▪ NFM HSS/FMoH: US$8,610,889; ○ A total of US$19,000,549 was disbursed after the last CCM/E Regular Meeting of CCM/E, May 25 2016. **Malaria component related:-** • Close to 33 million LLINs were procured and distributed to people living in malarious areas; • As Ethiopia conducted Malaria Indicator Survey in 2015 (MIS-2015), donors expect high ownership and utilization of LLINs; and • However, it was indicated that LLINs distribution coincides with survey data collection and some of the sampled households were yet to receive the LLINs from the districts and kebeles and there are still stockpiles of LLINs at district and kebele levels. • In order to make sure LLINs are distributed to each household in malarious areas, rapid assessment of LLINs distribution need to be conducted in collaboration with GFATM, PMI and other stakeholders. • The PR/FMoH is intensifying activities to improve LLINs ownership and utilization through awareness creation and community mobilization by HEWs and HDA. • The issue of why males were at higher risk of malaria may need research as evidences worldwide show the contrary. • However, the program indicated that this could be due to expansion of development projects and males are more likely to travel to these development areas and get infected by malaria. **TB Component Related:-** On the low achievement of TB case detection rate, the NTP has acknowledged it as a challenge and investigated the core problems that:- • The health posts and health center linkage is not strong enough and this should be improved; • Targeted TB services particularly in the congregated set-up need to be strengthened; and • TB screening at the OPD and ART clinics should also be strengthened ○ MDR-TB enrollment is very low and the enrollment should be increased as per the plan by improving GeneXpert utilization. ○ Community TB care program should make use of the community level structures (HEP and HDA).

Date	Meeting/Description	Major Discussion/Decision Points
28 July 2016 (Continued)	**82nd Regular Meeting**	**GFATM grant utilization and settlement:-** • The fund utilization and liquidation is still very slow and needs strong follow up. • H.E. The Chair indicated that during the JCC meeting with regional health bureaus heads two weeks ago, it was agreed that RHBs will settle advances aged six months and above within two months and most of the advances will be settled until September 2016. **Action Points:-** • As CT/GFATM has planned a mission from August 15-17, 2016 to discuss on each component PUDRs, management issues, preparing annual work plans and agree on funding decisions, the PR and SRs should be prepared ahead of time. • LFA is also planning to conduct onsite data verification and PR report reviews from August 25 to September 19, 2016, all the necessary preparations should be made ahead of time. **<u>Briefing/Update, Feedback by the CCM/E Members+ and Discussion</u>** **Update CCM/E members+ from the high-impact Africa learning and experience sharing meeting in Mozambique which was held from 20-22 April 2016:** • Eight (8) African countries were part of this meeting and most countries shared their experience on the management of HIV/AIDS, TB and Malaria and learned from others. • Ethiopia shared its experience on prevention, control and elimination of malaria and community level health system strengthening. • Data management was one of the major problems identified by almost all participating countries and solutions were proposed like use of DHIS2. **Current status of CCM/E eligibility and performance assessment in line with GFATM guidelines** • In line with GFATM guidelines, CCM eligibility and performance assessment (EPA) should be conducted annually to identify CCM strengths and weakness and subsequently to plan specific actions to improve their performance. • GFATM CT selected Light Strategy for CCM/E which require self-assessment (Pillar I) and Improvement Plan (Pillar II) to be completed.

Date	Meeting/Description	Major Discussion/Decision Points
28 July 2016 (Continued)	**82nd Regular Meeting**	• This EPA should be completed, endorsed by CCM/E members and submitted to GFATM before end of September, preferably early September 2016. • The draft CCM/E EPA is completed by CCM/E Secretariat and was circulated to CCM/E members+ • However, due to many agenda items, it was decided that CCM/E members+ to send their comments and inputs via email and to be endorsed during the 83rd CCM/E regular meeting on 22nd September 2016. **Update on the procurement of HIV test kits:-** H.E. Dr. Kebede stated that HIV test kits are being procured by PFSA and GFATM Pooled Procurement System and pointed out that:- • The products which are being procured are in line with WHO pre-qualification and GFATM quality assurance policy and Ethiopia's government procurement policies and standards. The information disseminated through different media outlets regarding quality of procured test kits is inaccurate. • The two products procured by PFSA and GFATM Pooled Procurement System are in the latest updated WHO list of prequalified in vitro diagnostic products ("First Response* HIV-1-2-0 Card Test) and List of HIV Diagnostic test kits and equipment classified according to the Global Fund Quality Assurance Policy ("Rapid Test for Antibody to Human Immunodeficiency Virus (HIV)(Colloidal Gold Device)"). **Update on the quality of condoms procured:-** • Quality assessment test was done by FMHACA and the condoms procured have serious quality problems. • FMoH, FMHACA, PFSA, Indian Embassy and the Attorney General are discussing to solve the issue • The Global Fund, USAID, CDC and other concerned bodies were informed about the issue. **Replacement of CCM/E members and nomination of alternate CCM/E members:** **Action Points:-** • Constituencies to inform the CCM/E Secretariat the replacement for the outgoing CCM/E member; • The CCM/E Secretariat to analyze the attendance and inform the Chair; and • CCM/E Secretariat to re-send the letter to all CCM/E members that was signed and circulated on 02 October 2014 and follow up the nomination of alternate members.

Date	Meeting/Description	Major Discussion/Decision Points
22 Sept. 2016	**83rd Regular Meeting (Attended by 15 CCM/E Members, 07 Experts and 11 Observers)**	**Status of CCM/E Secretariat budget from USAID/WHO and related issues** • WHO Country Office to facilitate the transfer of fund to EPHA • USAID, WHO and CCM/E Secretariat to propose options for co-financing CCM/E Secretariat by USAID. **Update on governance manual** • UNAIDS to send their comments on the governance manual • CCM/E Secretariat to incorporate the comments made by UNAIDS and circulate it to all CCM/E members+. **<u>Briefing/Update, Feedback by the CCM/E Members on:</u>** **Discussion and endorsement of the draft CCM/E Performance and Eligibility requirement in line with GFATM Guidelines.** • CCM/E Eligibility and Performance Assessment (EPA) is endorsed. • The Improvement Plan was also endorsed by CCM/E members pending incorporation of comments to be sent by CCM/E members+. • CCM/E Secretariat to recirculate the Improvement Plan on 23rd September 2016 and CCM/E members to forward their comments/inputs by Monday 26 September 2016. • CCM/E Secretariat to organize CSO workshop in 2016 and Civil Society Constituencies to develop work plans as per Global Fund Guidelines and requirements. **Update on nomination/election of CCM/E alternate members** **<u>Action points</u>** • DFID, EIFDDA, Ethiopia Employers' Federation, Confederation of Ethiopian Trade Union (CETU) and Ethiopian Women Federation to notify CCM/E Secretariat their alternate members by Friday 23 September 2016.

Date	Meeting/Description	Major Discussion/Decision Points
22 Sept. 2016 (Continued)	**83rd Regular Meeting**	**<u>Plan of the Oversight Committee/ Task Team/s to Conduct Oversight Activity/Field Visit During the Next Quarter (Quarter 4 of 2016)</u>** Mrs Miriam Maluwa, UNAIDS Country Director and CCM/E Oversight Executive Committee (OEC) Chair, presented the current status of Oversight Executive Committee and related activities as follows. • Aligning the naming and functions of the Oversight Executive Committee with the CCM/E Governance Manual; • Organize workshop to orient Oversight Committee Task Team and prepare workshop plan and budget. • In addition each Task Team Leaders presented their plans as follows: o Oversight Committee Task Team 3 indicated that they have a long standing plan to conduct oversight activities in SNNP and Addis Ababa and they will conduct the oversight in the 4th quarter of 2016. o Task Team 2 also planned to have a meeting next week to discussion on their oversight missions o Task Team 1 indicated that they have visited Amhara Regional State in their last mission and are planning to do next mission in Tigray Regional State in the 4th quarter 2016. • However it was stressed by meeting attendance that oversight activities are not being conduct as per the plan and all Oversight Committee Task Teams should conduct oversight missions in the 4th quarter of 2016. **<u>Current Status/Performance of Programs by Components and Challenges to Date</u>** **<u>Discussion (HIV/AIDS Component)</u>** • Questions were raised on the status of HIV test kit procurement, counterpart financing and what targets were not achieved. • It was reported by PFSA that 3 million HIV test kits are under quality testing by FMHACA, EPHI and CDC and the testing will be finalized next week. Depending on the result of the testing, these test kits will be distributed. • In addition, close to 6 million test kits were distributed starting from June 2016 and currently there is no shortage of test kits.

Date	Meeting/Description	Major Discussion/Decision Points
22 Sept. 2016 (Continued)	**83rd Regular Meeting**	• Regarding the counterpart financing, the main challenge is tracking the government health expenditure and showing the incremental fund allocation from the Government for HIV/AIDS, TB and Malaria. NHA/NASA combined are being conducted and will be completed in October 2016. There is a plan to present the preliminary results during the Annual Review Meeting (ARM) of FMOH in Hawassa. • Generally there is improvement in the overall performance of HIV/AIDS prevention and control activities. o However, low achievement in pediatric HIV was due to underreporting and there was not private health facilities o Education of female sex workers and other vulnerable groups is going, but the testing coverage was low. This was mainly due to shortage of test kits and no tracking system in the HMIS for vulnerable groups. • On NEP+, GF Secretariat raised that there is an inherent conflict of interest in the governance structure o To solve such problems, action plan should be review carefully and technical assistance should be requested from GIZ BACKUP. **<u>Action and Decision Points</u>** • PR/FHAPCO to prepare action plan to address target related issues • HAPCO/FMOH to develop concrete action plan on the counterpart financing as only 15 months left to get the remaining fund from the Global Fund and utilize all of it. • Strong follow up mechanism should be designed for timely settlement of grant funds. • NEP+ to recirculate the action plan developed to all CCM/E members • The action plan presented by NEP+ to mitigate risks identified by the Global Fund is approved by CCM/E pending incorporation of comments raised during the meeting. • NEP+ to develop proposal to request technical assistance from GIZ BACKUP funding opportunity and the proposal to be presented in the next CCM/E meeting. Nadia Nzabia, LFA/PwC Associate Director/Observer at CCM/E, indicated that the expenditures are very low and this may have implication in the next years allocations.

Date	Meeting/Description	Major Discussion/Decision Points
24 Nov. 2016	**84th Regular Meeting (Attended by 12 CCM/E Members, 04 Experts and 06 Observers)**	**<u>Plan of Oversight Committee Group's for Conducting Oversight Activity During the Fourth Quarter of 2016</u>** • CCM/E Secretariat to check the availability budget for the workshop. • UNAIDS in collaboration with CCM/E Secretariat to organize Oversight Committee orientation/sensitization workshop. • CCM/E Secretariat to share CCM/E governance framework documents to Oversight Committee members. **<u>Current Status/Performance of Programs by Components and Challenges to Date</u>** **TB:-** • It was discussed that delay in submission of external audit reports for TB, malaria and HSS grants is delaying timely disbursement of funds from GF. H.E. Dr. Kebede told the meeting that he is discussing with Audit Service Corporation to finalize the report as soon as possible. • With regard to TB annual funding commitment, GF CT indicated in their annual commitment letter that USD6 million is deducted and this will be discussed when the CT comes at the end of November 2016. • Questions were raised on why there is huge variation across on TB case detection and what are the challenges are region and woredas levels. Questions were also raised on adherence to treatment and challenges of MDR-TB as there are many defaulters, what is the strategy to enroll more MDR-TB patient on treatment and improve TSR and on quality of mask procured and distributed. • The variation of TB case detection rate across regions is mainly due to the slow implementation of community TB care through HEP. Heal TB has piloted community volunteer program in three woredas of Amhara to improve case detection. This pilot will be expanded depending on the results from the three woredas. • In addition, integrated refresher training (IRT) of HEWs (which includes TB prevention and control) was recently conducted in all agrarian regions and is planned to be conducted in pastoralist regions. • District level data analysis is done to identify woredas that are under performing and intensify activities. 15 high TB burden and low performing zones were identified and technical officers were deployed in each zone to follow the implementation of TB prevention and control activities. • PR is also planning to use GeneXpert machines in all urban settings.

Date	Meeting/Description	Major Discussion/Decision Points
24 Nov. 2016 (Continued)	**84th Regular Meeting**	• With regard to MDR-TB, number MDR-TB patients planned to be on treatment is 1,100 while the estimate is 2,500. To improve the enrollment, cities (Dire Dawa, Adama and Harari) are identified to be the major intervention areas in coming months and the TB Program planned to use the deduct US$6 million for these activities. • To have a better of estimate of number of MDR-TB patient in Ethiopia, national MDR-TB survey will be conducted in 2017. • On MDR-TB TSR, achievement is 71.3% and it is relatively good when compared with other countries and global expectations. • N95 masks are procured and 200,000 masks are available for distribution. **Malaria:-** • Questions were raised on low coverage and utilization of antimalarial interventions reported in the recent Malaria Indicator Survey, how the remaining US$73 million will be efficiently utilized and effect on no fund available at FMOH level during the major malaria transmission period. • It was stated that since there was LLIN distribution when data were collected for MIS-2015, it affected the coverage of LLINs as the survey results didn't include LLINs distributed after the data collection. To address this, FMoH in collaboration with EPHI, PMI, UNICEF and other partners is planning to conduct LLINs distribution rapid assessment. • Accelerated plan was prepared to facilitate grant implementation and efficiently utilize the remaining funds. In addition, experts will only be assigned to work on GF grant implementation and will not be allowed to engage in other activities for the next 13-months. Grant officers and technical officers are also deployed to follow up and expedite the implementation GF grants. • Supportive supervision in all identified malaria hotspot woredas is also being conducted in which all malaria partners are taking part to monitor program implementation and identify gaps than need greater attention. **HSS:-** • There were many cross cutting issues raised during the discussion that are relevant for programs and HSS grant, external audit report, fund absorption and liquidation, problems on supply chain management. • It was reaffirmed that external audit reports will be submitted to GF Secretariat soon.

Date	Meeting/Description	Major Discussion/Decision Points
24 Nov. 2016 (Continued)	**84th Regular Meeting**	• Fund absorption and liquidation are major areas that PRs will strongly follow up and regular discussion will be conducted with regions and federal institutions. HE Dr. Kebede stated all programs will work with a theme of "no grant will be left unutilized until December 31, 2017". • Teams from FMoH will be assigned to support big regions to discuss on how to efficiently utilize the available fund and settle the advances timely. • It was stated that though there are no stock out problems at central level, there are reported stock outs at facility level. Acknowledging the problems on supply chain management, PFSA is doing restructuring and all CCM/E members and HPN ground are invited to attend the discussion on 30 November 2016. • It was also noted that funds were disbursed for the following PRs/SRs after September 22, 2016: ▪ NFM HAPCO: US$82,718086; ▪ NFM NEP+ : US$2,281,987 ▪ NFM EIFDDA: US$1,404,248 ▪ NFM Malaria: US$1,171,538 • A total of US$87,574,858 was disbursed after the last CCM/E Regular Meeting of CCM/E, September 22, 2016. **<u>Briefing by the CCM/E Members Who Attended the CSO Workshop Conducted on 17 Nov. 2016</u>** • CCM/E CSO constituencies workshop was conducted on November 17, 2016. • The workshop's main objective was to develop a plan on how CSO representatives on the CCM/E solicit inputs from and provide feedback to their constituencies that selected them to represent in the CCM/E. • The workshop was one-day and 65 participants attended the workshop • Dr. Agonafer Tekalgne, CCM/E member and Country Director of Malaria Consortium, briefed the meeting that the workshop was the first of its kind and had good discussion among CSO constituencies. HE Dr. Kebede and Dr. Meshesha chaired the workshop. • After being oriented on about CCM/E composition, size and core function, presentation were also made on new developments from GF, grant implementation updates and mechanisms of soliciting inputs and providing feedbacks. • Dr. Agonafer also stated there were group discussions on challenges and possible solutions on the current CSOs engagement. • Finally the workshop was closed by putting way forwards and three people; from HIV component (Mr. Belay Reta, CCM/E member and Acting Executive Director of NEP+), TB component (Dr. Ahmed Bedru, Technical Director of Challenge TB/KNCV) and Malaria Component (Mr. Abere Mihrete, Head of Health,

Date	Meeting/Description	Major Discussion/Decision Points
24 Nov. 2016 (Continued)	**84th Regular Meeting**	• Development and Anti-malaria Association) were selected CSO constituencies engagement plan together with CCM/E Secretariat. • CCM/E Secretariat will share the workshop report to all CCM/E members and participants of the workshop. **<u>Briefing on Preparation for Application of GFATM for Funding Cycle 2017-2019</u>** • The allocation letter for 2017-2019 funding cycle will be sent to countries mid-December 2016. The GF published that the allocation was made based on countries disease burden, ability to pay and absorption capacity. • There will be three application windows; 20 March, 23 May and 28 August 2016. • The application materials will be published in December 2016. • The GF has differentiated application and review process; program continuation, tailored review and full review. And Ethiopia will go through the full application and review process (Concept Note, budget and performance framework). • There won't be consolidation or overlap with the current grants and grant implementation start date for the new funding cycle is January 2018. • Ethiopia is encouraged to submit on one of the first two application windows. • Programs are also encouraged to conduct mid-term strategic plan/investment case reviews which will inputs for concept notes. H.E Dr. Kebede stated that preparation will be started as soon as the allocated amount is known and concept note writing committees will be formed.
Total meetings conducted	05 (83.3%)	

Annex - I

CCM/E Members: 2016 Attendance

Three (05) regular meetings were conducted as indicated in the table below including CCM/E members attendance.

S.N	Name	Type and Date of the Meetings					Total No. of Attendance	Remark
		80th Regular	81st Regular	82nd Regular	83rd Regular	84th Regular		
1.	H.E Dr Kebede Worku	A	A	A	AP	A	4	
2.	Dr. Meshesha Shewarega	AP	A	AP	A	AP	2	
3.	Dr. Seblewongel Abate	AP	A	AP	A	A	3	
4.	Dr. Kalu Akpaka*	A	A	NA	A	A	4	
5.	Mr. Berhanu Feyessa	A	NA	NA	A	NA	2	
6.	Ms. Hiwot Solomon	A	A	A	A	A	5	
7.	Dr. Mizan Kiros *	A	NA	A	NA	A	3	
8.	Mrs. Leslie Reed *	A	NA	A	A	A	4	
9.	Ms. Miriam Maluwa	A	A	A	A	A	5	
10.	Dr. Fikreab Kebede	A	A	A	A	A	5	
11.	Mr. Kassa Mohammed	A	AP	NA	NA	NA	1	Delayed replacement from DFID. HPN will nominate members for 2017
12.	Mr. Belay Reta *	NA	A	A	A	NA	3	
13.	Mr. Meskele Lera	NA	A	A	A	NA	3	
14.	Mr. Girma Borishie*	NA	A	NA	A	NA	2	
15.	Mr. Fisehatsion Biadgilgn	A	NA	A	NA	A	3	
16.	Mrs. Tinos Kebede	A	NA	NA	A	A	3	
17.	Mr. Tadesse Eyassu	NA	NA	NA	NA	NA	-	CCM/E should take action
18.	Mr. Endalkachew Fekadu	A	NA	A	A	A	4	
19.	Dr. Agonafer Tekalegne	NA	A	NA	A	A	3	
20.	Mrs. Bilen Asrat	NA	NA	NA	NA	NA	-	CCM/E should take action
21.	Mrs. Workinesh W/eyesus	NA	NA	NA	A	NA	1	CCM/E should take action

Note: A = Attended NA = Not Attended AP = Apology

* Dr. Kalu Akpaka, WHO Representative replacing Dr. Paul Mainuka – September 2016
* Dr. Mizan Kiros, Director of Resource Mobilization, FMoH replacing Mr. Abduljelil Reshad – August 2016
* Mrs. Leslie Reed, Mission Director, USAID replacing Mr. Dennis Weller – August 2016
* Mr. Belay Reta, Executive Director NEP+ replacing Mr. Kassahun Tadesse – October 2016
* Mr. Girma Borishie, Commissioner, EECMY-DASSC and Chairman of Board of Director for EIFDDA replacing Abba Hagos Hayish – May 201

Documents Referred to:

1. Ethiopia and the Global Fund. Grant Portfolio. December 2016
2. Global Fund Observer Issue 300. 18 November 2016.
3. Global Fund Observer Issue 301. 30 November 2016.
4. Minutes of the 80th Regular Meeting of CCM/E. 31 March 2016
5. Minutes of the 81st Regular Meeting of CCM/E. 25 May 2016
6. Minutes of the 82nd Regular Meeting of CCM/E. 28 July 2016
7. Minutes of the 83rd Regular Meeting of CCM/E. 22 September 2016
8. Minutes of the 84th Regular Meeting of CCM/E. 24 November 2016
9. www.theglobalfund.org. News, December 2016