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Data Watch:

Data Accessibility from Global Funders of HIV, TB, and Malaria Programming

amfAR
MAKING AIDS HISTORY

The Foundation for AIDS Research

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INTRODUCTION

The global mobilization to combat and ultimately end the epidemics of HIV, tuberculosis (TB), and malaria has transformed the global health field, in large measure through the creation of innovative, results-focused programs for funding and delivering health services. These include the Global Fund to Fight AIDS, Tuberculosis and Malaria (founded in 2002); the President's Emergency Plan for AIDS Relief (PEPFAR, founded in 2003); the President's Malaria Initiative (PMI, founded in 2005); and bilateral TB funding through the U.S. Agency for International Development (USAID). PEPFAR alone accounted for nearly two-thirds of all international HIV assistance in 2017, while the Global Fund contributed almost 60% of international funding for malaria control.¹ In addition to its bilateral programs for these three diseases, the U.S. is the leading donor to the Global Fund.

Transparency is critical to the effectiveness of efforts to reduce morbidity and mortality associated with HIV, TB, and malaria. Transparent reporting enables all stakeholders to identify and address problems as they arise, to redeploy resources from less to more effective uses, and to ensure that finite resources are faithfully used to achieve results and improve the quality of service provision. Through transparent reporting that links expenditures with concrete results, transparency in aid programs also helps build and sustain political support for investments in international health assistance. Transparent reporting is particularly important for in-country civil society organizations, advocates, and activists engaging with and monitoring these programs in their communities.

Previous *Data Watch* reports have emphasized the need for more frequent and closer-to-real-time reporting of service coverage, improved disaggregation of data, a greater focus on service quality, and results-linked expenditure data. Key global funders and multilateral agencies have taken many of these recommendations on board, at least in part, issuing regular reports on the overall impact of investments in the fight against HIV, TB, and malaria.

This latest *Data Watch* report analyzes data transparency from a particular vantage point—that of civil society activists who serve an essential watchdog function at the local, district, and national levels.² While data on the macro-level impact of investments is useful for donor governments and organizations, such information often fails to answer key—even basic—questions that grassroots activists have: Who has been funded by donors in my community? At what level? Which activities have they been funded to do? Have the programs funded in my community delivered results with the funds they have received?

Civil society accountability watchdogs need granular data on community-specific budget flows and results. Without information regarding who is responsible for delivering which services and where on behalf of a donor, civil society advocates lack the means to intervene quickly to identify and correct problems as they arise. For example, lengthy medication stockouts can lead patients to drop out of care for long periods of time, prompt clinicians to substitute sub-optimal regimens for preferred ones, and compromise patient health.³⁻⁵ Without reliable information on who has been funded in a particular community to correct such a problem, local advocates may lack access to sufficient and appropriate actors responsible to intervene or be left only to report issues to unresponsive and unnecessarily bureaucratic channels.

Likewise, providing greater data on funding decisions, activities, and programming performance at the community level allows civil society organizations to identify where and when certain populations, communities, and priorities are being left out or underfunded. Communities are also able to offer solutions, identify when programs are ineffective, and intervene when government policies are harmful to service delivery. Transparent and public access to these data also enables civil society to monitor, detect, and prevent diversion of funds, provide input on the efficiency of different programming and implementers, and ultimately help drive service uptake and improve outcomes. In some circumstances, publishing data alone can increase knowledge about services and increase demand in the communities served by such funding. Withholding data benefits no one.

This report analyzes data availability across four of the key funders of global HIV, TB, and malaria programming to assess which data are available and which data are not. It focuses on the level of information available to grassroots advocates and communities to monitor and understand how donor-funded programs for HIV, TB, and malaria are working in their own communities. Specifically, it assesses the adequacy of information regarding **who is being funded** in a given community, **what they have been funded to do**, and **whether they have delivered** as contracted. It must be emphasized that these elements of transparency are interwoven and interlinked. Greater transparency in some of the domains can offset a lack of data in others, depending on how and what is being funded. We also stress that this report does not assess whether existing data systems and data collection efforts should be altered, but merely whether the basic data already being collected by these four entities or their grantees as an inherent aspect of grant implementation are publicly accessible.

PEPFAR AND THE GLOBAL FUND: DIFFERENT FUNDING MODELS, DIFFERENT MODELS FOR ENGAGING WITH CIVIL SOCIETY

As different models for funding the global response to HIV, the Global Fund and PEPFAR have taken varying approaches to engaging and integrating civil society into the development and monitoring of programming at the international, national, and local levels. Both entities have recently taken steps to increase civil society's ability to monitor their programs, which is welcome.

Global Fund: The Global Fund's model requires that Country Coordinating Mechanisms (CCMs) established in each country include civil society representation. CCMs are the primary mechanism for participatory decision-making and communication with grassroots civil society advocates.⁶ This model of engagement provides civil society organizations with standing and authority to engage in country-level Global Fund programming. CCMs have been core to the Global Fund model since the very beginning of the Fund.

While formal positioning and voting power on CCMs is an important feature of the Global Fund, a 2016 review of 50 CCMs by the Global Fund's Office of Inspector General (OIG) found that only 9% of CCMs were fully compliant with eligibility criteria for CCM membership.⁶ Eighty-four percent of CCMs surveyed had no clearly defined mechanism for obtaining input from constituencies, and 58% did not share oversight reports with country stakeholders.⁶ Among civil society and key population representatives surveyed in these 50 countries, 54% reported that their CCM failed to share pertinent information with constituencies.⁶

Recognition of these deficiencies in CCM structures has led to the establishment of the "CCM Evolution" project by the Global Fund, which aims to improve the structures, oversight, and processes by which CCMs are managed.⁷ More recently, the Global Fund Board has approved the development of a funding stream for community-based monitoring as part of catalytic investments for the 2020–2022 funding cycle, should the replenishment reach certain funding targets. However, the structures, mechanisms, and methods of how that funding will operate are not yet determined.⁸

PEPFAR: The process of developing annual PEPFAR Country Operational Plans (COPs), once largely closed to civil society participation, has opened up substantially since 2014, enabling civil society to play a growing role in the shaping and monitoring of PEPFAR programming in their countries. PEPFAR COP Guidance now requires PEPFAR country teams to coordinate a series of open engagements with civil society organizations both throughout the development of COPs and during implementation of the programs.

However, unlike the Global Fund and inherent to the model of PEPFAR and U.S. government regulations, civil society has no formalized position or authority in determining how COPs are developed other than as advisors to the program. Strong advocacy in these spaces, such as the development of People's COPs, which summarize civil society recommendations for PEPFAR-funded programs in different countries, has successfully influenced the COPs that are ultimately developed.^{4, 9, 10} In COP19 Planning meetings, PEPFAR made commitments to begin funding civil society-led facility- and community-based monitoring of PEPFAR programming in multiple countries: South Africa, Mozambique, Kenya, and Uganda. These mechanisms have not yet come online, but they are indicative of changes in the understanding and willingness to involve civil society organizations in the quality assurance component of PEPFAR programming.¹¹

Importantly, neither of these models is inherently "right," but simply different approaches to engaging with civil society. In all cases, the sincerity of the engagement and space provided for civil society to raise concerns, make demands, and advocate for changes in approaches, and for those issues to be genuinely considered and included to the fullest extent possible is crucial, regardless of the formality of the engagement. This should include the ability for civil society actors to engage directly with the grantees and implementers throughout the implementation of grant activities.

INFORMATION FOR ACCOUNTABILITY: WHO IS BEING FUNDED

For grassroots activists to flag problems as they arise, intervene to correct them, and hold donor-supported programs accountable for results in their own communities, they need to know which organizations, entities, or individuals have been funded to deliver services in those areas. It is among the most basic of expectations for funders to disclose who they are funding to do work in different geographic and programmatic areas to stakeholders—including local civil society organizations.

Who is funded is part and parcel of the policy and programmatic decisions that funders make. Whether organizations are local implementers, large international NGOs, consortiums of partners, or grant managers issuing sub-grants to other organizations expresses different approaches to service delivery and establishes different lines of accountability for civil society to act on when programmatic or implementation issues arise in different communities. For some communities—particularly key populations disproportionately affected by or at risk of acquiring HIV, including men who have sex with men, sex workers, people who inject drugs, and adolescent girls and young women—who is funded to implement programming is important to understand whether those organizations have the support and trust of the community served, and the resources necessary to adequately serve them.

It is incumbent on major funders to aid civil society in understanding and having access to these lines of accountability in their countries, provinces, and districts. For programming largely implemented through community groups and through sub-granting arrangements, this includes the ability to identify who those sub-recipients and community groups are in different program areas.

Global Fund

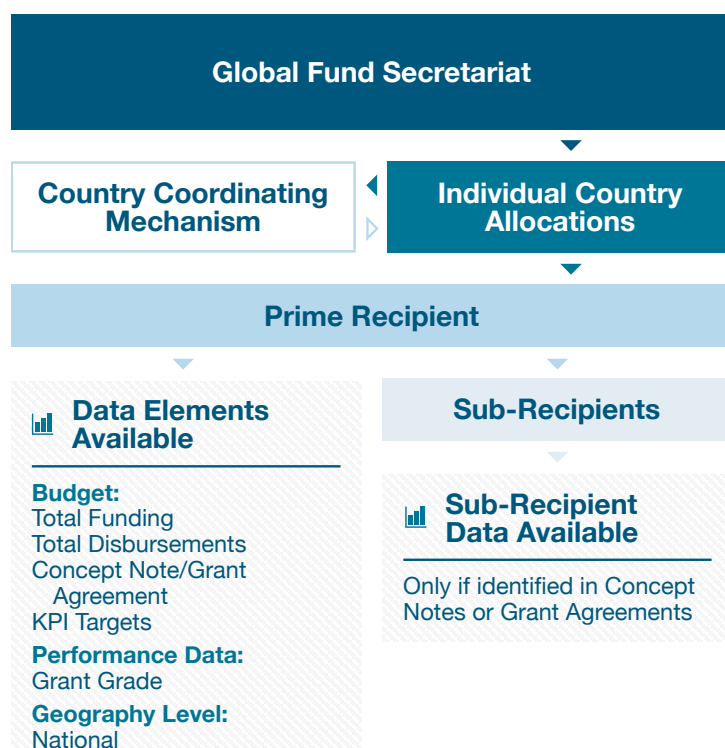
The Global Fund’s model is built around country ownership of the programmatic response to HIV, TB, and malaria. In the early years of the Global Fund, countries competed for resources through a rounds-based grants model. In 2014, the Global Fund changed its model and now determines individual country allocations for each of the three diseases through a formula-driven methodology, which is approved by the Board and made publicly available. We have limited our assessment to the post-2014 era of the Global Fund.

Through a consultative process overseen by a CCM, countries apply for grants up to the allocation amount in the form of Concept Notes. These notes describe the national and sub-

national epidemiology of the disease for which support is sought, the strategic framework(s) with which the proposal is aligned, barriers to effective management or control of the disease, broad strategic activities and objectives for requested Global Fund support, and how assistance from the Fund would complement other funding sources. They identify the organizations that will be primarily responsible for the implementation and monitoring of the program, and—in some cases—the sub-recipients who will be tasked with and funded for particular activities. Approved Concept Notes are publicly available on The Global Fund’s website,¹² though often only as scanned PDFs that may or may not include details on funding arrangements.

However, once Concept Notes are submitted, they undergo technical review and modification, and upon approval by the Global Fund Board are translated into grant agreements that outline expectations and performance indicators. The final documents are publicly available as scanned PDFs¹³ and primarily contain standardized contracting language rather than detailed information on programmatic activities and sub-granting arrangements. While most grants attach some tables of

The Global Fund to Fight AIDS, Tuberculosis and Malaria



budget information with different activity level budgets, they remain high level and virtually unusable from a monitoring perspective as they lack sufficiently specific details regarding responsible entities and their activities.

Once implementation of the grant begins, information available to grassroots activists regarding the entities contracted to implement activities under the Global Fund grant is limited only to the prime recipients and the total amount of funding obligated and disbursed. Prime grant beneficiaries of the Global Fund—by the nature of the Global Fund’s model—tend to be large managers of funds, but may or may not be actively involved in individual programmatic implementation of grant activities. For example, in 2019 there were six active Global Fund grants in Kenya, with signed commitments totaling over \$391 million.¹² The largest grant, \$183 million for HIV prevention, treatment, and care is to the National Treasury of the Republic of Kenya, which does not directly implement health services.

The Global Fund is cognizant of this fact, stating that:

In most cases, Principal Recipients [...] disburse funds to other smaller organizations who serve as sub-recipients or even sub-sub-recipients. A purpose of this is for financing to effectively cascade to smaller organizations, and for programs to be carried out to reach those populations or groups which may not be otherwise easily reached by a government. [...] At every step of the process, recipients are expected to be able to demonstrate results and to show how the grant money has been used.¹⁴

The Global Fund does not currently disclose or provide any insight into that level of implementation to the public. Importantly, releasing data only at high levels obscures critical details and prevents civil society actors from having equal access to information necessary for monitoring Global Fund-funded activities on the ground and in their communities. In the case of the Global Fund grant to the National Treasury in Kenya referenced above, resorting to the grant agreement documents can only identify that approximately 41% of funds will be programmed through the Kenya Red Cross Society and 59% will be implemented by unnamed sub-recipients, but without any clarity on which activities each will be involved in or where in the country. With grants to government agencies it is especially difficult for civil society actors to access

information on the programs and activities being implemented with Global Fund resources.

It may be argued that national CCMs should be the source for information on sub-recipients and activities, but this is insufficient for multiple reasons. While national CCMs may have access to information on partnering arrangements (with sub-recipients) and are intended to serve as the primary conduit to national stakeholders regarding grant programs supported by the Global Fund, CCMs are variable in their capacity and willingness to do so. Most CCMs are led by government officials and often include members employed by organizations receiving Global Fund grant funds, creating conflicts of interest and concerns about the willingness to share data widely.

As noted by the Global Fund’s OIG, most CCMs lack mechanisms for obtaining the input of national stakeholders and otherwise fail to keep stakeholders abreast of grant activities. The Global Fund Secretariat provides limited oversight—other than setting guidelines—and technical assistance, but does not directly intervene in the processes and practices of CCMs. This leaves CCMs to determine the level of transparency and engagement they will have with civil society organizations that are not formally part of the CCM.

Moreover, The Global Fund Board and Secretariat have primary responsibility for being transparent in publicly detailing the organizations funded with Global Fund support and their achievements. That responsibility is not met merely by disclosing the prime recipients of grants—especially in cases where those prime recipients are not implementing the day-to-day programming activities across different geographies and populations.

Additionally, in the 2017–2019 Global Fund funding cycle \$800 million was allocated through “catalytic investments” that do not go through the same CCM process. Catalytic investments during this round were allocated to three buckets: matching funds (\$313 million), strategic initiatives (\$194 million), and multi-country approaches (\$293 million). For these investments, far less information is available. The Global Fund’s website¹⁵ provides a tracker of matching funds, but it is just the amount of funding that has gone to different countries under the matching funds program. No information is available about the recipients and specific program activities to be implemented. For the 2020–2022 funding cycle, up to \$900 million will be allocated to catalytic funding initiatives—possibly including community-based monitoring activities. Details on these investments, what has become of them, and

which countries have benefited from them should form part of the Global Fund’s public record.

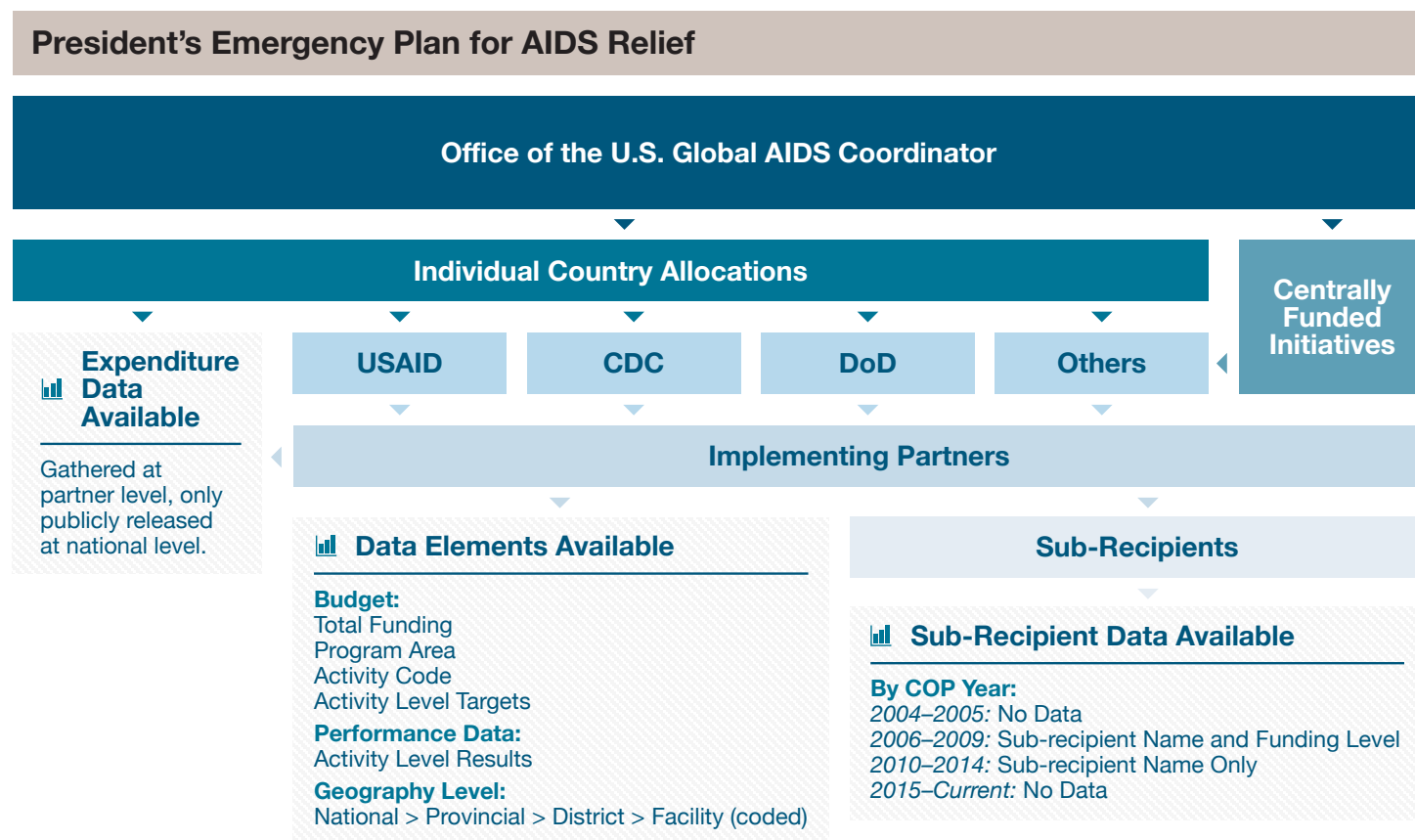
PEPFAR

PEPFAR’s work is outlined in annual country-specific COPs (or in some cases Regional Operational Plans (ROPs)). Each COP outlines the strategies, activities, budgets, specific implementation targets, and primary implementing partners for country or regional activities. As PEPFAR consists of multiple arms of the U.S. government (including USAID, Centers for Disease Control and Prevention (CDC), Department of Defense (DoD), Health Resources and Services Administration (HRSA), and others), COPs outline PEPFAR funding that flows through each arm of the U.S. government in a specific country or region. COPs are available online,¹⁶ as are dashboards providing detailed funding information on budgets and recipients.^{17, 18}

At a partner level, individual details are available on the program area (treatment, prevention, care, etc.) funding levels, by activity (antiretroviral drugs (ARV) procurement, pediatric treatment, circumcision programming, etc), and expected service delivery targets tied to that funding. These documents

are supplemented when implementation begins with specific geographic performance targets and results on a quarterly basis.

With respect to the identity of responsible parties for implementation of PEPFAR activities, COPs provide detailed information for grassroots monitors that are sufficient as a starting point, but incomplete. While most PEPFAR implementing partners will be directly involved in day-to-day programmatic implementation of grant activities, a significant portion of work is also delegated to sub-recipients. As with the Global Fund, the incompleteness of PEPFAR data comes at the sub-recipient level. The degree to which PEPFAR has disclosed sub-recipient data on grants to deliver services has varied over time. From 2004 to 2005, no information on sub-recipients was available. From 2007 to 2009, both sub-recipient names and funding levels were identified directly in the COPs. From 2011 to 2014, sub-recipient names only were provided. From 2015 to the present, PEPFAR has ceased any identification of sub-recipients. It remains unclear why sub-recipient information was removed from the COPs. While U.S. contracting regulations require sub-recipient funding to be reported to agencies, these data are difficult to identify and use, and cannot be easily linked to PEPFAR funding across all agencies.



Importantly, PEPFAR’s 2018 Expenditure Reporting data identified \$721 million in funding to sub-recipients. This represents almost 18% of PEPFAR’s total partner funding, for which there is no information available on the identity of these sub-recipients.

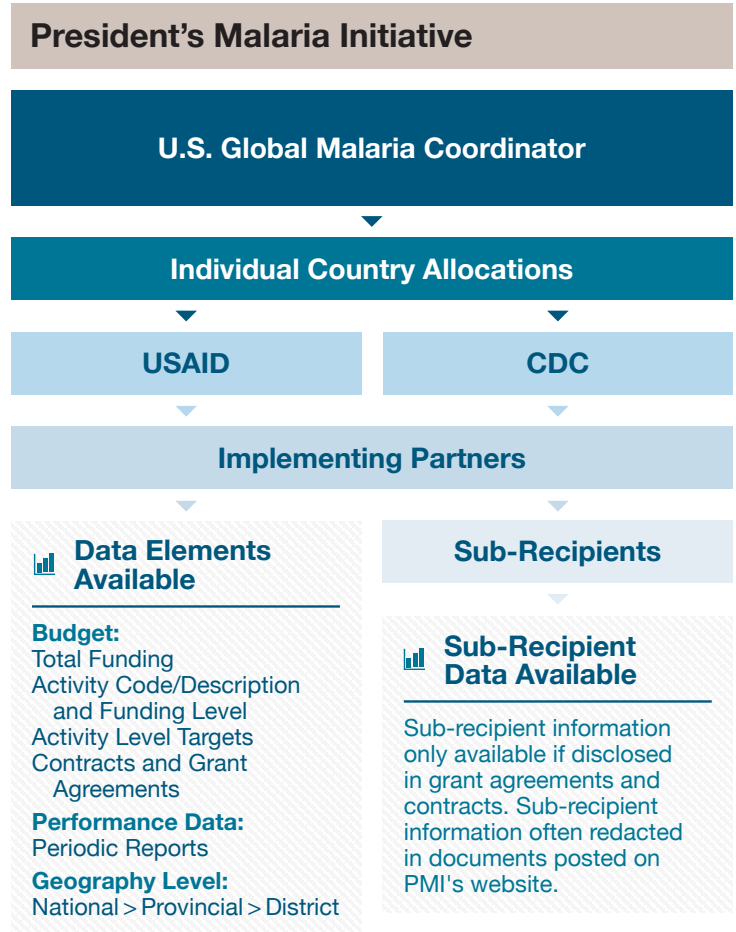
Finally, PEPFAR has historically funded some programming through central initiatives that do not go through the COP process. Centrally funded activities have included some voluntary medical male circumcision (VMMC) programming; the Accelerating Children’s HIV/AIDS Treatment Initiative (ACT) program; and the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women (DREAMS) program. Similar to catalytic investments from the Global Fund, limited to no data are available on these programs and the partners involved. While some information can be identified in reports or has been presented in publicly accessible Power Point slides, these are not synonymous with releasing data on the partners, funding levels, and workplans and activities being engaged in and where in each country.¹⁷ Transparency into the funding of these central initiatives should form part of PEPFAR’s public data release.

President’s Malaria Initiative

As a presidential initiative, PMI funding flows share many similarities with PEPFAR. Annual Malaria Operational Plans (MOPs) describe intended PMI activities in PMI program countries and are publicly available. Following a review of national and sub-national malaria epidemiology and progress in meeting PMI country-level targets, each MOP outlines planned priorities and changes within its key programmatic pillars (e.g., entomologic monitoring, indoor residual spraying, insecticide-treated bed nets, management of malaria in pregnancy, case management, pharmaceutical management, social and behavior change communication, and surveillance).

Zimbabwe’s MOP for Fiscal Year 2019 is indicative of the PMI approach. For example, a decrease in the annual parasite index in 13 districts prompted a transition in the prevention emphasis from indoor residual spraying to bed nets.¹⁹ Likewise, changes were made in PMI’s survey methodology in order to better identify supply chain system challenges in the country.²⁰

For each country, the identities of PMI primary implementing partners are set forth in budget documents that accompany the MOP.



As in the case of PEPFAR, it is unclear whether the primary implementing partners identified in the MOPs are themselves implementing the services or partnering with sub-recipients to do so. No information on sub-recipients appears anywhere that can be linked back to PMI. That said, PMI takes the additional step of posting all contracts, grants, and cooperative agreements on its website—including grant reports and annual updates. While potentially challenging for civil society to engage with, this step is substantial for transparency. Such reports can provide a solid basis for on-the-ground investigations of what is being funded and how effectively.

The MOPs also detail distinct sub-national district or provincial geographies in which different partners are meant to be operating and for which activities—bed-net distribution, indoor spraying, etc. This provides grassroots watchdogs with more specific information regarding whom to turn to in case of implementation bottlenecks or concerns.

USAID Bilateral TB Assistance

USAID is the U.S. government’s lead agency on global TB, although it works closely with other agencies that undertake global TB-related activities (including PEPFAR for activities related to HIV and TB co-infection or prevention, CDC, and the National Institutes of Health for research).²¹ USAID’s TB strategy prioritizes integrated, patient-centered care and prevention; supportive policies and systems; and research and innovation in high TB burden countries.²² Annual progress reports summarize overall gains towards the targets outlined in the global TB strategy, including brief progress reports in countries that receive U.S. TB assistance.²³

USAID’s TB programming receives the least funding of the programs assessed here. Unlike PMI and PEPFAR, which were established as special presidential initiatives, USAID TB programming is tied solely to internal USAID policies and procedures for the release of information. As such, while USAID TB is the focus of this report, much of what is discussed here is applicable to USAID’s overall transparency and disclosure process.

Information on USAID programming is minimal and the least obviously transparent of the entities assessed here. USAID’s TB website links to a series of additional sites on the mechanisms being funded, such as Challenge TB and TB Care II,²⁴ but also links to partnerships with entities like Janssen Pharmaceuticals. Though some of these links provide access to annual or multi-year retrospective reports, brochures, and broad planning documents, some are also just links to

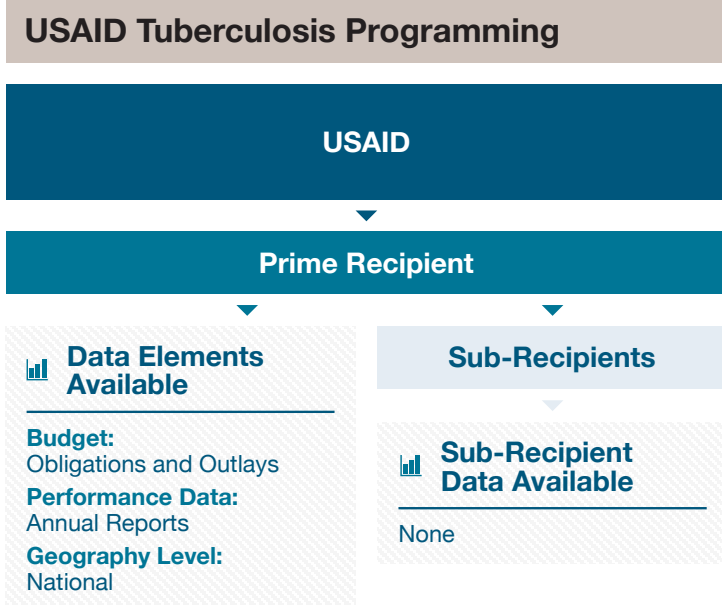
the home pages of the organizations, as in the case of Janssen. It is difficult to discern clear information on which activities are being funded through these partnerships, country-level activities (if any), or funding levels.

While some additional partner-level funding information is available through USAID’s Foreign Aid Explorer,²⁵ the interface does not enable isolating TB-related activities. One can resort to downloading the full raw data behind the Explorer to isolate TB-specific programming, but even then, the only information available is obligations and outlays of funding by grant mechanism and grant agreement. Getting more detailed information would require civil society actors to resort to gathering by hand grant reports and other information based on those data. But these would still generally only report on what has been accomplished, rather than the metrics and intention for activities currently underway.

It should be noted that USAID TB programming is different from other streams. While malaria programming is often targeted outside of public clinic infrastructure—such as bed net distribution and spraying activities—and HIV programming in many countries is integrated into public health care systems and clinics with support from funders like PEPFAR and the Global Fund that still play a concrete role in the implementation of programming, TB services have been a core component of public clinics in most USAID TB program countries for decades. As such, USAID TB funding is primarily intended to improve systemic issues and provide technical assistance, rather than funding individualized services directly to clients.

USAID’s new Tuberculosis Implementation Framework Agreement (TIFA),^{19, 26} initiative with John Snow, Inc (JSI)—a \$300 million five-year project across 24 countries—is illustrative of this reality. The project is designed around providing direct support to local governments to implement TB programming. As stated in the Notice of Funding Opportunity:

TIFA will create country-specific frameworks under which the prime recipient(s) will negotiate amount award sub-agreements (FAAs) [up to a maximum of \$250,000] with local government entities, and other local partners as applicable. The FAAs will be tailored to the context and resource availability in each, with a structure to maximize accountability and to leverage domestic resources and sector contributions. The FAAs will have specific and



THE COMPLEXITY AND IRRELEVANCE OF APPORTIONING CREDIT FOR PROGRAMMATIC RESULTS

Apportioning credit for results and improvements in HIV, malaria, and TB outcomes both globally and within individual countries has been cause for disputes between different donors, domestic governments, academics, and others. Such attribution is complicated by the synergy with which investments are being made and the level of integration across the various funders and actors involved. No single funder is responsible for the whole of improvements, and efforts to apportion credit among the funders is irrelevant for improving the reality of service delivery on the ground.

For example, PEPFAR's programmatic data for Malawi report 528,015 people actively receiving ARVs with support from PEPFAR. However, PEPFAR only purchases a small proportion of the ARV commodities in Malawi (8.5% as of 2019). The remaining ARVs are procured through a Global Fund grant, but those ARV commodities are used in PEPFAR's programs.²⁰ Moreover, the health care workers—the nurses, clinical officers, and community health workers at the front lines of health care delivery—are primarily funded through domestic resources, with supplemental support from

PEPFAR and Global Fund grants. Absent any of these funders, those 528,015 people accessing care in facilities partially supported by PEPFAR would be far lower. This is not to suggest that PEPFAR is over-crediting its work. PEPFAR is clear that its metrics are designed to count services at facilities it touches and that PEPFAR is not necessarily the sole funder of services in those facilities. The purpose of these metrics is to support monitoring of overall service provision. But this case is illustrative of the complexity and futility of apportioning credit for outcomes as “simple” as people accessing HIV treatment.

But in an environment where funders are integrating their investments to make programming go further, it becomes progressively more important for funders to commit to greater and greater transparency regarding who they are funding, for which specific activities, and where they are funding them so that civil society organizations can engage and meet directly with the actors responsible for discrete aspects of health care delivery in their communities.

Transparency of funding is necessary. Attribution is not.

quantifiable milestones on which funding will be contingent, which will be agreed upon prior to award of the sub-agreements on direct negotiation.²⁷

This initiative for TB programming is new—JSI was awarded the grant in June 2019.²⁷ But the nature of making a large number of small grants to local governments with clear metrics is an opportunity for transparency and accountability that incorporates civil society organization input at a local level.

The nature of TB programming being technical assistance does not prevent USAID from releasing quality information on who is being funded, at what level, and for which specific purpose. The TIFA subgrants to local governments could be a prime example of this. In a highly technical assistance program, it is important for funders to be very clear about the specific barriers that their investments are meant to unblock, and civil society should be in a position

to use such information to hold both USAID's partners and domestic government programming accountable for improvements in those areas.

INFORMATION FOR ACCOUNTABILITY: WHAT IS BEING FUNDED AND WHAT HAS BEEN ACHIEVED

Funding is meant to serve a purpose. In the case of the Global Fund, PEPFAR, PMI, and USAID, funding is intended to improve the lives and health of individuals living with and affected by these diseases. The precision of the activities being funded matters for which populations are served with limited resources and which services are provided and not provided. Activity-level funding communicates the priority of the funder, as well as its belief in the best interventions necessary to combat the diseases at the local level.

Likewise, performance data enable communities to understand if interventions are working and whether the specific activities funded are being implemented successfully or with fidelity. They may highlight failures or lessons to be taken to other communities.

Here we look at the data available from these actors and whether civil society organizations can gain insight from public data on the activities taking place—or meant to be taking place—in their communities.

The precision of the activities being funded matters for which populations are served with limited resources and which services are provided and not provided.

Global Fund

As noted in the previous section, Concept Notes followed by grant agreements form the core structure of how Global Fund grants are made and funding disbursed. These documents are publicly available. Concept Notes contain budget information, including by different activity areas (Modules), which provides guidance as to the types of activities and aspects of the health system response that will be implemented with the funding. In publicly released Concept Notes, activity budget information is variously attached as PDFs, Excel spreadsheets, or sometimes only integrated into the narrative of the Concept Note, making it inconsistent to access.

When Concept Notes are reduced to grant agreements, a table detailing the module level budget information over a two- to three-year period is usually attached as a PDF, often as a scanned PDF, making legibility difficult. Additionally, grant agreements generally add cost groupings—such as human resources, travel, and health products procurement—which provide greater insight into how Global Fund resources will be used to fund the response.

But this is where the data end, contained in inconsistent and difficult to access documents that may already be multiple years out of date. Module and cost-grouping data are not tied to individual implementers in the grant agreements. Moreover, the Global Fund Data Explorer¹² and Data Service²⁸ do not provide any access to module or cost-grouping information. This is unfortunate. Module and cost-grouping data—

particularly if combined with prime and sub-recipient information—could provide clearer insight into what Global Fund-funded partners are being funded to do, so that civil society can monitor and understand whether implementation of the grant is happening in their countries and communities. Submitted as part of Concept Notes and in grant agreements, these data are already available within the Global Fund Secretariat, but have not been made publicly available.

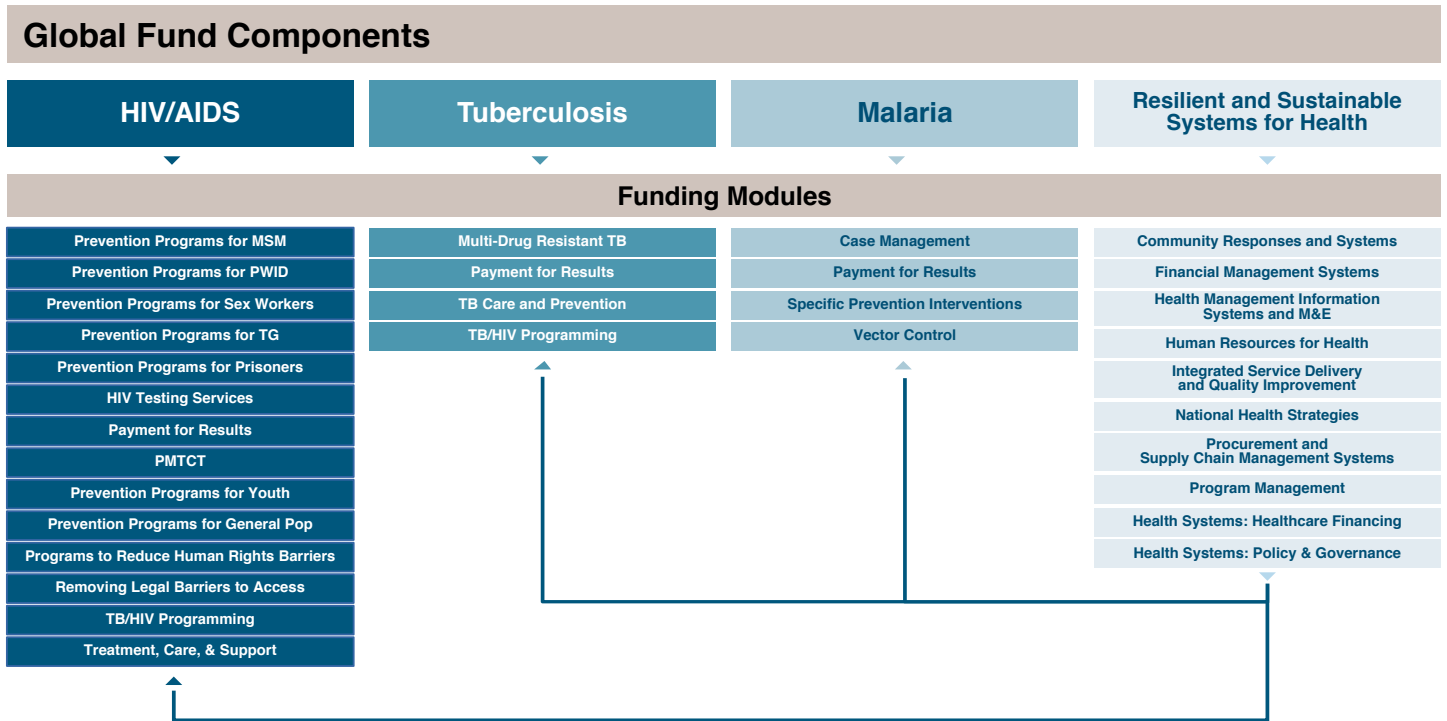
As for performance data, as stated on the Global Fund website:

The Global Fund reports full national results for the countries where we invest, rather than reporting solely on the specific projects or interventions we fund. This reflects a core principle of the Global Fund: that we support national health programs and strategies to achieve national goals. [...] The rationale for reporting national results is that the ultimate test of whether the Global Fund partnership is working is whether countries are on track to achieving the SDG 3 target of ending the epidemics by 2030.

This perspective on results tracking is not unique. Attribution of results to individual funders and grants has long been a point of controversy and is difficult to disentangle from the activities of other actors (see box on page 8).

In place of individual grant activities, the Global Fund has developed Key Performance Indicators (KPIs)²⁹ that require grant recipients to report national-level data, such as the total number of people accessing treatment, drug-resistant TB rates, and mosquito nets distributed. For both service and epidemiological indicators, the data reported to the Global Fund by their partners are based on the whole of the health system response, with no details or breakdowns of the specific activities and contributions of the Global Fund grantees themselves. Grant agreements do include benchmarks and targets for these indicators, but the achievement of these targets is not necessarily tied to the specific activities that are being funded with Global Fund resources.

Grants are subject to performance evaluations reported to the Board that include “performance of



individual programs against agreed grant milestones and targets, the alignment of funding with national programs, absorption rates, fulfillment of co-financing requirements, performance of principal recipients, effectiveness of reprogramming, supply chain metrics, and procurement savings.”²⁹ These KPIs are then distilled into a grant rating between A1 and C. Grant Performance Reports were available through the Global Fund’s old Grant Portfolio system that remains on their website, but are no longer updated. Instead, The Global Fund’s new Data Explorer provides access to country “Results Profiles” by disease that, again, do not describe Global Fund recipient activities or contributions to the overall response in the country or detailed information on grant performance. In fact, many of the “results” that are reported against the targets in Global Fund grants are the output of epidemiological models for each disease, not necessarily the output of service delivery targets.

This approach to grant management makes some sense for the Global Fund model of pooling donor resources to fund country-led responses. It is therefore—appropriately—less involved in the day-to-day management of implementing programs than many bilateral donors. That model need not change and the expectation is not that the Global Fund revise its model and begin engaging in aggressive programmatic monitoring of individual grantees at sub-national levels.

However, the Global Fund is a major contributor to country efforts and has chosen to primarily assess impact only at the national level based on all programmatic inputs from all funders—including domestic governments. In this context, it is substantially more important to document publicly and clearly who has been funded to carry forward Global Fund-supported activities, which specific activities are being funded, and where those activities are meant to be implemented so that civil society has access to actionable information.

In this context, it is substantially more important to document publicly and clearly who has been funded to carry forward Global Fund-supported activities.

Global Fund grants focused on key populations are a case in point. The Global Fund has made important strides in prioritizing services for key populations, requiring countries to address key populations in their Concept Notes and devoting one KPI to assessing coverage of services for different key populations. While such metrics may be relevant for donors, they are often used to obscure actual programmatic service delivery in country. Population size estimates for key

populations are notoriously variable, incomplete, and inaccurate, such that coverage trends built using the size estimates as denominators are often meaningless and irrelevant. Knowing who is funded to provide services in each of these spaces is often more meaningful for communities. While the context of criminalized populations can raise legitimate concerns about full transparency, this is not always the case, and would not generally include the identity of an organization tasked with implementation of sanctioned health care service delivery programming.

Regular audits of national grant programs offer another mechanism the Global Fund uses to assess the effectiveness and impact of its investments. For example, a 2019 audit found serious deficiencies in the Global Fund's grant programs in Sudan, including a lack of quality control, implementation deficiencies, and weaknesses in procurement and supply chain management.³⁰ However, from the perspective of grassroots watchdogs, after-the-fact national-level audit findings do not substitute for transparent, actionable, real-time information on what the Global Fund is paying for in specific communities and whether contracted parties are delivering on their commitments.

PEPFAR

PEPFAR's Monitoring, Evaluation, and Reporting (MER) framework is the primary mechanism for PEPFAR programmatic monitoring. All implementing partners tasked with activity-level targets are required to submit quarterly facility-level data on the results for their targeted activities. For the most part, MER results are tally indicators counting the number of particular services that have been provided at a site, such as HIV testing services, individuals identified as HIV positive, numbers of people currently accessing treatment at the site, and prevention of mother-to-child transmission services. These data are able to be aggregated up to reveal district, provincial, or national-level results.

PEPFAR's MER data—with several exceptions below—are available on PEPFAR's dashboards and, as of July 2019, can be downloaded in bulk including down to the site level. Facility names are coded to help preserve patient confidentiality in locations with small numbers of people in care. Additionally, primary implementing partners are linked to district-level results in countries, though, as noted earlier, the names of the implementing partners are anonymized within the dataset.

PEPFAR's internal systems also capture age- and sex-disaggregated results for most indicators as well as disaggregations around the modality of testing (e.g., voluntary testing and counseling services, VMMC testing services, mobile

unit testing, community testing programs, and index testing services, among others). These data are largely unavailable. Age and sex data are available for select indicators (HIV testing, individuals identified as positive, people initiated on treatment, and people currently on treatment), though these are limited to age groups of either under or over 15 years. Finer age disaggregations are available for women screened and receiving treatment for cervical cancer. But no other age, sex, or gender data are available. Results for key populations prevention programming are all combined in the data made publicly available.

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This level of global health data is unprecedented and PEPFAR deserves praise for its transparency. While additional data disaggregations and indicators are collected by PEPFAR and should be targeted for release, this amount of data helps civil society organizations engage meaningfully with the programs PEPFAR is funding. Additionally, in-country PEPFAR teams are required to have quarterly meetings with civil society organizations to review data and discuss service delivery concerns. While the quality of these meetings and data shared with civil society vary between countries, the process opens additional opportunities for engagement.

PEPFAR also conducts regular Site Improvement through Monitoring System (SIMS) inspections of a large number of sites and facilities that receive PEPFAR support. SIMS visits have been part of PEPFAR programmatic quality assurance monitoring since 2014. Rather than collecting information on counts of services, these data contain information on whether sites are implementing programming according to correct procedures and are consistently implementing national and PEPFAR guidelines in clinical care. These data are unfortunately not publicly available, yet may be some of the most relevant and important for civil society organizations in fulfilling their monitoring role. The PEPFAR website only shows a quarterly count of the number of SIMS assessments that have been conducted in each country—totaling 14,876 site visits as of 2019Q1. Making these data public should be a priority for PEPFAR.

Partner performance data are publicly released, though the identity of the partner is coded in publicly available datasets and requires a manual verification linking back to COP documents to de-anonymize those results. This is unnecessary. Civil society organizations should not be limited in accessing information relevant to the services that are being funded for delivery in their countries and communities and who is responsible for such performance. While there are understandable areas of concern in some cases—such as among criminalized key population funding and results data in different countries—redaction should be limited to these circumstances, on a country by country basis.

Civil society organizations should not be limited in accessing information relevant to the services that are being funded for delivery in their countries and communities.

Finally, PEPFAR also reports expenditure data through its Expenditure Analysis and now Financial Classification frameworks annually. These data provide insight into how PEPFAR resources have been spent over the year and whether they are in line with the original COP. However, while these data are gathered by PEPFAR on an implementing partner basis, they are only publicly available at an aggregated national level across all partners. This limits their utility for assessing whether differences in performance can be explained by different patterns in spending across partners or program activities.

President's Malaria Initiative

Through the MOPs, PMI provides comparatively clear information on the specific activities it supports and the sub-national districts where activities have been contracted to be performed. For example, in Angola in FY19, PMI has allocated \$1.2 million to Global Health Supply Chain Procurement and Supply Management for the procurement and distribution of insecticide-treated nets in six provinces (Cuanza Norte, Lunda Norte, Lunda Sul, Malanje, Uige and Zaire).³¹

PMI reports overall program results in annual reports to Congress, quantifying the number of insecticide-treated

nets and malaria treatments delivered as well as the number of houses protected through indoor residual spraying.²⁷ Periodically updated country factsheets report on high-level surveillance from Demographic and Health Surveys (DHS) and other sources that incorporate inputs from all funders. Other periodic reports summarize results of specific PMI activities; for example, from October 2017 through March 2018, PMI protected 10.8 million people through indoor residual spraying, achieving average spray coverage in targeted jurisdictions of 94.4%.³² These periodic reports provide sub-national results data. For example, grassroots watchdogs in Rwanda could learn from online PMI reports that 231,258 structures in Gisagara, Kirehe, and Nyagatare districts (or 99.3% of all structures in these districts) were sprayed with organophosphate during campaigns in 2017.³²

While these reports—combined with funding data from the MOPs—provide good insight into the program, the usability of the data remains a challenge when encapsulated within reports. It is not clear how comprehensive these reports are in detailing all results for all geographies in which PMI is operating. Fully detailed, usable data would substantially improve the ability of civil society organizations to monitor the effectiveness of programming.

USAID Bilateral TB Assistance

In annual reports to Congress, USAID provides global-level indicators on how it allocates its TB assistance in the countries it helps (including 23 countries that received bilateral TB assistance in FY16, 54 countries that received USAID-provided technical assistance, and 56 cumulative countries that have accessed the USAID bedaquiline donation program).²³ In FY16, for example, 67% of bilateral TB assistance supported the diagnosis, treatment, care, and support of TB patients, including 26% of all assistance that supported directly observed TB therapy.²³ In FY16, USAID's bilateral TB assistance enabled the detection of 3.9 million TB cases, a treatment success rate of 88%, and the initiation of appropriate treatment for 77,000 people with multi-drug-resistant TB (MDR-TB).²³ USAID estimates that its TB assistance saved 53 million lives from 2000 to 2016.²³

While these annual result reports demonstrate that investments in TB assistance are money well spent, they provide limited value to grassroots accountability watchdogs. Such high-level information can obscure disparities occurring at and between different districts and communities. USAID has a new online TB Data, Impact Assessment & Communications Hub that's been developed to gather data, tools, and research on TB for implementers.

While the resource library provides useful access to guidelines, best practices, and research, from a data usability perspective, the hub dashboards are sourced from the WHO's publicly accessible dataset and do not provide insight into the unique components that USAID TB is involved in funding.

While these annual result reports demonstrate that investments in TB assistance are money well spent, they provide limited value to grassroots accountability watchdogs.

As with the Global Fund, high-level grant management may be appropriate given the funding levels and approaches being undertaken by USAID TB programs, but such concerns should not prevent providing clear and specific data on the partners being funded and the specific intent and activities meant to be undertaken with that funding in advance so that civil society can better engage and monitor implementation. With the new TIFA project, there may be an additional opportunity to release more data on the specific initiatives implemented and the results of those projects as implementation begins and is disseminated. Gathering and releasing such data should be a priority for USAID.

RECOMMENDATIONS AND WAY FORWARD

As described above, all four entities reviewed here have some data that remain difficult to access, which undermines the ability of civil society organizations to engage directly with the programs and partners responsible for delivering services in their countries, districts, and communities. As stated earlier, the intention of this report is to assess the public accessibility of data that are already being gathered either by the funders or by their grantees and the degree to which that information is publicly available. While additional data collection efforts outside these limitations may be warranted, such efforts take time and increase the costs of implementing programs. Thus, the recommendations that follow are limited to those that should be able to be implemented with minimal investments:

Global Fund

- Gather and publicly release budget-level data by Prime Partner and sub-recipients, including module, cost grouping, and (if available) geographic area of focus for each organization receiving downstream Global Fund support.
- Gather and publicly release disbursement-level data by Prime Partner and sub-recipients, (where possible) including module and cost-grouping information as well as geographic area.
- Gather and publicly release data on catalytic investments, including by prime partner and sub-recipients, specific activities intended to be funded, and sub-national geographic areas (if any).
- Ensure all grant agreements, detailed grant performance reports, and other documents remain accessible on the Global Fund website and are integrated into the Data Explorer.

Of note, while the Global Fund Secretariat may not currently have direct information on sub-recipients, the Prime Recipients of Global Fund grants have such information and are tracking budget and disbursement data as a routine course of grant management.

PEPFAR

We note that our recommendations for PEPFAR are more technical and detailed than for the other funders. This is a reflection of the substantial success PEPFAR has had in developing thorough data systems and the level of transparency PEPFAR has had in documenting those data systems for stakeholders. PEPFAR has become a leader in data transparency and our recommendations should be seen in that context.

- Gather and publicly release sub-recipient data, including by budget code or other activity area, and sub-national geographic information where available.
- Gather and publicly release USG standard grant/contract agreement numbers in addition to mechanism identifiers in the COPs to enable linking PEPFAR-funded activities to other U.S. government data sources.
- Gather and publicly release data on centrally funded initiatives by partner and country.

- Publicly release budget and expenditure data by partner and country under the Financial Classification framework.
- Where possible while protecting client confidentiality, release more granular age/sex and other disaggregated information collected as part of MER indicators.
- Ensure all MER indicators are publicly released on PEPFAR data portals, including:
 - Human Resources for Health – HRH_PRE, HRH_CURR, and HRH_STAFF_NAT;
 - Gender Based Violence Services – GEND_GBV;
 - HIV Testing data – All Site/Modality data for HTS_TST as well as HTS_INDEX and HTS_RECENT for which no data have been publicly released;
 - Medication Assisted Therapy Data – KP_MAT;
 - Health Systems Improvement Data – EMR_SITE, FPINT_SITE, LAB_PTCQI, and SC_STOCK for which no data have been publicly released;
 - PrEP Data – PREP_CURR for which no data have been publicly released;
 - Treatment Retention Data – TX_ML for which no data have been publicly released;
 - Denominator data for all Coverage level indicators – CXCA_SCRN, CXCA_TX, PMTCT_ART, PMTCT_STAT, PMTCT_EID, PMTCT_FO, TB_ART, TB_PREV, TB_STAT, TX_TB, and TX_PVLS.
- Publicly release Site Improvement through Monitoring System (SIMS) data.
- De-anonymize implementing partner names in publicly accessible MER quarterly data reporting.
- Where possible while protecting client confidentiality, publicly release identifiable facility names for facilities in which PEPFAR implementing partners are working.
- Gather and publicly release on PEPFAR's website all contracts, grants, and cooperative agreements entered into by the agencies utilizing PEPFAR resources, as is done by PMI.

President's Malaria Initiative

- Gather and release sub-recipient data, including by activity area and sub-national geographic information where possible.
- Improve the accessibility of information released through annual reporting and grant reports.
- Improve the detail and specificity of grant monitoring and performance metrics, including linking to implementing partners and sub-national geographic regions where possible.

USAID Bilateral TB Assistance

- Gather and release data on partners and sub-recipients, including by activity area and sub-national geographic information where available.
- Make all agreements with host country governments under the USAID Global Accelerator to End Tuberculosis public.
- Improve USAID's Data Explorer to be able to identify TB specific activities, as is done with HIV/AIDS.
- Release country-level workplans or details of specific activities and metrics on the activities being funded in each program country.
- Ensure all grant agreements under the TIFA project—especially those with local governments—are publicly available, including the performance metrics established in such agreements and any subsequent performance data.

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