



Technical Assistance for Management



ANNUAL REPORT 2022



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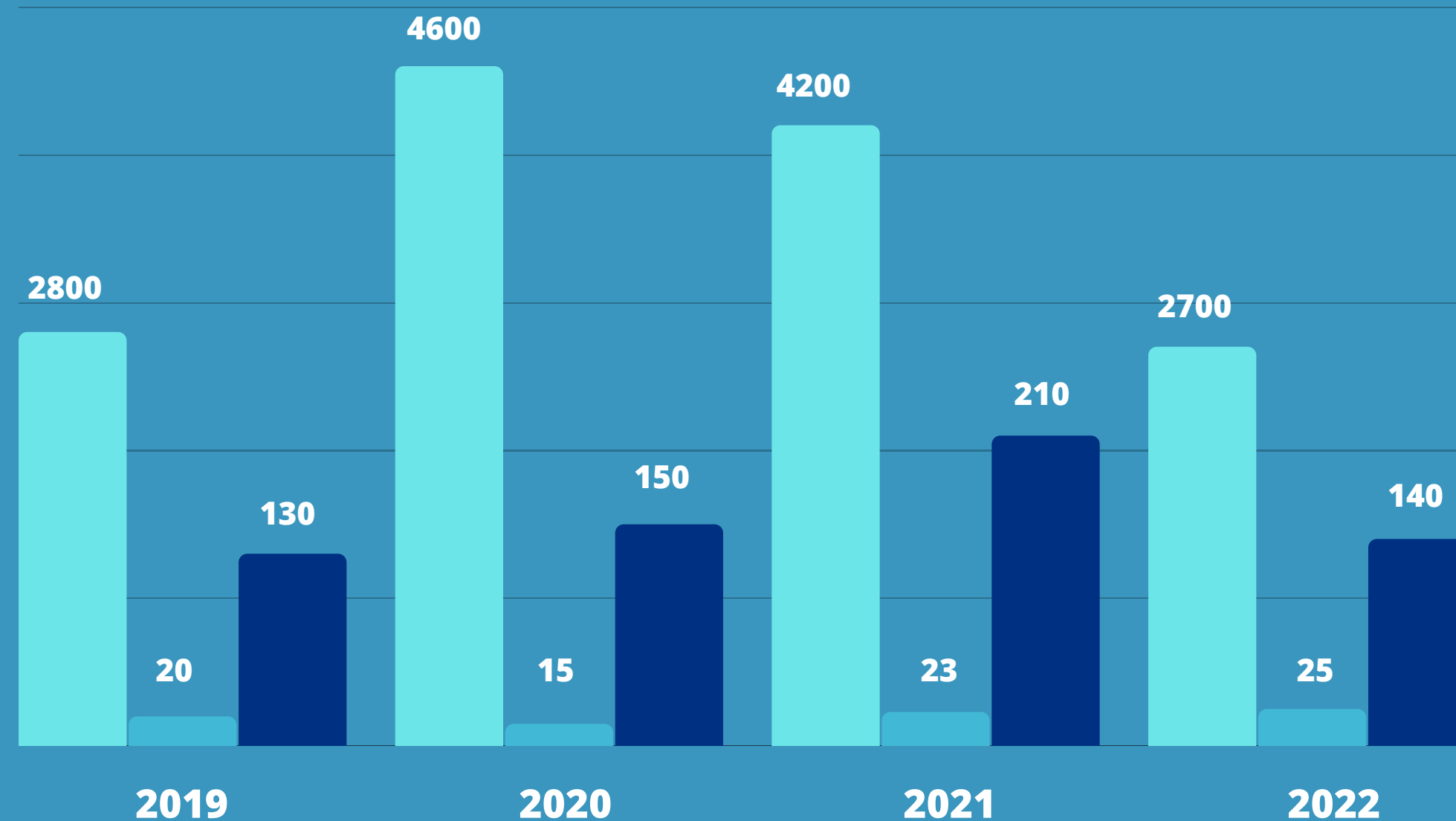
Zones d'intervention



OVERVIEW

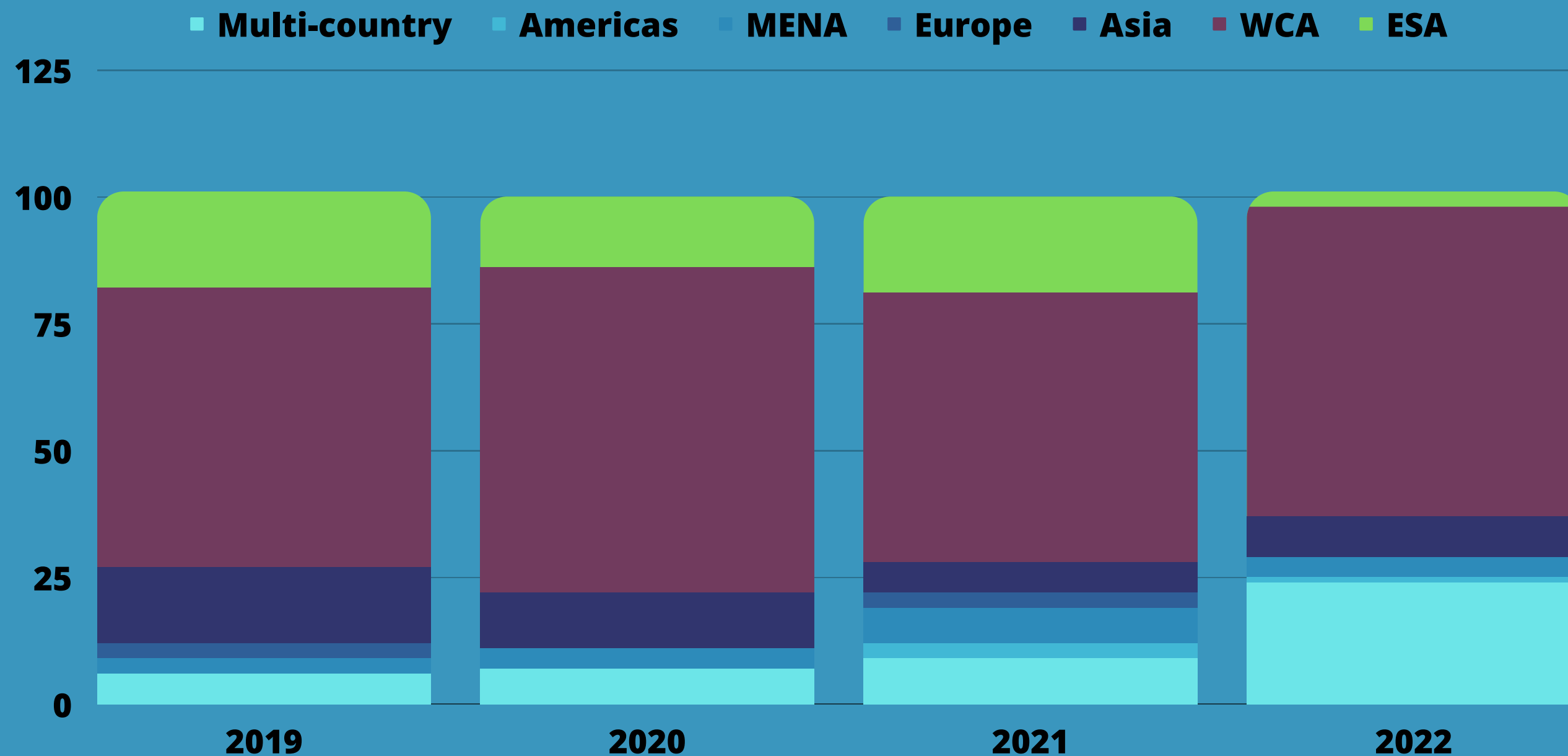
TeAM is a consultancy created in 2012 to meet the needs of healthcare systems for their structuring and performance. Active in 40 countries, TeAM employs over 120 national and international experts around the world every year, specializing in public health, infectiology, governance, finance and community mobilization.

■ Nbr days of TA ■ Nbr countries ■ Nbr of missions



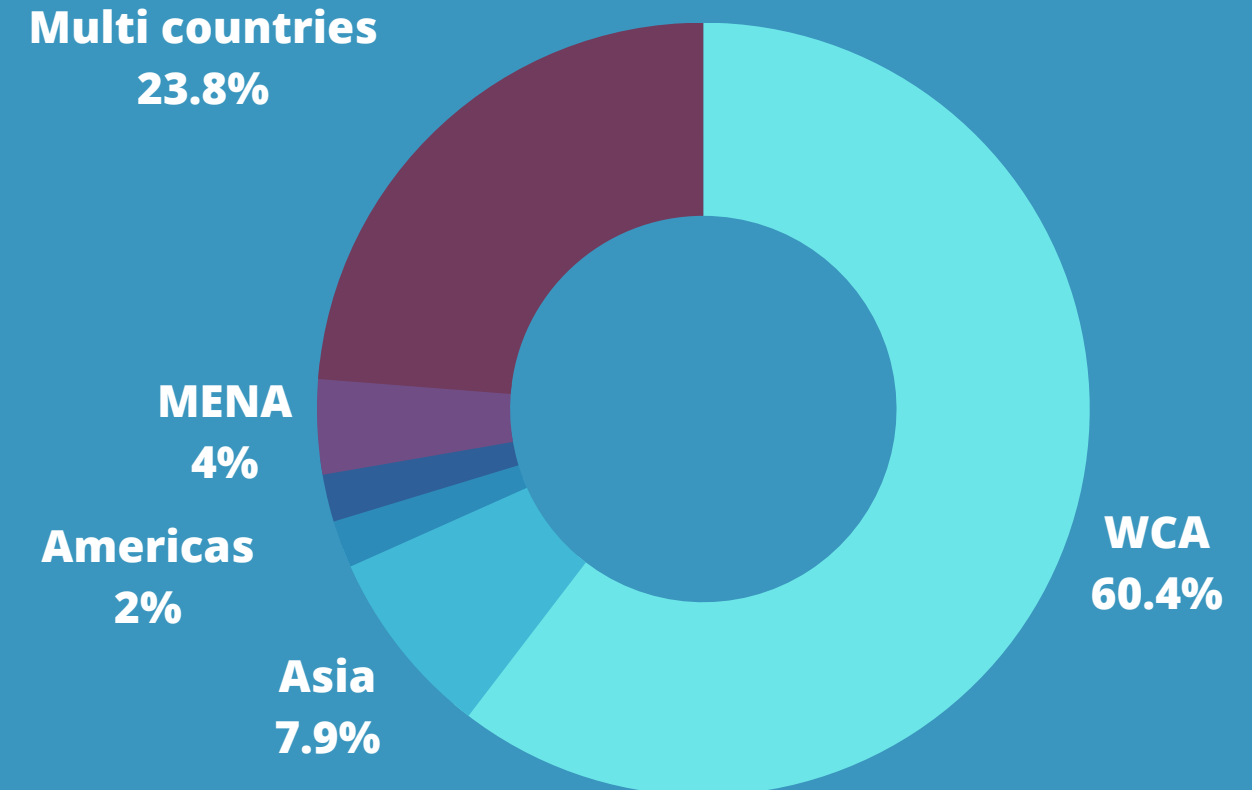
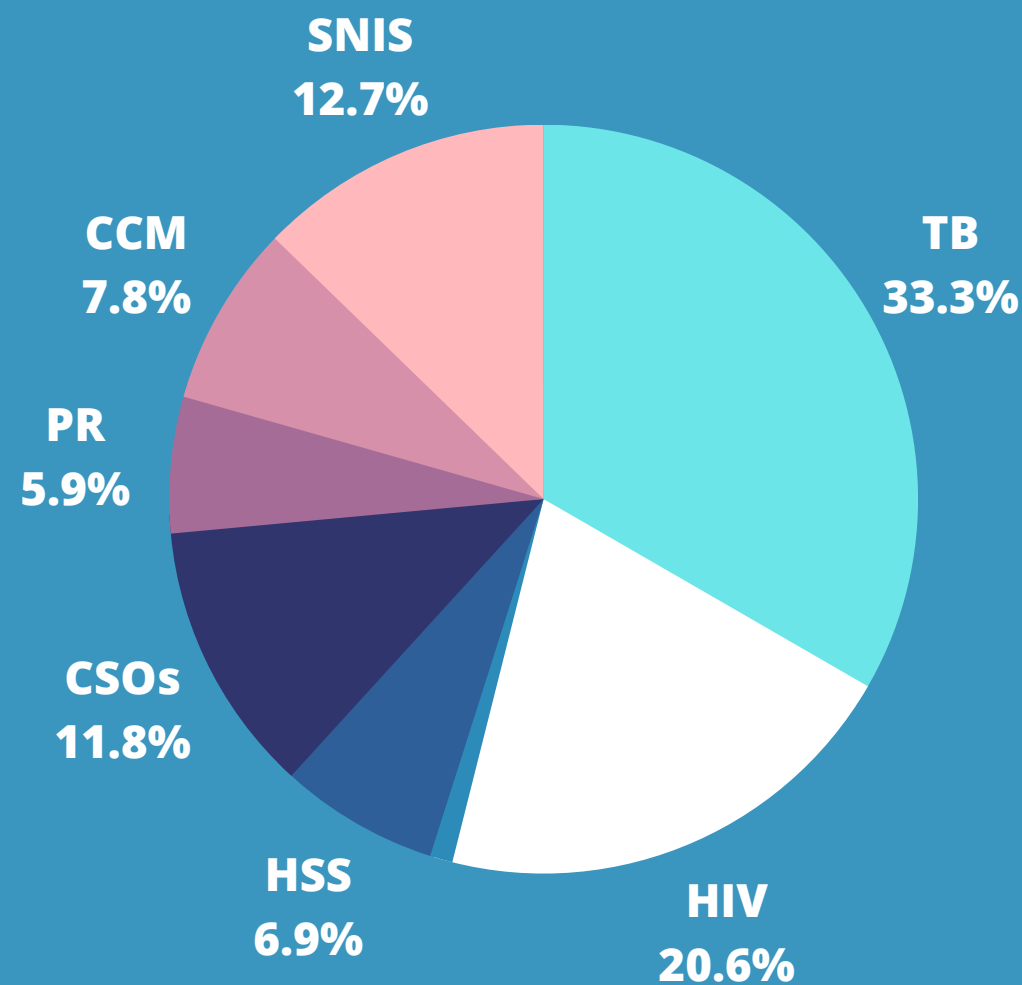
OVERVIEW

In 2022, TeAM's activities remained stable in West and Central Africa, which continues to be our busiest region. On the other hand, work in East and Southern Africa declined while the number of "multi-country" assignments increased significantly, due to the growing number of project evaluations, which often cover several countries.



INTERVENTIONS IN 2022

Unlike 2020 and 2021, work in 2022 did not involve any process of renewal of Global Fund financing, but instead focused on implementing planned and financed activities. Hence TeAM's repositioning in support of : the Global Fund's principal and secondary recipients, project evaluation, the drafting of programmatic documents (protocols) or strategic documents (NSPs to prepare for the next funding cycle), as well as support for CCMs in their oversight function and their preparation for the eligibility required in the context of new funding applications.



THEY HAVE PUT THEIR TRUST IN US



Dr Mohammed Berthe, Coordinator of the HSS Implementation Unit, Mali"

"From literature reviews to the evaluation of current grants and the development of new funding requests, we have appreciated the extent of your dedication, your professionalism, your expertise and the quality of the results obtained. You left no stone unturned, and your concern for a job well done was noticed and appreciated by the whole team. Your collaboration and team spirit were a model. Your attitude has greatly contributed to strengthening our team and fostering a positive working atmosphere. We would also like to thank the mechanisms that made it possible for you to work on this project. We would like to express our gratitude to them for having put you in our path".



Dr Teto Fondacaro, COVID Manager, CAGF, DRC

"As manager of COVID-19 funds, I have actively followed TeAm's support of the COVID-19 Project Unit. We greatly appreciated this technical assistance for the working methods, professionalism and know-how, as well as the tools made available to this unit to enable proper implementation. We were also impressed by the strength and cohesion of the TA team".

Well done TeAm



THEY HAVE PUT THEIR TRUST IN US



Rosalie Fanyo, GAS expert

"An essential element of my experience in the DRC, as a consultant, is the care TeAM took in putting together the team. The team members were highly qualified and complementary, which made for exceptional synergy, a pleasant atmosphere, and capacity building to tackle the complex challenges we faced. Also, effective and fluid communication with TeAM was key to the quality of work we produced, fostering a climate of mutual trust".



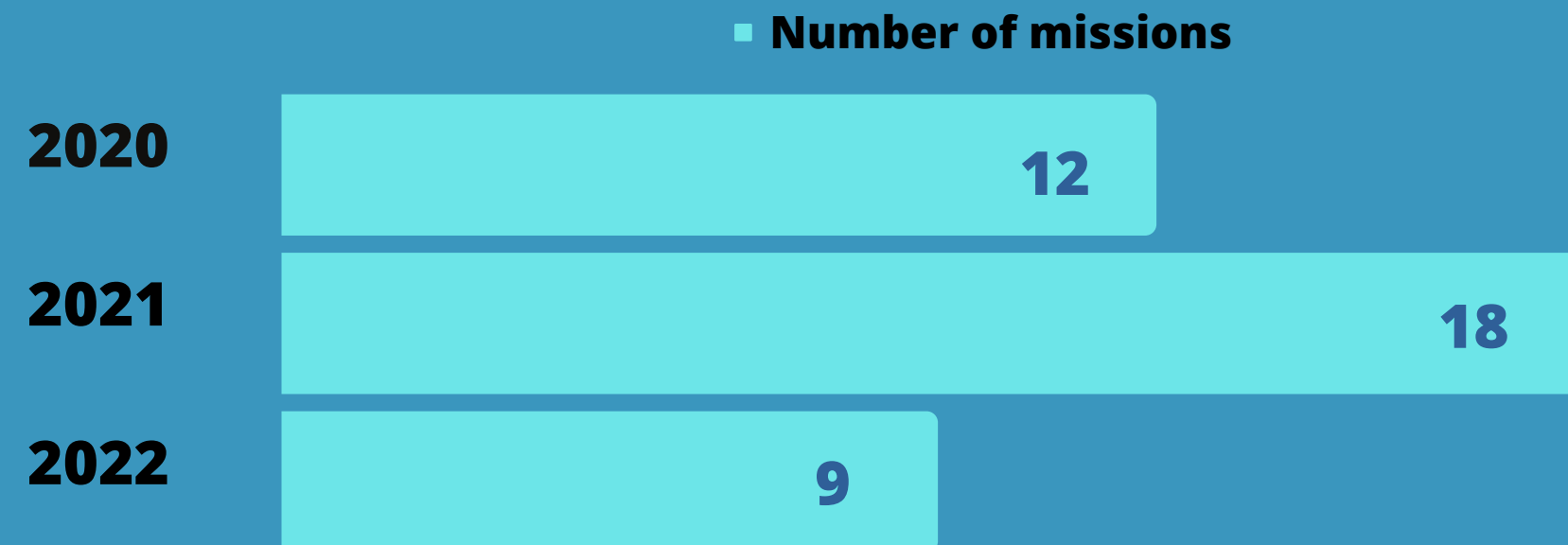
Dr Christian Lienhardt, Director of Research Emeritus, IRS

"I really enjoyed working with TeAM. TeAM's areas of intervention are firmly situated in the concrete field of program implementation, where we come face to face with the problems of access to services and technologies, and where we can work to develop practical solutions in relation with the health actors in the countries. What's more, this work lies at the crossroads of research and public health, opening up a wide range of perspectives that could have a real impact on how health systems and disease control programs can benefit from the contributions of science to public health".

SUPPORT FOR STRATEGIC AND OPERATIONAL DOCUMENTS

Support for the development of strategic documents covers both civil society organizations wishing to draw up a strategic plan, and national programs which evaluate their strategic plans every 3 years and draw up the next one. Operational documents are developed as part of the implementation of activities to fight the 3 priority diseases.

In 2022, TeAM teams supported 7 countries in the development of their HIV and TB strategic plans (Burundi, Burkina Faso, Cameroon, Côte d'Ivoire, Djibouti, Morocco, Niger) and 1 country in the production of operational tools for the fight against TB (Dominican Republic).



Development of the national TB strategic plan in Burkina Faso, Dr Mathurin Dembele



1- What results did you identify during the evaluation of the NSP completed this year?

The review of the past TB strategic plan enabled us to identify three main strengths:

- A well-structured and well-documented NTP providing all the information the consultants needed with ease.
- An integrated system for transporting samples (SITEB) and for reporting results via the Burkina Faso Post Office was up and running.
- Active tuberculosis case-finding (REATB) is an NTP project that has achieved measurable success.

We also identified certain weaknesses:

- The notification rate for children aged 0-14 was only 3.1% of all notified cases.
- Although the treatment of MDR/XDR-TB patients improved from 82% in 2019 to 91% in 2021, more needs to be done to put the 9% on treatment as soon as they are diagnosed.
- Tuberculosis-related mortality remains high, dropping from 15% in 2010 to 7.2% in 2021.

2- What are the challenges involved in eliminating TB in Burkina Faso today?

Burkina Faso is faced with a situation of insecurity that has led to disruptions in the traditional healthcare system. In the face of this, resilience reflexes have taken shape in the design and implementation of mechanisms to continue efforts towards TB elimination. An "Integrated contingency plan to combat HIV/AIDS, tuberculosis and malaria in security-challenged areas" was drafted and adopted. Implementation of this plan helped to ensure continuity of care for internally displaced populations (IDPs) and indigenous populations, providing uninterrupted access to essential HIV, malaria and TB services. The role of community players and humanitarians has increased, particularly in areas with security deficits. The definition of a frame of reference for community interventions in the fight against tuberculosis in Burkina Faso has strengthened the contribution of the activities of community players.



In line with the TRP's recommendations, a "Plan to adjust care models for susceptible and resistant tuberculosis aimed at vulnerable populations" has made it possible to implement specific packages of activities targeting prisoners, missing cases in the 4 largest cities, children, internally displaced populations in regions with the highest concentrations, and gold miners.

3- What are the main priorities of this new NSP, and what do you feel is required to ensure their success?

The new NSP-TB sets a number of priorities:

- Implementation of the Plan to adjust care models for susceptible and resistant tuberculosis aimed at vulnerable populations;
- Continued implementation of the integrated HIV/AIDS, Tuberculosis and Malaria Contingency Plan for Security-challenged Areas;
- Strengthening the TB/HIV One-Stop Shop strategy in line with the expansion plan;
- Scaling up the implementation of REATB and CETA project;
- Reinforcing the implementation of entourage surveys and lost-to-follow-up research by community players;
- Organizing with CAMEG a better supply of laboratory consumables and maintaining the availability of anti-tuberculosis drugs
- Harmonization of the systems (ENDOS and HMIS) for collecting and reporting data on consumption and use of TB products; and
- Extension of the TB Tracker.



Development of an HIV sectorial plan for defence forces in Cameroon, Dr Kemal Cherabi



1- What's special about this "men in uniform" NSP?

The context of the Cameroon Defense Forces Sector Plan is part of the Forces' determination to contribute to the implementation of the National Strategic Plan to combat HIV/AIDS. (Plan Stratégique National de lutte contre le VIH/SIDA 2024-2030). The Ministry of Defense has drawn up a Sector Plan 2024-2030 for the fight against HIV, to plan, organize and implement a set of prevention, care, support and protection interventions for women and men in uniform, under the aegis of the Directorate of Military Health (DSM). It will enable Cameroon's defense forces to respond sustainably to the preventive and curative needs of armed forces personnel, so that everyone can protect themselves from STIs and HIV, and benefit from differentiated approaches to care.

2- What were the stages and involvement of the Ministry of Defense and the defense forces in this process?

The process was participatory and inclusive, enabling epidemiological and programmatic analysis. The DSM, supported by the team of consultants, defined the strategic orientations that will form the basis of the Sector Plan's performance framework. Participants included the army, air force, navy, gendarmerie, presidential guard, fire department and rapid intervention battalion, in the country's 10 administrative regions (Extreme North, North, Adamawa, West, North-West, South-West, South, Centre, Littoral and East). All this work will be validated with the 10 military regions during a workshop to be held in July 2023.

3- What are the main objectives and challenges of this new sectoral NSP?

The main impact of the NSP will be to reduce new infections by at least 60%, and HIV-related mortality by at least 50%. To achieve this, actions will contribute to an environment that ensures respect for human and gender rights, and the protection of people living with HIV who discover their serostatus after joining the defense forces. In organizational terms, the response to HIV within the Cameroonian armed forces will rely on the various regional services of the DSM. Partnerships will also be established with health professionals inside and outside the defense forces, and with national and international scientific and academic circles, to guarantee

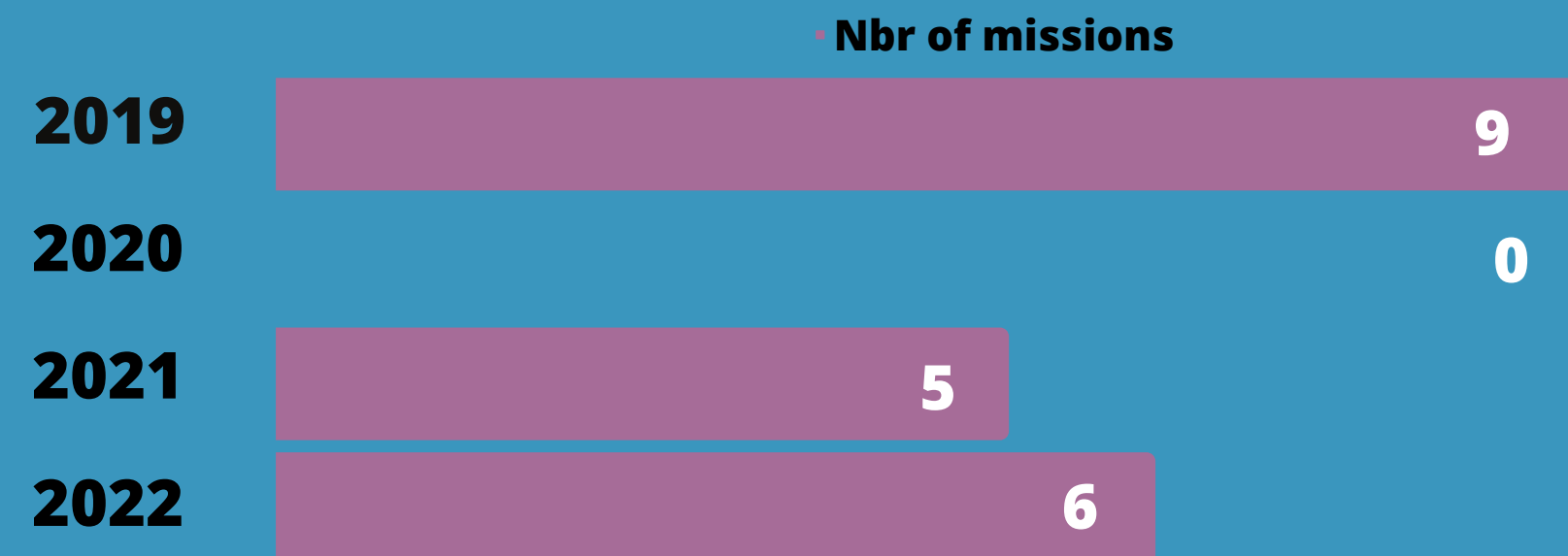


INSTITUTIONAL AND ORGANIZATIONAL SUPPORT

TeAM provided technical support to several principal recipients of Global Fund grants, in planning, implementing and monitoring their activities. These included Program Management Units (PMUs), which were set up within ministries to manage external funding. They house the necessary skills in program and financial management, as well as in procurement and contracting.

In 2022, TeAM teams supported 6 Global Fund grant recipients:

- 2 PMUs: the SENLS Management Unit in Mauritania and the Technical Secretariat Management Unit for COVID-19 funds in the DRC
- 4 community principal recipients : ARCAD Santé PLUS for the development of the operational plan for the human rights, gender and GBV axis, PNLS in Niger for health product supply activities, SANRU in DRC to support the launch of income-generating activities and RaksThai in Thailand to support Harm Reduction activities.





Support to the Secrétariat Exécutif National de Lutte contre le Sida (SENLS) in Mauritania, Marthe Ndayizigiye, expert in financial management

1- What did this mission to support the SENLS consist of?

The first part of the mission was to strengthen the administrative and financial management capacities of Global Fund grant implementers, in particular the Ministry of Health, with a view to boosting the absorption rate. The second component concerned capacity building for CSOs in the same field. The third component involved setting up simplified administrative and financial management tools adapted to the Mauritanian context, in line with Global Fund guidelines and generally accepted good management practices.

2- What were the main challenges you faced?

The most important challenges were the limited availability and high mobility of human resources, especially in public administration. The weakest link remains coordination, limited knowledge of subsidies and the absence of sustained micro-planning.

3- What progress have you observed? Is it sustainable?

The holding of a few coordination meetings and the involvement of civil society in the management of grants represent significant progress. Thanks to training and management tools, community players are able to draw up budgets and justify expenditure correctly, which is likely to increase the absorption rate. The tools developed will continue to be useful in future Global Fund funding cycles, as well as for other sources of funding.



Support for the structuring and operation of the Technical Secretariat Management Unit, DRC, Christelle Boulanger, Atiqa Chajai and Dr Kemal Cherabi

1- In what context was this support provided?

Part of the team had already collaborated with the Technical Secretariat, the body created to respond to COVID-19, when the request for funding in 2021 was drawn up. We knew the players involved and wanted to support them in implementing their activities, starting with the establishment of a management unit.

2- What was the nature of the support you provided to the Management Unit in the DRC?

The support focused on 3 major areas:

- Advice on governance and operation of the management unit, to enable it to perform its function effectively
- Planning and monitoring implementation, using simple tools managed by the "planning, monitoring and evaluation" teams; and
- Programmatic support for cascade training.

We were three consultants, who took turns at the management unit for a period of 7 months. With our support, management unit staff familiarized themselves with the Global Fund's programmatic and financial procedures and tools, and were able to launch activities throughout the cycle (drafting terms of reference, reviewing budgets, coordinating with PRs, implementation, reporting and financial closure).

We also helped to define the internal organization of the Management Unit, to draw up performance frameworks for the Technical Secretariat's commissions, and to ensure that administrative and financial management procedures were properly understood and functioning

3- How do you measure the success of such an assignment?

We had a list of deliverables to present, and milestones to achieve with the Unit: (i) the induction workshop, which established the list of activities to be carried out, (ii) the quarterly review presentations, (iii) the updated planning and monitoring tools, (iv) and the internal management documents. It's clear that we've had to contend with a number of delays and bottlenecks, and the pace of implementation was less fluid than we'd hoped.



4- What are the challenges of an iterative mission of this type?

The first challenge faced by the Unit was the delay in recruiting the staff, which put us in a position of having to substitute for several months. Although we were supposed to be building capacity, we ended up having to carry out many of the tasks involved in implementing the activities. Secondly, it was not easy to get to grips with administrative and financial management procedures, and that slowed down implementation. It has to be said that the activities implemented by the Unit were spread across the 3 Principal Recipients, which made implementation and coordination more complex.

Last but not least, numerous high-budget activities linked to the installation of PSA (oxygen) plants, the creation of triage zones in hospitals, and the implementation of centres of excellence, required a long preparation time, with inventories of existing infrastructures, missions to assess the equipment needed, and dialogue with the other partners who also finance these activities. All this took months.

But we also learned a lot from the Technical Secretariat in terms of epidemic response and coordination between players, and we enjoyed watching the Unit deploy and work.



Capacity Building to the Grants Recipients and the Program Management Unit, Niger

Dr Laurine Lavergne

1- What was the aim of this capacity-building mission?

The aim was to build the capacity of personnel in the HIV and, TB programs and in the Project Management Unit (UGS) in estimating needs, planning supplies and, more generally, managing health products' stocks for each disease program.

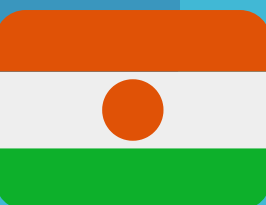
2- What challenges did you encounter and how did you overcome them?

I faced 4 major challenges:

- Qualification of human resources: in Niger, the faculty of pharmacy was created only recently, so there are very few pharmacists available and they are not interested in positions in national programs. The HIV program, for example, had no pharmacist for a long time, and several recruitment processes had to be carried out before success was achieved;
- Lack of computer skills: it is not possible to quantify requirements without a good command of Excel;
- Lack of staff availability: due to the shortage of pharmacists, program pharmacists were constantly called upon to contribute to national documents linked to the supply chain (LMIS, last mile, etc.), and it was difficult to plan field missions; and
- Mission contexts: I often participated in orders/grant applications, a period when the teams are expected to deliver within short deadlines, which forced me to undertake staff duties instead of acting in an advisory capacity. It would also have been preferable to have had less pressure and more time to carry out capacity building.

3- In your experience, what progress has been made and is it sustainable?

The beneficiaries of the capacity building have all made progress. They have acquired the principles, they know how to collect and use data, and they have mastered the hypotheses. On the other hand, their ability to construct and use Excel "formulas" and to make full use of data (stock projections, etc.) is not yet optimal. It is difficult to produce good quantifications without regular practice and updating of files. The workload in the programs is heavy, and quantification is not always the priority until an order is needed.

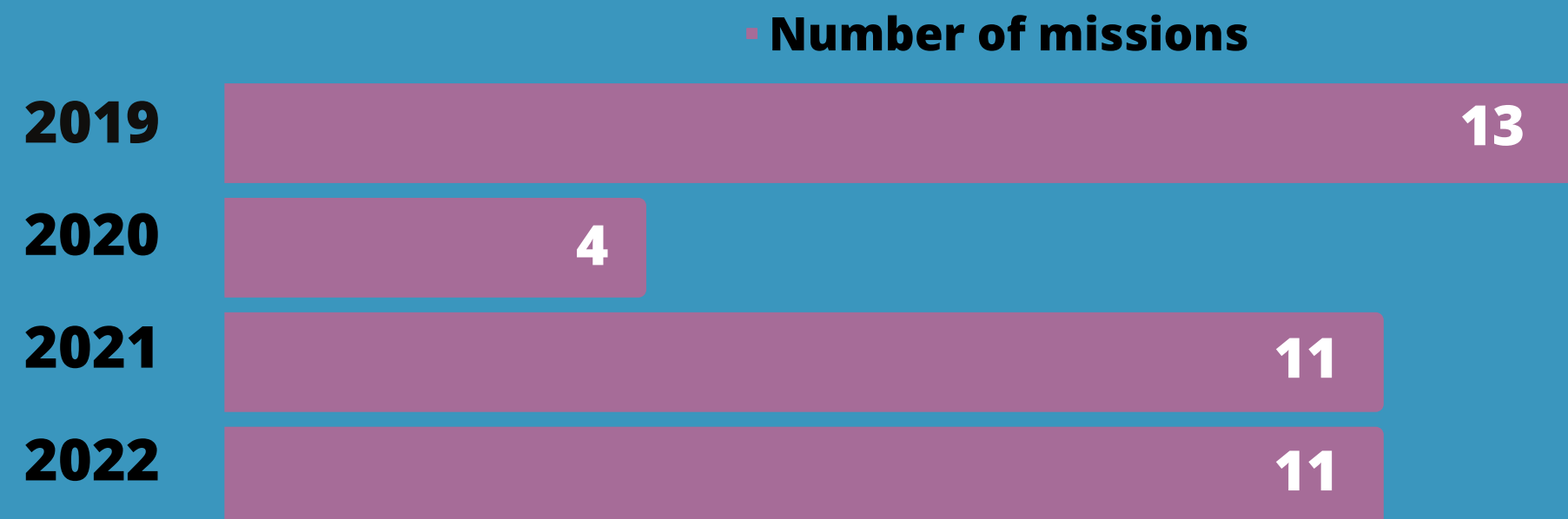


SUPPORT TO CIVIL SOCIETY ORGANISATIONS

Civil society organizations play a key role in identifying needs, providing services adapted to the demands of the population, and in the citizen monitoring of programs financed by external donors.

In 2022, TeAM experts worked with some thirty civil society organizations to equip them with programmatic and financial management tools, and to support their organizational structuring and internal governance.

- An Alliance Côte d'Ivoire team worked with 10 CSOs and the Central African Platform of CSOs fighting AIDS in CAR.
- Three experts assessed the capacities of CSOs applying for Sub-Recipient positions in Tunisia.
- The DRAF TB Network, which brings together some twenty organizations active in the fight against TB, was also strengthened.





1- What were the objectives of this CSO support mission?

The aim of this iterative mission was to strengthen the programmatic, institutional and operational capacities of 11 CSOs involved in the implementation of Global Fund grants 2020-2022 (NFM3).

2- What tools did you develop and use for organizational diagnosis and capacity building?

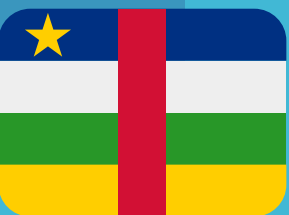
We used organizational diagnostic tools, then we identified focal points in each organization whom we trained in our methodology so that they would be able to use it when the mission was over.

3- What does an NGO like Alliance CI bring to the table that is different from a more traditional consultancy?

The relationship is different: in our case, our NGO comes to support another civil society organization in a spirit of peer-to-peer learning, providing our tools and sharing our experiences and lessons learned, so that the beneficiary organization can rapidly build on the horizontal exchange.

Individual expertise has its limits, because a consultant has only a few skills at his disposal. Conversely, a civil society organization provides a team with a whole range of expertise that can be useful.

Finally, we have built up a win-win business model: the experts who take part in these consultancy missions are remunerated, and part of the revenue contributes to the development of our organization. And in the case of these exchanges between organizations involved in identical donor programs such as the Global Fund, Alliance Côte d'Ivoire also learns how to strengthen its systems, and we return with good tactics/innovations and proposals for improving our programs in our country. So it has a double advantage.



4- What are the prospects for greater participation and mobilization by the CSOs you have supported?

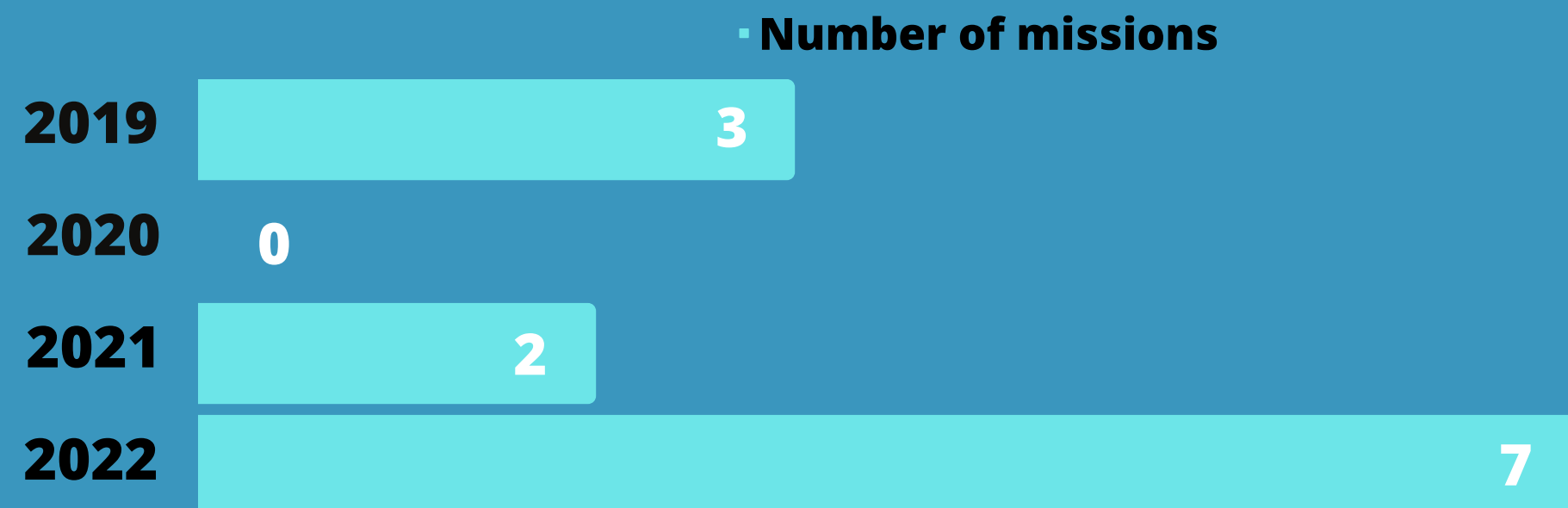
We ha've noticed that other partners are keen to support civil society organizations in CAR. In 2021, some organizations managed less than 100,000 francs in cash from their the membership fees, and today they manage 40 million CFA francs with two or three partners who have trusted them and supported them. These are significant advances. The funds obtained to respond to COVID-19 (C19RM) have helped to train and engage all the organizations with the Global Fund, and we are seeing a rise in the power of these organizations, which now have headquarters or small management teams. And today, with the development of GC7, we are committed to ensuring that they are even better strengthened, and involved in the implementation of the next grant. We also strongly recommend to continue the capacity-building efforts, so as to enable these organizations to mobilize additional partners other than the Global Fund, even if the latter remains a fundamental partner of civil society in CAR.



GOVERNANCE

In 2022, TeAM supported good governance activities in 4 Country Coordinating Bodies (CCM): In the DRC, the team supported the partial renewal of CCM members.

- In Gambia, the experts strengthened the capacities of CCM members in strategic oversight, and also trained them in ethics, identifying and managing conflicts of interest and communications.
- In Niger, the expert produced new tools required for high-quality strategic oversight and strengthened the skills of the CCM team.
- In Tunisia, support was provided to the Alternate Representative of the Middle East Constituency on the Global Fund Board of Directors.





Strengthening the Strategic Oversight Capabilities of Niger's CCM, Atiqah Chajai

1. What were the context and objectives of the mission?

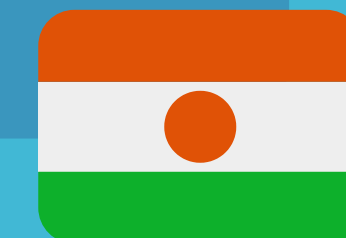
In 2018, the CCM in Niger was included in the pilot phase of the project to develop national coordination bodies, which aimed to reflect on how to evolve the current model of the bodies to better align with the Global Fund's strategy for 2017/2022. Following the pilot phase, technical and financial support for the CCM bodies continued, thanks to the support of the Global Fund, Expertise France and other TA providers, with a view to strengthening their performance and maturity in key areas for improvement. In 2022 my main focus was on grant oversight.

2. What progress did you noted in the 12 months of support for the Strategic Oversight?

The main problem was the insufficient knowledge and understand of the Global Fund grant application and implementation processes and the oversight role of the CCM. Little by little, the CCM Strategic Oversight Committee acquired a better understanding of its role and the scope of its interventions in order to encourage achievement of best performance of the grants.

Following my first visit, the level of discussions with the principal recipient (PR) changed. The somewhat inquisitive tone that the Strategic Oversight Committee had had with the PR became more collaborative, and the PR too began to understand the rationale for reporting quarterly to the Strategic Oversight Committee.

A key point of improvement was the inclusion of officials from the disease programs. They had not been involved, despite the fact that they were implementing the grants. Despite some stormy sessions, officials from the programs became involved in the strategic oversight process, and they felt better listened to.

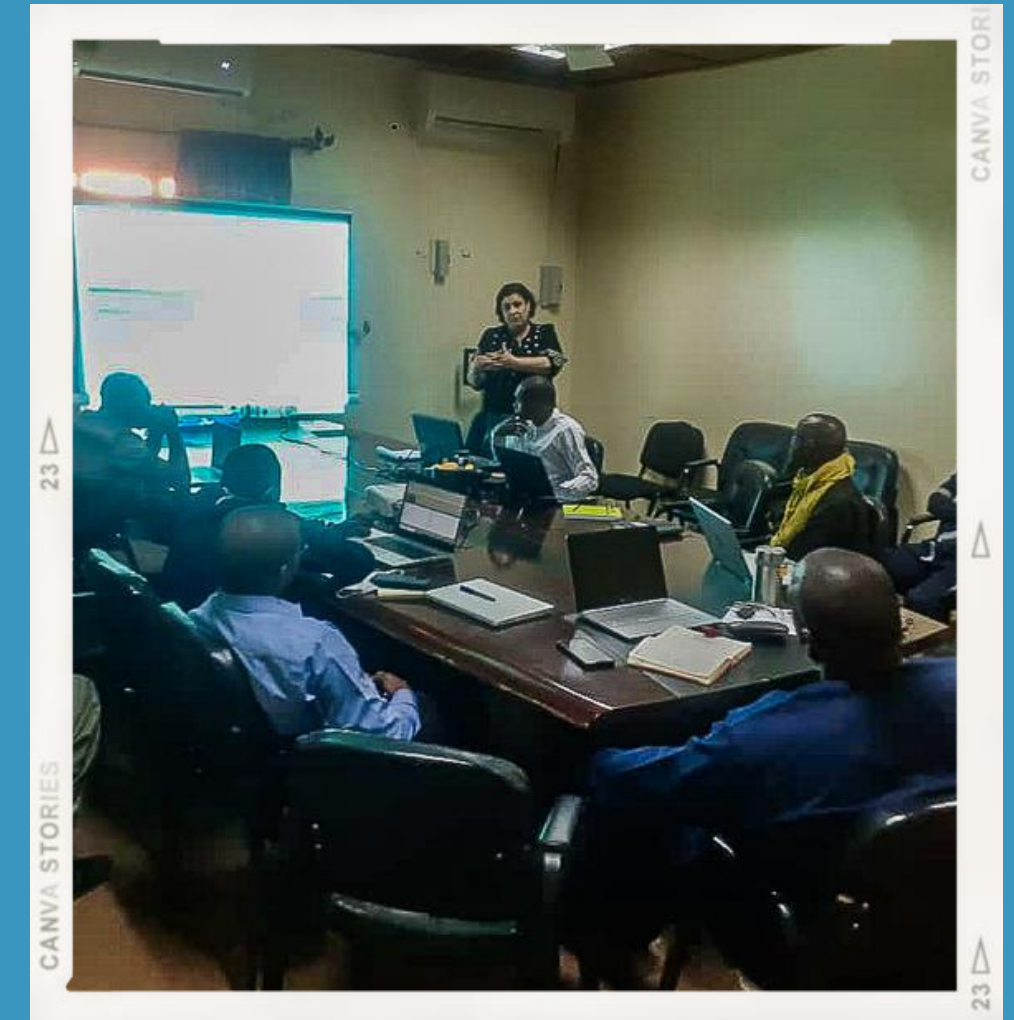


Finally, the Committee and the strategic oversight assistant had to get to grips with the tools and appendices that go with the grant: the budget, the performance framework, the funding landscape, the programmatic gaps, and so on. As a result, unfamiliar notions gradually found their way into the dialogues: What is the architecture of the grant? What are these indicators and where can we find them?

3. What are the "secrets" of the success of a mission like this?

We can sum this up in three essential points:

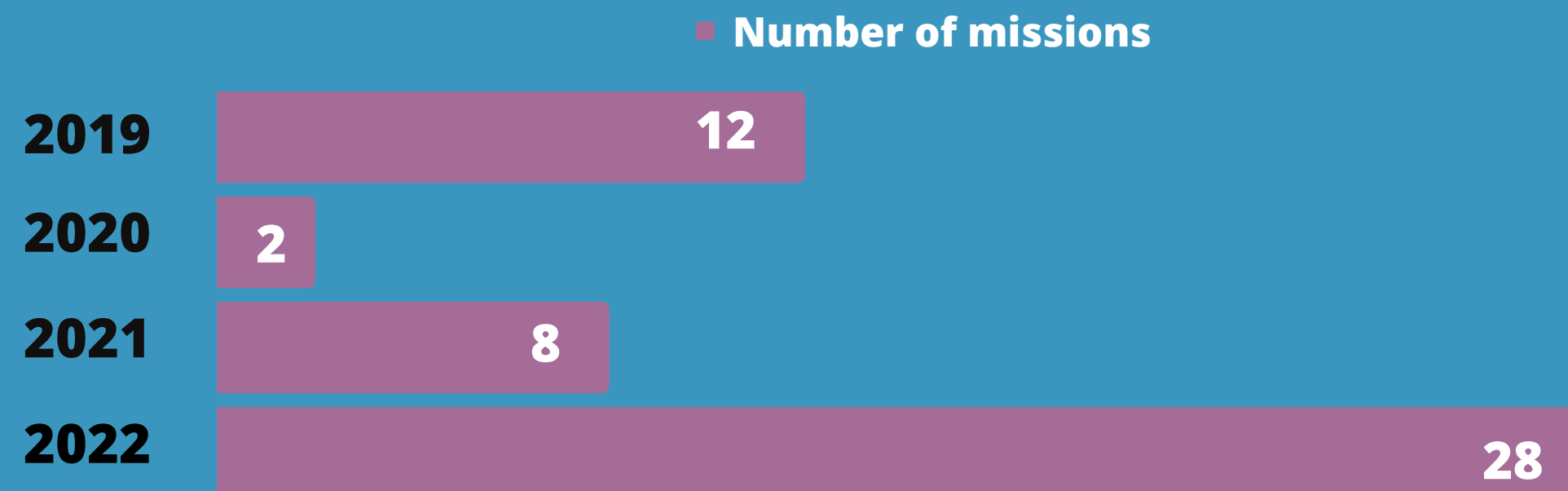
- Adjust the initial objectives of the support to the actual situation on the ground. Each country has different ways of operating, particularly in terms of health programs, which are rarely highly developed.
- Adopt an iterative approach, involving the strategic oversight committee in the choice of solutions and making it the actor of its own change, with the aim of finding sustainable solutions.
- Avoid "reinventing the wheel", and focus on simple, adaptable tools that build on what already exists.



AUDITS AND EVALUATIONS

In 2022, TeAM's involvement in conducting evaluations increased considerably: 11 contracts were carried out, some involving several projects and a multi-country study:

- TeAM deployed 2 teams to carry out thematic evaluations of projects funded by The Initiative on the following topics: TB and HIV screening, and Observatories.
- TeAM participated in 3 thematic evaluations commissioned by the Global Fund's Expert Committee: (i) TB prevention strategies; (ii) The Global Fund's performance in Challenging Operating Environments (COEs); and (iii), Community Engagement and Community-Led Responses.



Collaboration with the Global Fund's External Technical Evaluation Reference Group (TERG) Thematic Evaluation of TB prevention strategies in Global Fund programs, Dr Pierre-Yves Norval



Tuberculosis prevention is one of the sub-goals of the Global Fund's next strategy 2023-2028; yet, the strategy's goal of reducing TB incidence by 90% by 2035 and the UN General Assembly High-Level Meeting on TB's target of providing TB prevention to 30 million people by 2022 did not appear to be on track.

The evaluation of the Tuberculosis Prevention Strategy (TPT) commissioned by the Global Fund Secretariat and the Technical Evaluation Reference Group (TERG) was carried out by 8 TeAM consultants under the co-direction of Drs Chakaya MUHWA and Pierre-Yves NORVAL. The evaluation took 6 months to complete, covering 20 countries with 9 country visits (Azerbaijan, Ethiopia, Gabon, Kazakhstan, Nepal, South Africa, Tanzania, Thailand, Zimbabwe), and ended in November 2022 with a presentation workshop at the Global Fund in Geneva.

The evaluation led to a number of findings:

- Insufficient accurate data for TPT and IPC monitoring at national level: the evaluation team noted variability in the capacity of district-level health information systems to record TPT data, which compromises the collection of reliable data for performance assessment and budget evaluation.
- The stagnation or decline in TPT coverage among TB case contacts under 5 years of age between 2018 and 2020 due to the impact of the COVID-19 pandemic. TPT coverage is lowest among people over 5 years of age, with other high-risk groups for whom TPT could be beneficial, such as prisoners, migrants and healthcare workers.
- The search for missing TB cases remains the priority of most TB programs, including NFM2 and NFM3 grants, with a relative de-emphasis on prevention.
- Provider and beneficiary hesitancy about TPT limits its uptake, and there is no evidence-based strategy to combat this hesitancy.

- Prevention of TB infection is an isolated approach that is not coordinated with prevention of other pathogens. However, the COVID-19 pandemic brought integrated prevention of transmissible infections to the forefront. This calls for greater and more extensive training of providers, as well as greater integration of communicable infection prevention into health programs.
- While community engagement in TPT is essential, the evaluators found no evidence of priority investment in TB prevention in NFM2 and NFM3 to the same extent as other areas of TB care.

The consultancy team made four main recommendations to the Global Fund, which should be taken into account in the choices made in the next funding round:

- The Global Fund and its partners should help countries improve the health information system for tuberculosis prevention (TPT and IPC), which captures all processes, outputs, outcomes and impact;
- Develop mechanisms to help countries deliver high-quality TB prevention services;.
- Encourage countries to include and involve communities in the development, implementation and monitoring of TB prevention interventions (TPT and IPC); and
- Support appropriate research, including operational and implementation research, to better define how TB-IPC and TPT programs should be implemented and/or delivered.



Collaboration with the Global Fund's External Technical Evaluation Reference Group (TERG) Thematic Evaluation of the Global Fund's Performance in Challenging Operating Environments (COEs)

In collaboration with the firm HMST, we carried out this assessment requested by the Global Fund and TERG to determine whether adjustments are needed as the Global Fund prepares for the next round of grants (GC7) and the implementation of the 2023-2028 strategy.

The objective was to assess the extent to which the Global Fund has operationalized its policy on challenging intervention contexts, approved in 2016. An analysis of the main strategic and operational documents was carried out, and case studies were used to deepen the analysis: Somalia, CAR, Mali, Niger, Myanmar, and a cross-cutting analysis on the consideration of gender-based violence and mobile populations. In the light of these different sources, the evaluation established four findings from the retrospective analysis:

- 1- Despite the principle of country ownership, varying and unclear levels of risk acceptance create uncertainty and contribute to the non-utilization of the COE policy.
- 2- Operationalization of the COE policy has not resulted in a consistent "differentiated approach" in COE countries, with many stakeholders in the Secretariat and at country level perceiving no significant difference in the way the Global Fund works in COEs.
- 3- Lack of understanding of the COE policy among stakeholders (PR, SR, CCM, government, civil society and other partners) leads to a lack of use of flexibility, innovation and partnership opportunities.
- 4- Use of the policy is inconsistent across country teams for a variety of reasons, including the time required to prepare and approve requests for flexibility.
5. Flexibilities are granted more often and more quickly in contexts of acute emergency than in contexts of chronic instability.

These findings led to 8 recommendations, to be implemented during GC7, without calling the policy itself into question:

- 1- Agree on an adapted approach to risk acceptance, with clear financial risk thresholds for COE countries.
- 2- Ensure a more consultative process to engage countries on the operationalization of the COE policy during GC7 and future grant-making processes.

- 3- Implement, on a pilot basis, 5 or 6 countries, a set of pre-defined flexibility measures including simplified funding application and reporting procedures, a lighter performance framework, budgetary flexibilities, simplified accountability frameworks for interventions in areas of high insecurity, and shorter reprogramming lead times. The results of this pilot approach would make it possible to scale it up to GC8.
- 4- Ensure that concrete examples of best practice in flexibilities, innovation and partnerships are referenced and shared, particularly as part of the process of preparing funding requests for the next cycle.
- 5- Provide clear tools and guidance to support the use of flexible partnerships and contractual mechanisms to encourage partnerships with organizations tailored to the needs of each business context in GC7.
- 6- Ensure long-term (6-9 years) and contingency planning to strengthen resilient and sustainable health systems in COE countries, undertaken jointly with partners and national stakeholders.
- 7- Facilitate participatory capacity-building planning to address underlying barriers to local ownership, leadership and implementation of grants, and work with appropriate partners to develop a grant management system.
- 8- Prioritize the implementation of the Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) framework, including the safety and security of stakeholders in Global Fund activities. Preventing and responding to gender-based violence are also priorities to be addressed by the Global Fund.

The TERG endorsed all 8 recommendations and recognized the quality of the evaluation. The Secretariat, on the other hand, retained only 5 of the 8 recommendations, and expressed reservations about those which called for an evolution in risk management, namely recommendations 1 and 3 concerning a looser risk framework, and the introduction of flexible pilot approaches in a few selected countries. It also rejected the idea of planning several cycles in the COEs (6-9 years) in order to plan long-term capacity building with national players. Finally, while the Secretariat recognizes that it has a role to play in discussions aimed at aligning partners in the field, it places the responsibility back on the authorities of the recipient countries.

The report has been approved by the Board of Directors and is proving to be a good advocacy tool, particularly for African representatives, who are calling for greater use of the flexibilities offered by the COE policy.



SENLIS support mission in Mauritania



Mission to assess FEMAPH's project in Mali





Collaboration with the Global Fund's External Technical Evaluation Reference Group Thematic Evaluation on Community Engagement and Community-Led Responses (CE- CLR)

This evaluation was carried out at the request of the TERG . The Secretariat agreed to provide more information on the operationalization of Global Fund support for community engagement (CE) and community-led responses (CLR) through national grants, multi-country grants and strategic initiatives. A review of the main documents was carried out, together with a more detailed analysis in 10 countries: Côte d'Ivoire, Democratic Republic of Congo, Guinea, Lao PDR, Morocco, Nepal, Paraguay, South Africa, Tajikistan and Togo.

Interviews were conducted with CCMs, primary and secondary beneficiaries, CSOs in each country, and TFPs. The conclusions of this evaluation were as follows:

1. There is a general lack of understanding of community contributions to the Global Fund's mission.
2. Community contributions are not sufficiently measured or recognized.
3. The Partnership model is under-utilized.
4. Risk and process trump communities and the complexity of their ecosystem.
5. Funding cycles do not sufficiently encourage efforts to ensure long-term sustainability and change.
6. Emphasis on gender equality is not sufficiently developed.
7. Grant architecture does not make sufficient allowance for community diversity.
8. A favorable environment is the key to success.
9. Lack of systemic thinking in grant design approaches.
10. Country ownership is perceived as government ownership.

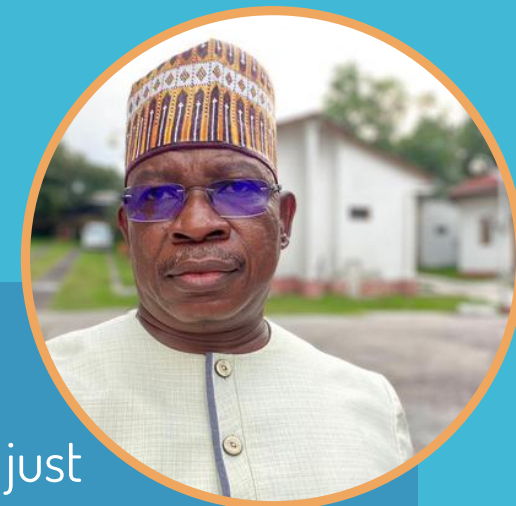
Following these conclusions, which were limited by access to real evidence of community involvement, and of the results achieved by these strategies, 7 recommendations were formulated.

1. Ensure that community-supported activities are linked to the Global Fund's overarching theory of change for the 2023-2028 strategy to guide the institutionalization of a culture that is community-centered, promotes human rights and transforms gender relations.
2. The Secretariat, in consultation with key partners, should continue to develop a performance framework that captures the contribution of communities to Global Fund results for the new 2023-2028 strategy, and ensure that qualitative measures are in place to track progress towards long-term changes in capacity, enabling environments, sustainability and health systems.
3. Incorporate minimum standards of community engagement into the guidance given at each stage of the grant cycle to ensure meaningful engagement and leadership of the most affected communities, with an emphasis on rights, gender and equity considerations.
4. Revise guidelines to focus earlier and more deeply on systemic change: funding guidelines should build on lessons learned to emphasize the long-term approach to strengthening and supporting community systems and removing barriers to male- and gender-based health services.. The Secretariat should emphasize the importance of CE and CLR in funding guidelines, and highlight an appropriate level of investment that could be considered – adapted to the context – to address inequity..
5. Evolve the Global Fund's business model and grant architecture to offer more funding opportunities and influence to less mature community organizations. The Global Fund Secretariat should consider a differentiated approach to contracting with community organizations other than PRs and SRs in order to bring in new voices and reach more “last mile” communities.
6. The Global Fund, at all levels, should reaffirm the centrality of community voice in realizing the new strategy and promote country ownership, i.e. shared ownership between government, the private sector and communities, to remove structural barriers to community engagement.
7. Continuously engage and guide the partnership to strengthen the role of communities throughout the implementation of the new strategy, by clearly defining responsibilities at the global and national levels..

The first 4 are for immediate application and for the next grantcycle (GC7), as they will have an impact (“quick wins”), recommendations 5 and 6 require additional time, and the results will be visible during GC8, and the last one must be implemented over the entire period of the Global Fund strategy (2023-2028).

Evaluation of Observatories on access to health care: a retrospective analysis

Simon Kabore, Directeur Exécutif of du RAME and consultant



1. You have evaluated the results of the UCOP+ Observatory. What are your main conclusions?

Firstly, UCOP+ has positioned itself as an influential partner of the Ministry and of the programs, participating in discussions with supporting data, not just guesses or one-off viewpoints. Civil society has its own data production mechanism; and the data collected and analyzed are used to judge the effectiveness of Ministry of Health technicians. This strengthens the technical position and influence of civil society.

Secondly, the Observatory has solved problems linked to access to treatment, sounding the alarm and finding solutions before patients are too badly affected. But, despite its technical expertise and resources, UCOP+ has had little impact on structural problems such as under-funding of the healthcare system, poor organization of services and problems of governance. In the DRC, ARVs and HIV services are theoretically free of charge, but, in practice, most health centres are private, and practice cost recovery. UCOP+ has no control over this problem, as the government does not subsidize health facilities, which is a structural deficit that is complicated to manage. We therefore need to strengthen the political aspect, by combining the efforts of other civil society players to create a balance of power that will push the government to invest more in healthcare. The Observatory should not be just an "office" that collects data and analyses; as well as its technical function, it should actively encourage improvements in healthcare.

2. What lessons can you draw from your broad vision of the different types of community monitoring mechanisms, and from the hindsight of over 10 years?

Over the years, we have seen a proliferation of monitoring mechanisms but, overall, of the approaches used, I prefer the :

- The "collaborative" approach whereby of Observatories that cooperate with the Ministry of Health authority in data collection and analysis, and in sharing to report validation. They have agreements with health services, interview providers and validate data with the Ministry of Health.
- The "defiant" and conflictual approach, in which the Observatory plays a surveillance role, the collector is not even known, he investigates and returns data that he does not submit to the authorities. The authorities only find out about the data when the reports are made public.

When I carry out technical assistance missions on this subject, I recommend the collaborative approach for several reasons:

- democracy is not sufficiently developed in our countries, in the sense of taking citizens' views into account in decision-making; so pressure on the authorities doesn't always work.
- citizens don't have the means to challenge the authorities and get things done. Demonstrations and newspaper articles don't produce results, and the authorities refuse to cooperate.

That is why the collaborative approach is risky: we must always think of the interests of patients, but sometimes certain systems put too much emphasis on collaboration to gain access to data and funding from donors.

Initially, we didn't follow any particular model, adapting our approach and tools as situations arose. Then the Partners took an interest in the Observatories and gave us the means to carry out our actions, but this created rigidity. Our responsiveness and adaptability were hampered, as was our autonomy, because the partners have a precise vision and expectations, with their own tools and performance frameworks. We are in danger of losing our community-based, activist character, given the risk of losing funding if cooperation with the Ministry is poor. Expertise France funding was flexible, with direct dialogue with the donor, but with the Global Fund the approach is complex, as support for the Observatory is included in the grant, with bureaucratic management systems.

3. The RAME Observatory was evaluated this year. How would you sum up your 15 years of experience in Burkina Faso, Niger and Guinea?

Our Observatory was recently evaluated, and overall, the assessment showed that it was relevant and useful in resolving certain dysfunctions. It deplored an insufficient level of influence, and weak management and coordination capacities for the 3 programs. But it also stressed that we had made a lot of progress. : as a result of our advocacy, today, there is a line for the purchase of HIV treatments in the national budget. We were at the root of the debate on free treatments, we contributed to equipping centres, and to resolving numerous stock-outs. In the 3 countries, stock-outs are less frequent, even if we have no structural influence on the system. The 3 Observatories continue to operate even after Expertise France funding ceased, and we have mobilized other resources, such as Global Fund grants. The Observatories are recognized and respected, which is a major source of satisfaction.

HEALTH SECTOR SUPPORT PROJECT, PHASE III (PASST3)



AFD has been committed to Chad for over 60 years, helping to strengthen the country's healthcare system and improve the health of its citizens. AFD has particularly invested in the areas of maternal, child and reproductive health, thus contributing to the empowerment of women (through training health personnel, equipping or rehabilitating health centers, providing access to family planning and supporting the implementation of universal health coverage). From 2008 to 2020, AFD undertook to finance the *Projet d'Appui au Secteur Santé au Tchad (PASST)* led by the Ministry of Public Health and National Solidarity (MSPSN) over a double five-year period. PASST1 (2009-2014) was the pilot phase, aimed at strengthening human resources in health, reducing maternal mortality and combating HIV/AIDS. PASST2 (2015-2020) consolidated the momentum in the fight against maternal mortality generated by PASST1. It strengthened the capacities of the Ministry of Health, by supporting healthcare structures (supply and quality), training healthcare staff and financing care and solidarity-based payment exemption mechanisms.

At the end of 2021, AFD decided to finance the Ministry of Health for the implementation of PASST3, aimed at reducing maternal mortality from a human rights perspective. This phase differed from the previous ones in that it involved the Chadian Ministries of Health, Gender and National Solidarity, with an emphasis on ownership and sustainability by the Chadian health authorities, in order to ensure that the actions carried out are anchored in the beneficiary populations.

An initial appraisal mission carried out by AFD in February 2022 defined the intervention zones (N'Djaména, Logone Occidental and Ouaddaï) and validated with the MSP the main intervention principles of PASST3, namely: (i) capitalize on and draw lessons from previous phases of the program and the *Projet Santé Urbaine à N'Djaména (PSUN)*, (ii) work towards the goal of Universal Health Coverage, (iii) integrate the gender approach into all project components. As a result, PASST3 will continue activities aimed at reducing maternal mortality in the provinces of N'Djaména, Logone Occidental and Ouaddaï, capitalizing on the achievements of the ten years previously financed, and introducing gender inequalities known to maintain women's low decision-making power.

TeAM for Health has also been selected to carry out a feasibility study for the future PASST3 between January and April 2022.

This particularly intense assignment was as complex as it was exciting for the entire team of experts, who took up several major challenges:

- Making GENDER a cross-cutting theme of the future project: the study brought to light many reservations, even if only a few were voiced. The challenge was to transform these reservations into levers for making proposals in the activities to be carried out.
- Bringing together representatives of the various MSP departments at the same time. <which we managed to do at the beginning and end of the mission to get institutional professionals thinking/working on the feasibility themes we had identified during our provincial trips.
- And to get the women talking! In the end, several of them took to the microphone to present a summary of the group work.

The particularly strong/positive element of this mission was the openness to launching a mission to create gender-specific technical assistance that will be transversal to PASST3, based on the recruitment of a pair of national/international social science experts.

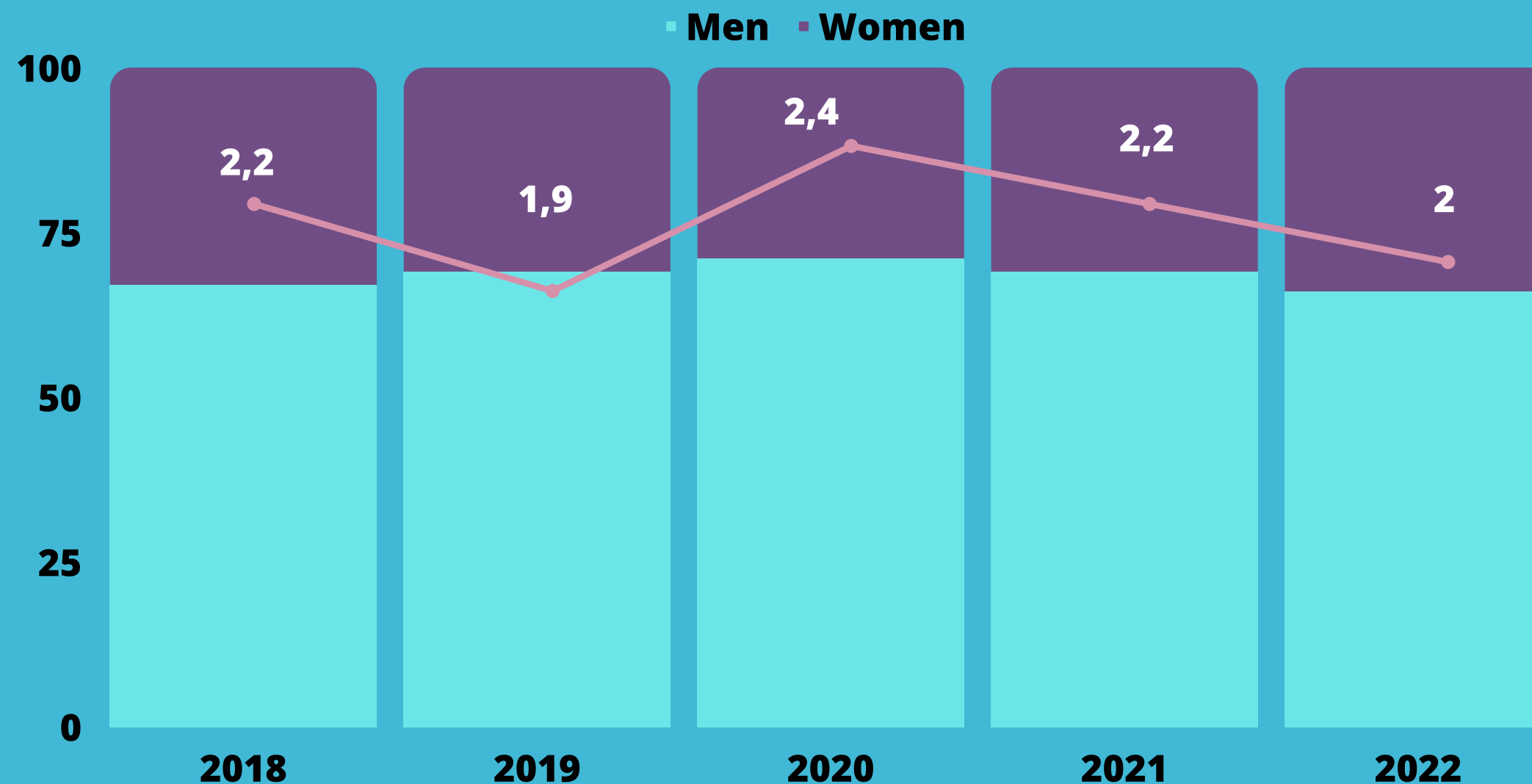
This proposal, eagerly awaited by the national authorities but observed with reservations by the players in the field, is a real challenge to be taken up, in other words, the work will be exciting for those who undertake it.



Cross-cutting reflection: how can we take better account of gender in our practice?

Parity in the consulting field remains wishful thinking: according to the Consultor barometer, which assesses the performance of international consulting firms every year, only 13% of partners in the 12 largest firms are women. This figure even fell between 2019 and 2021, despite the fact that the firms are introducing numerous incentives: part-time working, opening company day nurseries or facilitating access to external day nursery places, and reducing travel for young parents. The main reason for this is that 1/4 of all employees leave the company within 5 years of starting work, due to a lack of sense of purpose, work overload and a lack of work/life balance.

At TeAM, the proportion of women consultants has not changed much over the past 5 years, as the graph below shows:



Cross-cutting reflection: how can we take better account of gender in our practice?

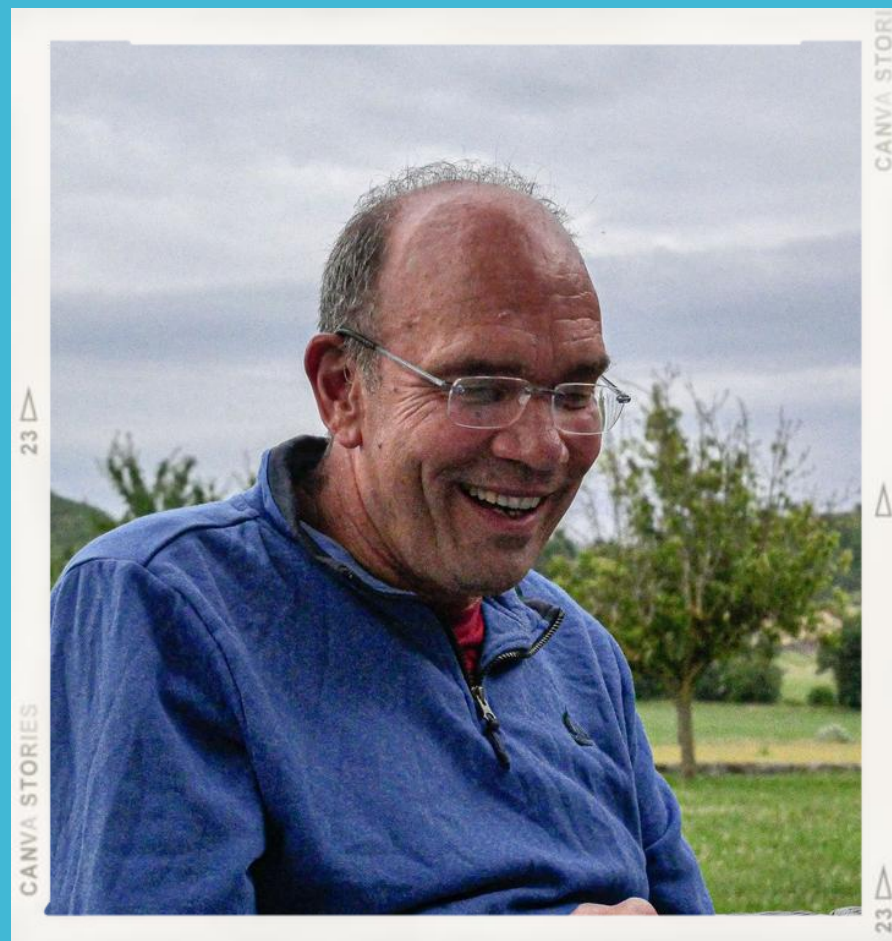
An exclusive questionnaire was completed by 17 women consultants employed by TeAM in 2021. It highlighted the issues to which our office must pay attention, and called on everyone to work together to make progress:

- 90% of female consultants surveyed have to balance their professional and private lives, in particular to make time for their families and leisure activities;
- 50% have seen a positive change in team parity, while 50% have seen no change at all;
- 50% report that they are treated differently when a team is gender balanced;
- 100% of consultants acknowledge that gender analysis is lacking in their assignments; and
- 70% attribute this lack of gender-specific consideration to a lack of willpower, while 30% put it down to a lack of skills in their teams.

Among the recommendations put forward by the consultants to make progress in the field of parity and gender mainstreaming in our assignments are: (i) the search for new female consultants in order to build up a pool of experts as large as that of the male consultants: (ii), the training of consultants in gender mainstreaming in our assignments; and (iii) the development and use of gender mainstreaming tools.



THE TEAM THANKS YOU



Luc Vendeputte, a key member of the TeAM team, who joined the company back in 2016 is retiring! During his seven years as TeAM's administrative and financial director, Luc has equipped our firm with the management tools and administrative rigour essential to ensure our growth. In addition to being a tireless worker, he is described by all the consultants as efficient, responsive and smiling in all circumstances, curious to understand the healthcare environment in which we work, and helpful in guaranteeing the best possible working conditions for the experts. On behalf of the hundreds of consultants he has known over the past 7 years, the TeAM team would like to thank this outstanding professional and wish him a happy retirement.



Evaluation mission for the OCOPP project in Burkina Faso and Cameroon



Support to the implementation of the COVID-19 activities, DRC



ACRONYMS

AFD	Agence Française de Développement	OCOPP	Observatoire Communautaire des pratiques pharmaceutiques
ARV	Antirétroviral	PMU	Project Management Unit
CBO	Community-Based Organization	PR	Principal Recipient
C19RM	COVID-19 Response Mechanism	PSM	Procurement and Supply Chain
CCM	Country Coordinating Mechanism	PTF	Partenaires Techniques et Financiers
CE	Community Engagement	PLHIV	People living with HIV
CLM	Community-Led Monitoring	RAME	Réseau d'Accès aux Médicaments Essentiels
CLR	Community-Led Response	RSSH	Resilient and Sustainable Systems for Health
COE	Challenging Operating Environments	SENLS	Secrétariat Exécutif National de lutte contre le Sida
CSO	Civil Society Organization	SR	Sub-Recipient
DSM	Direction de la santé militaire	STI	Sexually Transmitted Infection
EF	Expertise France	TA	Technical assistance
FEMAPH	Fédération malienne des personnes handicapées	TB	Tuberculose
GAVI	Global Alliance Vaccine Initiative	TERG	Technical Evaluation Reference Group
GC7	Grant Cycle 7	TFP	Technical and Financial Partner
GF	Global Fund	TPT	TB Prevention Treatment
HMIS	Health Management Information System	TRP	Technical Review Panel
LMIS	Logistics Management Information System	UCOP+	Union Congolaise des Organisations de PvVIH
NFM	New Funding Model	UGST	Unité de gestion du Secrétariat Technique
NSP	National Strategic Plan		