

TANZANIA COMMISSION FOR AIDS

**GLOBAL FUND
SUPPORT TO
TANZANIA REPORT**

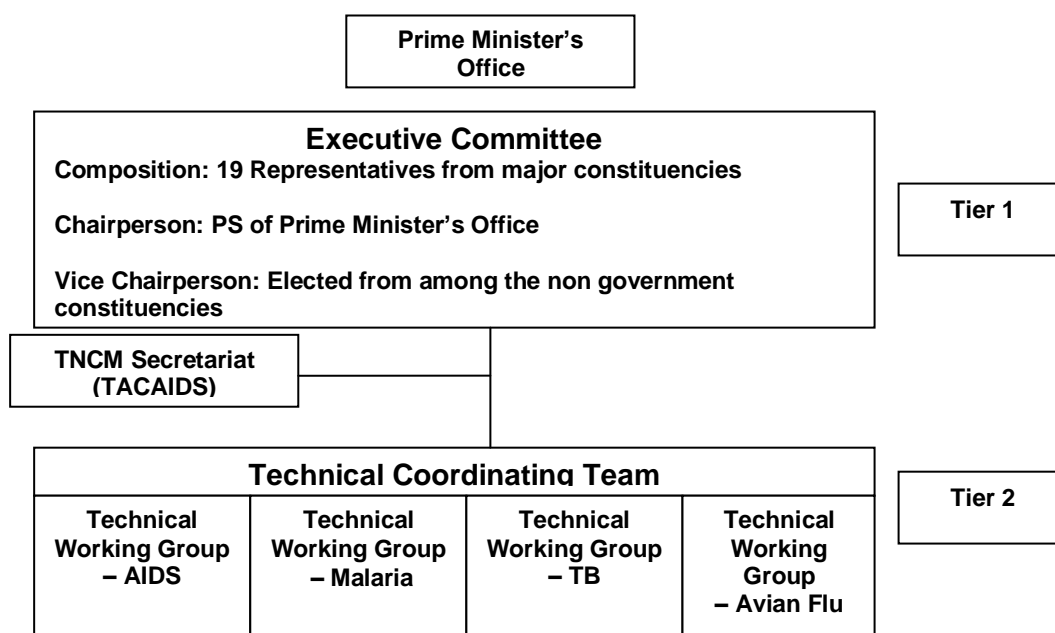
ACHIEVEMENTS AND CHALLENGES

1. INTRODUCTION

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) was established in 2001 to assist countries to fight 3 major diseases; HIV/AIDS, Tuberculosis and Malaria. Global Fund's resources are from multiple donors; Governments, Foundations, Private sector etc. and Tanzania is one of the major beneficiaries of Global Fund grants.

Global Fund requires beneficiary countries to establish Country Coordinating Mechanism (GFCCM) responsible for grant oversight and management. The Tanzania GFCCM was established in 2002 and in 2005 GFCCM was restructured to the present Tanzania National Coordinating Mechanism (TNCM) to coordinate other funding sources beyond the Global Fund.

Structure of TNCM



TNCM is under the leadership of the Permanent Secretary of the Prime Minister Office (PMO) and the Tanzania Commission for AIDS (TACAIDS) is hosting the TNCM secretariat. All stakeholders are represented in the TNCM; Government, Civil Society, Private sector, and Development Partners. TNCM conducts its meetings on quarterly basis, however, extra-ordinary meetings are also held when necessary.

Composition of Executive Committee

Chairperson: Permanent Secretary of the Prime Minister's Office			
Government Constituencies	Development Partners Constituencies	Civil Society Constituencies	Private Sector Constituencies
Ministry of Health	Chair of the DPG-HIV/AIDS	PLHA (2) Male and Female	Trade Union Congress Tanzania (Employees)
Ministry of Finance and Economic Affairs Executive Chairman, TACAIDS	Representative from UN Organizations Chair of DPG Health	NGO (2) FBO (2) Christian and Moslem	AIDS Business Coalition Tanzania which includes Association of Tanzania Employers
Prime Minister's Office - Regional Administration and Local Government	Representative from the Bilateral Development Partners	University of Dar es Salaam (Academia)	Media Council of Tanzania
5	4	7	3

The Ministry of Finance and Economic Affairs (MOFEA) has so far been identified as Principal Recipient (PR) of the Global Fund grants for the public sector. The Ministry of Health and Social Welfare (MOHSW) is one of the key actors in the management of the grants although not the PR of all grants. In all beneficiary countries, the Global Fund employs representatives who act as Local Fund Agent (LFA). In Tanzania the LFA is *PriceWaterhouseCoopers* (PWC).

Global Fund Support to Tanzania (as of 24th January 2010)

Round/Year	Requested US\$	Approved US\$	Disbursed US\$
1: 2002	Malaria: 85,818,342 (including RCC)	78,079,834	70,222,011
	HIV/AIDS: 5,400,000	5,400,000	4,647,000
2: 2003			
3: 2003	HIV/TB: 83,466,904	83,466,904	54,798,490
4: 2004	HIV/AIDS:339,558,722 (MOFEA, AMREF, Pact, PSI including RCC -PSI)	303,939,165	227,875,442
	Malaria: 76,086,764	76,086,764	75,086,764
5: 2005			
6: 2006	TB: 35,111,404	16,498,948	15,173,156
7: 2007	Malaria: 52,545,829	20,707,304	10,170,104
8: 2008	HIV: 510,761,698 (MOFEA and AMREF)	121,144,902	1,143,466
	Malaria: 102,175,638	100,427,017	31,467,018
Total	1,640,625,064	979,700,482	490,583,451

As of 24th January 2010 the Global Fund Board has approved grants amounting to USD 979.7 million for Tanzania since 2002 when the request for Global Fund Round 1 was made.

2. GLOBAL FUND SUPPORT TO IMPLEMENTORS

Global Fund activities are implemented through a number of key implementing partners including the MOHSW who receives a big portion of the funds. Funding from Global Fund is received in the country through the PR who is the MOFEA for Public sector. However, there are other Non-Government Organizations that are also PRs. They include AMREF, Populations Service International (PSI- Tanzania) and Pact – Tanzania.

Ministries [MOHSW and Prime Minister's Office Regional Administration and Local Government (PMORALG)] are termed as Lead Sub Recipients (LSR) which under them there are a number of Sub-Recipients (SRs) and Sub Sub-Recipients (SSRs). The Tanzania Commission for AIDS (TACAIDS) is the coordinating LSR.

Global Fund grants are applied through writing proposals through a system of Rounds. Global Fund Rounds are launched by the Global Fund Board, Geneva and so far (April 2010) 9 Rounds have been launched. Successful applications are notified by the Global Fund Board after they are thoroughly scrutinized by the Global Fund's Technical Review Panels.

Successful grants are signed through Grant Agreements of 5 years as Grant Projects. Grants are disbursed in 2 Phases; (Phase I – the first 2 years and Phase II - the remaining 3 years). Disbursements are made in quarters according to the work plans. Projects that are about to reach an end (5 years), are assessed by the Global Fund to determine their success. Grant Projects that were successfully implemented are granted an extension of additional 6 years known as Rolling Continuation Channel

(RCC). However, according to Global Fund, RCC will no longer be granted starting from year 2010.

3. TANZANIA SUCCESSFUL ROUNDS

3.1.1. Global Fund Round 1 - Malaria

Global Fund Round 1 Malaria Project began in 2004 and ended in 2008. The PR of the Project was the MOHSW and the National Malaria Control Programme (NMCP) was the LSR. The project focused on national distribution on Insecticide Treated mosquito Nets (ITNs) particularly to pregnant mothers through a Voucher scheme. This Project also known as NATNETS programme received an approval of a total sum of US\$ 78,079,834 for 5 years. The project was successfully implemented and was granted an RCC extension.

3.1.2. Global Fund Round 1 RCC

Global Fund Round 1 RCC project began in 2008. The MOHSW is the PR and NMCP remained as LSR. The RCC funds a national campaign known as Catch up Campaign to distribute ITNs. The SSRs for this project are MEDA, World Vision, PSI, Ifakara Health Research and Development Centre (IHRDC) and KPMG.

3.1.3. Global Fund Round 1 HIV

Global Fund approved a total of US\$ 5,400,000 to fund activities on promotion of HIV awareness.

3.2. Global Fund Round 3 - TB/HIV

Global Fund Round 3 “Scaling-up access to quality VCT as an entry point to comprehensive care and support services for TB and HIV/AIDS in Tanzania Mainland through a coordinated multi-sectoral partnership,

United Republic of Tanzania, Tanzania Mainland” aimed at scaling up basic comprehensive package of HIV/AIDS and TB Care and Treatment services at district and community level. The Project is linked to an expanded package of services at district, regional and referral hospitals including PMTCT and Anti-retroviral treatment services.

The PR of the Project is the MOFEA and the LSRs are MOHSW, PMORALG and TACAIDS. Implementing partners (SRs) under MOHSW include Project Management Unit (PMU-MOHSW), National AIDS Control Programme (NACP), National Tuberculosis and Leprosy Programme (NTLP), Medical Stores Department (MSD), Muhimbili National Hospital and Mbeya Referral Hospital.

This grant supports a total of 45 districts which are SRs of PMORALG. SRs of TACAIDS are AMREF and Christian Social Support Commission (CSSC) who also have a number of SSRs under them. They include Non Governmental and Faith Based Organizations (NGOs and FBOs).

The Project was granted an extension under RCC. Processes to re-submit the proposal are going on. The grant period came to an end. TNCM requested for a “No Cost Extension”. The No Cost Extension ends in April 2010.

3.3. Global Fund Round 4

Global Fund Round 4 Project began in September 2005 and is expected to end in October 2010. The Project is composed of 2 disease specific components namely; HIV/AIDS and Malaria. The principle recipients are; MOFEA for Public Sector -caters for HIV/AIDS and Malaria. Others

are AMREF, PSI –Tanzania and Pact –Tanzania which caters for HIV/AIDS.

3.3.1. Global Fund Round 4 – HIV/AIDS

The Global Fund Round 4 Project titled “Filling critical gaps for Mainland Tanzania in the National Response to HIV/AIDS in impact mitigation for Orphans & Vulnerable Children, Condom Procurement, Care & Treatment, Monitoring and Evaluation, and National Coordination” aims at filling 5 critical gaps in scaling up the national response:

- 1) Impact mitigation, for orphans and vulnerable children
- 2) Adequate supply of condoms through the public and social marketing
- 3) Support for the Care and Treatment Plan, incorporating the WHO 3 X 5 initiative to scale up ART
- 4) Initiating a new system for monitoring ART program
- 5) National coordination of multi sectoral partners

The MOHSW is LSRs for the following SRs; NACP, MSD, NIMR-Mwanza, Tanzania Food and Drug Authority (TFDA), Diagnostic Unit of MOHSW. A total of 63 district councils benefit from these funds under PMORAG as LSR. TACAIDS is SR for coordination of the National Response.

Other implementing PRs include AMREF who support the Care and Treatment activities of the MOHSW, PSI –Tanzania for adequate supply of condoms through the public and social marketing, and Pact –Tanzania for Impact mitigation, orphans and venerable children in collaboration with the Department of Social Welfare of MOHSW. A number of

partners (CSOs) are implementing the Global Fund Round 4 project under AMREF, PSI and Pact as SRs and SSRs. Global Fund has approved US\$ 283,092,248 for this project.

Recently, PSI and Pact were granted an extension under RCC. Applications for RCC were submitted to Global Fund.

3.3.2. Global Fund Round 4 – Malaria

Global Fund Round 4 -Malaria project focuses on supply of new anti-malarial treatment; Artemisinin Combined Therapy (ACT) which replaces Sulphadoxine Pyrimethamine (SP –Fansidar etc.) as the 1st line drug for treatment of Malaria. This Project makes ACTs available in the public and voluntary agency owned health facilities. Global Fund approved US\$ 76,086,764 for this project.

The LSR is the MOHSW and implementing partners (SRs) include: NMCP, MSD, PSI, Africare in collaboration with Plan (T) and TaNAAM, National Institute for Medical Research (NIMR), IHRDC and TFDA.

This was a 3 years Grant Project which began in July 2005 and ended in June 2008. Global Fund Board granted 6 months no cost extension which expired on 31st January 2009.

3.4 Global Fund Round 6 -TB

The objectives of the Global Fund Round 6 TB project include;

- Scale up TB/HIV collaborative activities in 31 districts,
- Scale-up community and patient’s empowerment on TB control in 31districts,

- Promote Public-Private Partnership in 31 districts within 7 regions with high TB burden by 2010
- Contribute towards control of multi-drug resistant Tuberculosis (MDR-TB) management in the country by 2010

This is a 5 years project and implementation began in November 2007. The PR is MOFEA and MOHSW is LSR. Implementing partners include MSD, TFDA, Pharmaceutical Supplies Unit, NACP, Kibong'oto Hospital and 36 districts councils. Global Fund approved US\$ 16,498,948 for this project.

3.5 Global Fund Round 7 - Malaria

Global Fund Round 7 Project focuses on 3 areas:

- To provide ACT Subsidy for children in private sector
- To supply Rapid Malaria Diagnostic Tests in public health facilities
- To improve severe malaria nursing care to children below 5 years of age

This is a project of 5 years and implementation began in the second half of year 2008. Global Fund approved US\$ 20,707,304 for this Project.

The PR is MOFEA and LSR is the MOHSW. Implementing partners include the NMCP, TFDA, MSD and other 3 forms to conduct Monitoring and Evaluation, Promotion and Logistics.

3.6 Global Fund Round 8

The Global Fund Round 8 Project takes on board 2 specific disease components named; HIV/AIDS and Malaria.

The PR is MOFEA for Public Sector and AMREF for other sectors. MOHSW is LSR for HIV/AIDS and Malaria.

3.6.1. Global Round 8 –HIV/AIDS

HIV/AIDS component titled “Sustaining the Momentum: The March towards Universal Access to HIV and AIDS Services in Tanzania”. The component had 3 goals;

- 1) Sustaining the HIV/AIDS response
- 2) Catalytic funding to identify and unlock systemic bottlenecks
- 3) Strengthen implementation coordination; this includes strengthening of HIV/AIDS key implementing institutions, and umbrella organizations namely; Tanzania National Coordinating Mechanism (TNCM), TACAIDS, NACP, Association of Private Health Facilities in Tanzania (APHFTA), AIDS Business Coalition Tanzania (ABCT), National Moslem Council (BAKWATA) CSSC and National Council for People Living with HIV/AIDS (NACOPHA).

Global Fund has approved US\$ 121,144,902 for this project. AMREF received the first disbursement from Global Fund on January 2010. For MOFEA, grants negotiation is still going on.

3.6.2. Global Fund Round 8 –Malaria

The Malaria project titled; “Scaling-Up for Impact: Achieving Universal Coverage with Long-Lasting Insecticidal Nets (LLINs) for Tanzania” has the following objective;

- To attain universal net coverage through the distribution of approximately 12 million additional LLINs to 8 million households through a one-time mass campaign (catch-up) on mainland Tanzania in 2010

In this Project, 7.2 million LLINs will be distributed to all children under five years of age in 2008 to 2009. This will be followed by a one-time mass campaign to attain Universal Coverage (defined as one LLIN per sleeping space) which will contribute approximately 13 million *additional nets*. As a result, both individual and community-level protection will be attained.

Essentially the same mechanism that is used in the under 5 Catch-up Campaign will be applied to the Universal Coverage Campaign. Uncovered sleeping spaces (already identified as part of the implementation of the under 5 catch-up campaign) will be targeted in this campaign and quantified to determine net requirements at district, village and household level using the under 5 years Registration.

The capacity of MOHSW’s Procurement Unit will be strengthened to ensure timely and efficient implementation of health programmes

throughout mainland Tanzania. Global approved 100,427,017 for this Project. The Project Agreement was signed in September 2009.

3.7 Global Fund Round 9

Global Fund Round 9 was launched on 1st October 2008. Tanzania applied for 3 disease components; HIV/AIDS, TB and Malaria including Health Systems Strengthening (HSS) component which was attached to the HIV/AIDS proposal. The proposal was submitted on time on 1st June 2009. The total sum of US\$ 678,194,262 was requested for Round 9 proposal for the period of 5 years is as follows;

- HIV/AIDS US\$ 299,064,873
- TB US\$ 99,426,802
- Malaria US\$ 173,612,609
- HSS US\$ 176,089,978

Only Malaria and HSS proposals were accepted for funding. The process of responding to TRP comments is currently going on.

3.7.1. Global Fund Round 9 -HIV/AIDS

The Global Fund Round 9 HIV/AIDS application titled “Enhancing HIV Prevention services in Tanzania” focused on the following key objectives;

- 1) Enhance HIV prevention services at community level with a great focus on Youth, Vulnerable and Most at Risk Population (MARPS) in Tanzania.
- 2) Scale up the national response to OVC support
- 3) Strengthening program monitoring with a focus to the community services and non health sector responses
- 4) HSS

3.7.2 Global Fund Round 9 -TB

The TB proposal application titled “Scaling up of Stop TB strategy” focused on the following objectives;

- 1) Pursue high quality DOTS expansion with special focus on children and marginalized
- 2) To strengthen collaborative TB/HIV activities with special focus on congregate settings
- 3) To strengthen management of MDR-TB
- 4) Strengthen health systems capacity with emphasis on the Practical Approach to Lung Health (PAL)
- 5) To empower people with TB and communities in TB care through ACSM, community participation and patient charter
- 6) Engage all health care providers in TB control in line with the International Standards for TB Care (ISTC)

3.7.3. Global Fund Round 9 -MALARIA

Global Fund Round 9 –Malaria proposal application titled “Sustaining Malaria Treatment in Tanzania” focuses on the following objectives;

- 1) To improve management of malaria through better diagnosis and improved access to ACTs so that by 2015, 80% of people with malaria will receive effective anti-malarial treatment
- 2) To strengthen malaria surveillance, monitoring and evaluation and program management by 2015

4. NOTABLE ACHIEVEMENTS THROUGH GLOBAL FUND SUPPORT

- Distribution of free ITNs to children below 5 years, pregnant women using Voucher scheme and general public to all sleeping spaces in a Universal Coverage Campaign.
- Treatment of malaria country wide using ACTs -Artemether Lumefantrine (ALu) as a first line drug treatment.
- Support to the national HIV testing campaign that was launched by His Excellency Hon. President Jakaya Mrisho Kikwete and lasted for nine months. The support included testing commodities such as testing kits and related medical supplies.
- Care, treatment and support to PLHAs through provision of HIV test kits, laboratory equipment, ARVs and other drugs for treatment Opportunistic Infections. Procurement and distribution of public sector and social marketing condoms country wide.
- Identification and support to Orphans and Most Vulnerable Children in 20 districts on health, education, food and/or shelter through collaborative work between the respective Ministries, implementing partners, general public and NGOs
- Hiring and capacity building of health and non health care personnel
- Enabling 80% of Tuberculosis patients in the country to access HIV testing services and hence linking them to care and treatment services. Strengthening country's capacity to diagnose and manage Multi Drug Resistance Tuberculosis through support to infrastructure and personnel at the national laboratories

- Strengthening capacity for HIV infant diagnosis and other PMTCT related services
- Strengthening National Multi-sectoral HIV/AIDS response and related M & E systems

CHALLENGES ENCOUNTERED DURING IMPLEMENTATION

Global Fund grant is a performance based funding, therefore has special requirements that are unique to its business model. These have made countries to face multiple challenges in implementing the program activities, these challenges are in key areas such as:

1. Proposal development

- There are multiple conditions to be met during proposal development including technical and political issues
- Proposal development requires long preparatory work that include gathering information from different sectors
- Need for involvement of technical staff, community representatives and other stakeholder is mandatory during proposal development
- Need to analyze contribution of major programs support available in the country.

2. Program Implementation

- Difficulty in preparations of multi-partner work-plans and budgets
- Inadequate common understanding among implementing partners (Self Interests)
- Inadequate implementation capacity (implementation Capacity Vs desire to participate)

- Shortage of technical personnel in areas of procurement and supply chain management and Monitoring and Evaluation.
3. Coordination; GF implementation involves multiple implementers and stakeholders at different levels. This is complicated by the increase in the number of Grants that the country achieves. Some of the stakeholders are:
- NGO's, CSO's umbrella Organizations & Networks
 - Private Sector including FBO's
 - Public Sector (MDAs)
 - Media
 - Academia
4. Flow of funds; the funds move across multiple levels, these are
- From Principal Recipient (PR) to Lead Sub Recipient (LSR)
 - From LSR to Sub Recipient (SR)
 - From SR to Sub-Sub Recipient (SSR)
 - Preparation of Medium Term Expenditure Framework (MTEF) especially for Public Sector as disbursement are not predictable
5. Preparation and Submission of quality reports. This is a major challenge area as reporting is a cornerstone of performance base funding model. Major issues are outlined below;
- Data accuracy is a major concern
 - Completeness of the reports as per set targets and objectives.
 - Timeliness of report submission is major issue still.
 - Non reporting for some implementers and LGAs