UGANDA COALITION FOR ACCESS TO ESSENTIAL MEDICINES

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MAKING THE GLOBAL FUND WORK EVEN BETTER FOR UGANDA

ASSESSMENT OF THE IMPLEMENTATION PROCESS OF THE UGANDA GLOBAL FUND TO FIGHT HIV/AIDS, TB AND MALARIA (UGFATM)

EXECUTIVE SUMMARY

This report is from a study carried out by the Uganda Coalition for Access to Essential Medicines (UCAEM), to assess the implementation of the Global Fund to fight HIV/AIDS, Malaria and TB in Uganda.

The study was specifically designed to offer an analysis of the implementation process and activities of the UGFATMP with the aim of establishing the involvement of key stakeholders particularly CSOs, identify the challenges, document beneficiary perspectives and make recommendations on key CSOs concerns about the process.

At its design, the world envisioned that the Global Fund initiative would mobilize funds and introduce significant changes on how donors could quickly support locally driven responses to address the three global health emergencies of HIV/AIDS, Malaria and TB. Being built on the principle of partnership between the public and the private sectors, it was hoped that the Global Fund would introduce positive changes in the Global funding environment and help minimize fragmentation of the much needed health responses.

It is for this reason that UCEAM is part of the Global Community that supports this multilateral mechanism that offers the best chance to drastically increase the number of people accessing life saving medicines.

However, despite successes around the world this report reveals that there are still concerns at the country level in Uganda. These concerns include limited CSO involvement and participation, constrained communication and information flow between the Global Fund Project Management Unit (PMU) and the stakeholders, slow disbursement of funds and scaling up of the number of people on ARVs.

This report is not an evaluation of the Global Fund but gives views, perspectives and recommendations if when taken into consideration by the Uganda PMU and NCC would help improve the ways of working within the Global Fund's principle of Public/Private partnership.

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List of Acronyms

ACP	Aids Control Programme
AIDS	Acquired Immuno Deficiency Syndrome
AIM	AIDS Integrated district Model
ART	Ant-Retro-viral Therapy
BCC	Behaviour Change Communication
CBOs	Community Based Organisations
CCM	Country Co-ordinating Mechanism
CSOs	Civil Society Organisations
GF	Global Fund
DDHs	District Director of Health Services
HEPS	Coalition for Health Promotion and Social Development
HIV	Human Immuno Virus
IDPs	Internally Displaced Persons
IEC	Information Education and Communication
M&E	Monitoring and Evaluation
MAP	Multi-Sectoral HIV/AIDS Program
MOH	Ministry of Health
MDGs	Millennium Development Goals
NCC	National Coordination Committee
PIM	Project Implementation Manual
PLWHA	People Living With HIV/AIDS
PMU	Project Management Unit
TB	Tuberculosis
UCAEM	Uganda Coalition for Access to Essential Medicines
UGFATMP	Uganda Global Fund for AIDS, TB and Malaria Project
UNAIDS	United Nations HIV/AIDS Program
UNASO	Uganda Network of Aids Service Organisations
UPHOLD	Uganda Program for Holistic Development

1.0. Introduction

The Uganda Coalition for Access to Essential Medicines [UCAEM] is a group of civil society organisations and individuals that came together to advocate for increased access to essential medicines. The Coalition's membership includes CSOs, CBOs, human rights groups and individuals with diverse background ranging from health and human rights advocates, social workers, public health professionals and legal professionals. The secretariat of the coalition is currently housed with the Coalition for Health Promotion and Social Development [HEPS-Uganda], which is one of the member organisations. However the decision-making and the majority of the work is carried out by the membership led by the steering committee. Feeding into this structure are three working groups of members looking at the respective aspects of information and research, public awareness and parliamentary issues. The overall goal of the coalition is to secure public health by influencing policy legal and other processes that impact on access to essential medicines.

At its second strategic planning meeting held at Sunset Hotel, in Jinja February 2004, members of Coalition, identified the Global Fund initiative as a window of opportunity to scale up the number of people accessing life saving drugs in poor countries like Uganda.

Recognising the Global Fund principle of public/private partnership, the Information and Research working group of the coalition was mandated to make an assessment of the Global Fund Implementation process in Uganda. This would inform the Coalition and other stakeholders on key health care access areas especially access to ARVs by those in urgent need such as the vulnerable groups (women, children, IDPs and disabled). This is pertinent to public interest due to the Universal Access to ARV announcement by government and the Ministry of Health.

"Today will be remembered as the day when the Movement Government fulfilled the promise to avail Universal access to the people of Uganda of free life saving Antiretroviral drugs which are targeted particularly at the poor, "
Hon. Jim Muhwezi - Minister of Health at the launch of free ARV treatment program 11th June 2004.

1.2. Background to the Global Fund Initiative

With the turn of the century, the global community has come to recognize that basic health is a prerequisite for sustainable development. Perhaps more than anything else, three diseases AIDS, Tuberculosis and Malaria undermine people's welfare in many parts of the world, threatening social-economic foundations and pre-empting the enjoyment of basic human rights for the most disadvantaged people in the world. (Global Fund Annual Report 2003.)

In the year 2001, AIDS, tuberculosis and malaria caused more than six million deaths; three million people died from AIDS; two million died from tuberculosis, with nearly 25,000 per day developing active tuberculosis and malaria killed at least another one million, over 80 percent of whom were children under the age of five. Most of these victims lived in Africa or other low-income countries, where access to health services is woefully inadequate and the burden of disease is 30 times greater than in the industrialized world. (Global Fund Annual Report 2003).

The Global Fund as an international financing mechanism was constituted in January 2002 to fight HIV/AIDS, TB and Malaria to dramatically increase resources to fight three of the most devastating diseases and to direct those resources to areas of greatest need.

In March 2003, the government of Uganda signed a grant agreement with the Global Fund to fight HIV/AIDS, TB and Malaria amounting toUS$36.3 million, and this money was to scale up national response and interventions against HIV/AIDS in areas of prevention and care, impact mitigation and capacity building. This was to be utilized in the first two years of the program and its disbursement was supposed to be to both public and private sector.

On malaria an agreement was signed on 27th February 2004 (Source: www.theglobalfund.org) for two year period amounting to US$23.2m., while for TB was signed on 15th March 2003 for two years amounting to US$ 4.7m.

The over all aim of this fund is to contribute to the reduction of illness and death arising from the three diseases [HIV/AIDS, TB and malaria] thereby mitigating their impact and hence contributing to both poverty reduction and the well-being of Ugandans. This is aligned to National Strategic Framework for HIV/AIDS, TB and Malaria and the Millennium Development Goals [MDGs].

Summary of Global Fund Approval and disbursements to Uganda

	Amount Requested($)	**2–year approved Funding ($)**	**Amount disbursed ($)**
HIV/AIDS round 1	51,878,417	36,314,892	18,134,753
HIV/AIDS round III	118,565,707	70,357,632	00
Malaria round II	35,783,000	23,211,300	7,100,170
Malaria round IV	158,047,079	66,432,148	00
TB round II	5,713,081.29	4,692,020.77	1,177,290
Total	369,987,284.29	201,007,992.77	26,412,213

(Source; www.theglobalfund.org)

1.3. The burden of three diseases in Uganda

Like many developing countries, Uganda has one of the highest burden of disease especially communicable diseases though it is also in a period of epidemiological transition. It estimated that 75 per cent of life years are lost to premature death due to 10 preventable diseases. Key among them are Malaria, HIV/AIDS and Tuberculosis. (Ministry of Health 1995).

Currently it is estimated that about 1.4 million Ugandans are living with HIV, 120,000 with AIDS while the annual death due to HIV/AIDS is about 84,000. (MoH 2003/UNAIDS 2002).

In addition to HIV/AIDS is Malaria, which contributes another bigger percentage to the burden of disease. It is estimated that 93% of the total population in Uganda are at a risk of malaria, with 25-40% of all outpatient visits at health facilities, 20% of all hospital admissions and 14% of all admissions deaths, (MOH 2000). It should be noted however that actual figures might be higher, because majority of informally managed malaria cases are not reported. It is further noted that the high-risk groups are children under five years and expectant mothers. Therefore malaria is partly responsible for high infant (88 per 1000) and maternal (504 per 100,000) mortality rates some of the highest rates in the world.

While malaria and HIV/AIDS contribute much to the burden of disease in Uganda, TB has of late also contributed significantly. The prevalence of TB in Uganda is increasing and the annual risk of TB infection in the country is estimated at 3.5% of the total population. However in most of the TB cases HIV/AIDS is partly responsible for the condition.

1.4. Objectives of the study

The over all objective of this report is to offer an analysis of the implementation process and activities of the UGFATM in regard to the following specific objectives.

- To establish the involvement of key stakeholders with emphasis on beneficiaries
- To identify the challenges facing UGFATM implementation in Uganda
- To offer recommendation on how activities can be effectively implemented

1.5. Methodology

This was a descriptive study adopting qualitative methods of data collection and analysis. The study population included CSOs, districts, government agencies and the Global Fund PMU in Uganda. In total 10 CSOs, and 3 districts were

selected for interviews. While 5 agencies including the PMU and the MOH were sampled to represent the government strata. The study population was purposively selected since all the CSOs included in the sample were already short listed as grantees (lead agencies) to the Global Fund.

Key informant interviews were conducted with the heads/representatives of the sampled CSOs, and DDHs. Key informants data was supplemented by data collected from the review of documents. Data collected was thematically analysed by the researcher basing on the key thematic areas. It was after the analysis that a report was written.

2.0. The Global Fund Structure in Uganda

The Uganda Global Fund to fight AIDS, Malaria and TB (**UGFATMP)** is managed and implemented by the Ministry of Health through the Project Management Unit (PMU). The National Coordination Committee comprising of various stakeholders is the supreme policy organ of the project. Ministry of Finance Planning and Economic Development is the Principal Recipient (PR) while Pricewater House Coopers is the Local Fund Agent (LFA).

The PMU is headed by a Project Coordinator assisted by other program staff such as officers Financial Controller, CSO/Private Sector expert and Public sector expert. The PMU secretariat reports to the MOH, and works directly with the different implementing agencies such as Lead agencies, direct grantees and the districts. All the implementing agencies were required to submit their proposals and work plans upon which the successful ones were selected.

2.1. UGFATMP overview /Assessment

2.1.1. Constrained information flow

During this rapid analysis exercise a number of issues were observed as provided by both the public, civil society and some district officials. One of the key observations was that the PMU was elusive about wanting to release information to the public including to our research assistants. Our efforts to interview staff of PMU were exhausted after four days of continued trial. It is a concern that such information is kept from the public realm, when it should be transparent and openly accessible to all parties interested. This contradicts the Global Fund principal of the public/private partnership and equal participation of Civil Society.

2.1.2. Slow response from Ministry of Health

It was further observed that the Ministry of Health as an implementing agency responsible for setting up PMU took significant amount of time to set up this Unit. Because of this delay, the whole implementation timetable was affected.

Due to late formation of the project implementation structures, Uganda was not able to successfully submit the 18 months workplan and with the intervention of the Geneva office the Country was advised to submit a six month workplan. This has affected the implementation process and the amount of funds accessed by Uganda from the Global Fund.

Though Uganda signed a grant agreement for HIV/AIDS in March 2003, the first tranche of funds was received in May 2003 to be used for setting up the implementation structures. In March 2004 funds for implementation of the project was released but the PMU took significant time to process and release the money for the CSOs/private sector activities. For example it was observed that some CSOs were notified that their work plans were approved in June 2004, but at the time of this study [September 2004] they had not received funds, while a few had received theirs barely a week before this analysis was carried out. Such a slow pace may affect the implementation process and work plans for most of the implementing agencies.

2.2. Transparency and duplication

The PMU had by September 2004 not publicly availed information about the qualified lead agencies and direct beneficiaries, nor about the areas of their intervention and geographical operational areas/locations. This information would help other agencies to locate other operational areas so as to reduce duplication of services and wastage of resources. It would help if the district officials know the lead agencies operating the district and if the beneficiary organisations know the lead agencies in their district.

It was further noted that a significant percentage of the Civil Society still doubted the selection criteria and transparency followed by the PMU in selecting lead agencies. They therefore inquired whether there was transparency in the whole exercise of selecting the agencies. The districts echoed the same doubt because they were not consulted on the capacity and credibility of the selected agencies yet the same agencies were to implement in and be monitored by the respective districts. Some of the respondents at the community level didn't know which organisations would be operating in their areas. Some lead agencies supposed to operate at districts have offices only in Kampala. So how would the beneficiaries get to know and reach them?

While the implementation guidelines direct that respective districts are responsible for monitoring and supervision of the activities of all agencies operating in the district, the PMU had by September 2004 not informed the districts we visited of who were the lead agencies, sub-grantees or direct grantees nor the amount of funds accessed from the PMU. This has left the districts in suspense, wondering how and where to start.

The PMU eventually published a list of grantees a week after they refused to talk to our Research Assistants. The list alone is not enough, as it does not spell out the areas of intervention.

It was further observed that although there is a project implementation manual (PIM) in place to guide and streamline the implementation process of the Global Fund in Uganda, there still exist doubts as to what extent this is being followed given the delays and other anomalies , which shouldn't have happened if the manual was followed by the PMU.

2.3. Monitoring and reporting structures

Further more, it was also found that the PMU does not have a clear monitoring and evaluation framework and the reporting structures are also unclear and bureaucratic and this impacts on the implementation of the UGFATMP activities at the different levels. It also affects the work-plans of some agencies since they report to multiple units. At the decentralized level (district level) reporting may be a problem since most implementing agencies report directly to the PMU while districts are meant also to monitor these activities.

2.4. Scaling up of access to medicines

While it is estimated that about 100,000 people living with HIV/AIDS are in urgent need of ART, so far little has been done by the PMU to consider the availability of ART as earlier promised by the MOH. The same applies to malaria drugs that have not been availed to different districts as reported, yet Uganda has already signed for funds for malaria under Round 2 of the Global Fund.

2.4.1. Key observations

By looking at the above, the following is likely to happen:

2.4.2. Ownership and sustainability

- A big proportion of the CSOs may feel that they are not part of the whole implementation process since many of them have not been updated on the developments of the Fund by the PMU. There has been minimal CSOs participation in the whole process and this may affect the sustainability of the current activities supported by the Fund.

2.4.2. Readiness by the districts

- By not informing the districts benefiting from the Fund, it makes the necessary monitoring by districts extremely difficult to undertake. Districts cannot monitor organisations (Lead agencies and direct beneficiaries) if they do not know what programs and the budgets they are running.
- Also limited consultation at district level may affect mainstreaming of global fund activities in district development plans

2.4.3. Likelihood of misuse of funds

- By not keeping the general public regularly informed on the progress of the Global Fund implementation process, there is a risk that some beneficiary organisations and government departments may misuse the funds and keep quite since no one would know how much is being handled and for what purpose.

2.5. Limitations

Secrecy and elusiveness from officials of PMU undermined the study as far as the technical implementing agency was concerned. This lack of cooperation may not help in running the public-private partnership.

3.0. Conclusions and recommendations

The Global Fund has so far approved about $201 million in grants to Uganda for use over a two year period. This amount could grow to $370 million over a five year period. According to the Global fund website about $26.5 million has already been disbursed to Uganda, about $18 million for AIDS. However the process of getting the funds to communities has been slow due to problems in setting up the PMU, communication constraints, transparency issues and macro economic concerns by the Ministry of Finance (MOF) which insists on budget ceiling. This budget ceiling policy is one of the conditions by IMF and World Banks structural adjustment programs. It was through the creation of a special window by the MOF that made it possible for the Global Fund money to come in. All these bottlenecks should be addressed.

It is therefore recommended that:

- The PMU adopt the bottom-up approach and involve the decentralised levels in the planning exercise
- The PMU should speed up the implementation process in order to cope with Global Funds Board decision on the deadlines for submission of reports and application of grants.

- More emphasis by the Global fund should also be put on Malaria knowing it is number one killer especially among the vulnerable groups such as children and women.
- The UGFATM Project Management Unit should consider geographical representation when awarding grants to implementing agencies. This should also cater for the most vulnerable groups like children, women, IDPs and PLWHAs. This should further consider districts that have not been reached by other country programs like UACP, UPHOLD, AIM and other programs.
- The PMU should make regular updates on the project developments to the entire public as this would promote transparency and build confidence in the public both in the implementation process and the entire project implementation unit.
- In order to streamline the monitoring mechanisms, the PMU should avail to the districts detailed information for the agencies contracted, the amount of grants given and the interventions involved.
- The districts should also be consulted in the selection process for implementing agencies especially on the most needed intervention for the district. This is to avoid duplication of interventions in some areas where there are a number of actors.
- The PMU through the MOH should explain to the public the causes of the anomalies especially delays in disbursement of funds of the Global Fund.
- The PMU should release the cheques for all the organisation that were informed in June 2004 that their proposals and work plans had been passed, but had up time of this study (September 2004) not received the money.
- The Ministry of Finance should recognise that limiting health spending has not and will not bring about development. Instead aid to combat AIDS and other diseases will contribute to the population's productivity.
- The Uganda Coalition for Access to Essential Medicines once again requests to be granted membership to the NCC. This is a follow up of an earlier request in a letter to the Chairperson NCC dated 7th April 2004 which was never responded to.

In making this analysis the Coalition also notes with concern the general financial constraints and difficulties the Global Fund faces at the international level. Although one new round will be launched next year in March 2005, the fund remains short of funds for this new round and for renewing existing programmes. The US cut its contribution to the fund from USD 457 million in 2004 to USD 350 next year. Although the US is providing funds to combat AIDS in Uganda through the PEPFAR, it should also meet its full pledge to the Global Fund. This way more vulnerable people will be saved.

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