

REPUBLIC OF KENYA



THE NATIONAL ASSEMBLY



*paper laid  
by the Hon Stephen  
Ombaka on  
24 Nov 2015  
JG*

ELEVENTH PARLIAMENT - THIRD SESSION - 2015

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HEALTH COMMITTEE

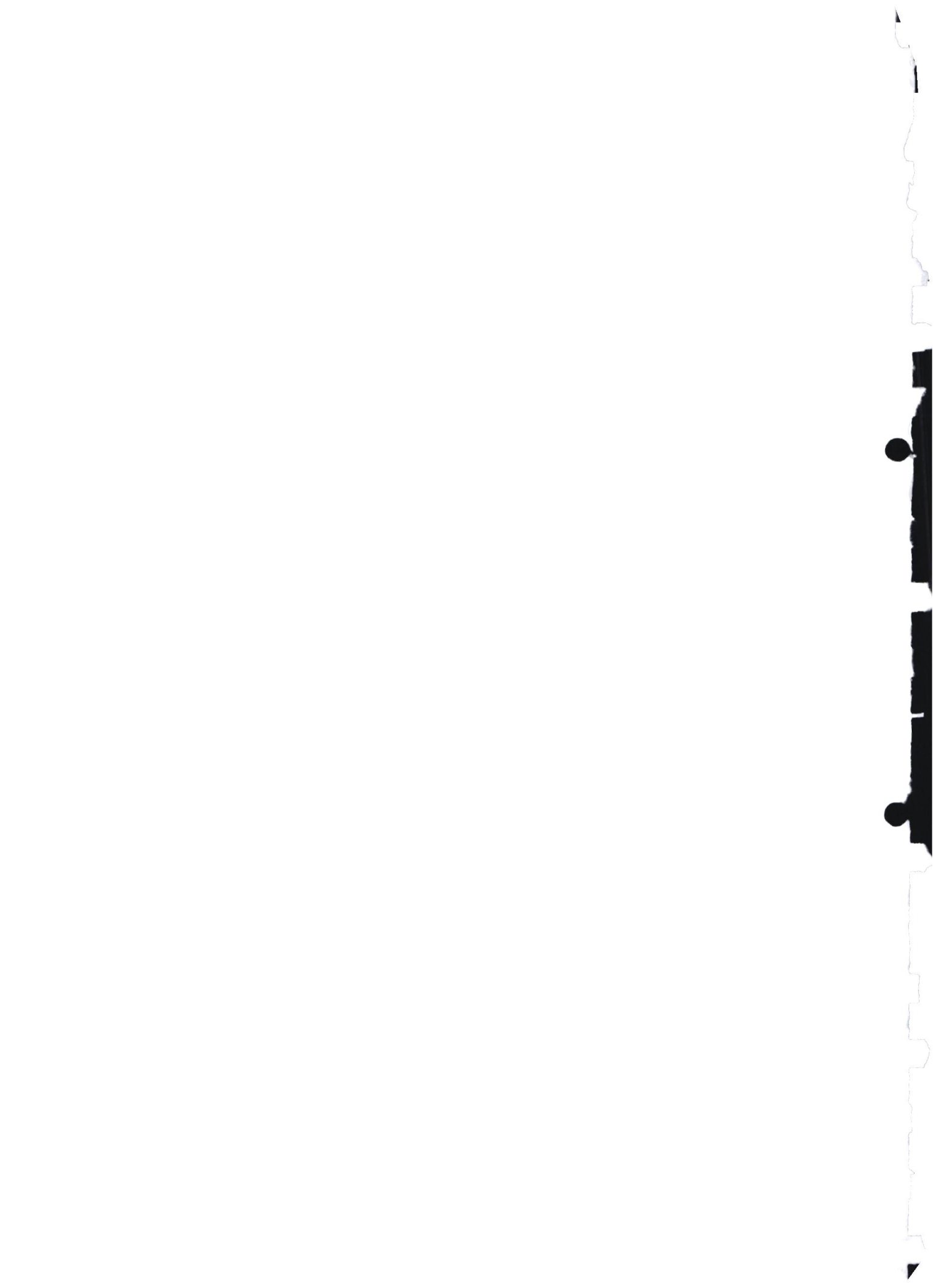
REPORT ON THE ADDIS GLOBAL PLAN CONSULTATION FROM  
6<sup>TH</sup> to 10<sup>TH</sup> MAY 2015 IN ADIS ABABA, ETHIOPIA.

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Directorate of Committee Services,  
Clerk's Chambers  
Parliament Buildings,  
NAIROBI

November, 2015

*V. 30*





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## 1.0 PREFACE.

### 1.1 Mandate of The Committee

The Departmental Committee on Health is established under the Standing Order No. 216, and has the following functions:

- i. Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned Ministries and departments;
- ii. Study the programme and policy objectives of Ministries and departments and the effectiveness of the implementation;
- iii. Study and review all legislation referred to it;
- iv. Study, assess and analyze the relative success of the Ministries and departments as measured by the results obtained as compared with their stated objectives;
- v. Investigate and inquire into all matters relating to the assigned Ministries and departments as they may deem necessary, and as may be referred to them by the House;
- vi. To vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (*Committee on Appointments*); and
- vii. Make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.

In addition, the Standing Orders also empower the Committee to make its own selection of the subjects regarding the policy, management, administration, etc. of the Ministries and Departments falling under its jurisdiction.

### 1.2 Committee's Membership

The Committee comprises of the following Members:-

1. The Hon. Dr. Rachel Nyamai, M.P. - Chairperson
2. The Hon. Dr. Robert Pukose, MP - Vice Chairperson
3. The Hon. Alfred Agoi, M.P.
4. The Hon. Christopher Nakuleu, M.P.
5. The Hon. David Karithi, M.P.
6. The Hon. Dr. Dahir Duale Mohamed, M.P.
7. The Hon. Dr. David Eseli, M.P.
8. The Hon. Dr. Enoch W. Kibunguchy, M.P.

9. The Hon. Dr. James Murgor, M.P.
10. The Hon. Dr. James Nyikal, M.P.
11. The Hon. Dr. James O. Gesami, M.P.
12. The Hon. Dr. Naomi Shaban, M.P.
13. The Hon. Dr. Patrick Musimba, M.P.
14. The Hon. Dr. Stephen Wachira, M.P.
15. The Hon. Dr. Susan Musyoka, M.P.
16. The Hon. Eng. Stephen Mule, M.P.
17. The Hon. Fred Outa, M.P.
18. The Hon. Hassan Aden Osman, M.P.
19. The Hon. James Gakuya, M.P.
20. The Hon. John Nyaga Muchiri, M.P.
21. The Hon. Joseph O. Magwanga, M.P.
22. The Hon. Kamande Mwangi, M.P.
23. The Hon. Leonard Sang, M.P.
24. The Hon. Masoud Mwahima, M.P.
25. The Hon. Michael Onyura, M.P.
26. The Hon. Mwinga Gunga, M.P.
27. The Hon. Paul Koinange, MP
28. The Hon. Raphael Milkau Otaalo, M.P.
29. The Hon. Zipporah Jesang Kering, M.P.

**DELEGATION LIST:**


1. Hon. Janet Nangabo, M.P. - Head of Delegation.
2. Hon.(Dr) Robert Pukose.
3. Hon. Stephen Mule M.P
4. Hon. Mwinga Gunga, M.P
5. Hon. Susan Chebet, M.P
6. Hon. Helen Chepkwony, M.P
7. Hassan A. Arale - Delegation Secretary.

**1.3 Acknowledgement**

The Committee wishes to sincerely thank the Offices of the Speaker and the Clerk of the National Assembly for the requisite support extended to the Committee in the execution of its mandate and more specifically facilitating the funds to attend the Addis Global Plan Consultation.

On behalf of the Departmental Committee on Health, it is my pleasure and duty to present the Committee's report to the Addis Global Plan Consultation that was held in Addis Ababa, Ethiopia.

SIGNED.....

 **HON. JANET NANGABO, M.P.**  
**LEADER OF THE DELEGATION**

DATE.....

## 2.0 INTRODUCTION

The Global Fund's Partnership Forum is a core component of the broad, participatory partnership that is essential for effective investment in global health. The Partnership Forum gives all partners a special venue for contributing critical input, suggestions and views about strategy and policy matters that affect work on the Global Fund's mission to make a sustainable difference in the fight against HIV, tuberculosis and malaria.

The theme of the Global Fund Partnership Forum in 2015 is "Shaping Our Future: Collaborating for a Healthier World." The Partnership Forum is taking place across three multi-stakeholder meetings held in Africa, Asia and South America. The main objective of all three meetings is to gain substantive guidance and input for the development of the next Global Fund Strategy through the participation of a broad range of stakeholders. This report provides key highlights and input from the first meeting held from 7-8 May in Addis Ababa, Ethiopia.

### 2.1 Overview

Over 130 representatives from over 50 countries and from a wide range of stakeholder groups participated in the gathering in Addis Ababa to provide guidance and input for the development of the next Global Fund Strategy. Stakeholder groups included, in alphabetical order:

- i. Civil society and community groups;
- ii. Country Coordinating Mechanisms ("CCMs");
- iii. In-country implementers (i.e., Principle Recipients and Sub-recipients of Global Fund grants);
- iv. Local fund agents ("LFAs");
- v. Donors;
- vi. Parliamentarians;
- vii. Private foundations;
- viii. Private sector;
- ix. Technical Evaluation Review Group (TERG) and Technical Review Panel (TRP).

Members of the Global Fund Board and its Committees as well as staff of the Global Fund Secretariat were also present.

### **2.1.1 Meeting Agenda**

The meeting agenda was developed in view to allow maximum time for consultation with the participants; the main outcomes of the discussion will be fed into the development of the next Global Fund strategy.

The meeting was officially opened by Dr. Kebede Worku, the Ethiopian State Minister of Health. The opening session was chaired by Anita Asiimwe, Vice-Chair of the Strategy, Investment and Impact Committee (“SIIC”) of the Global Fund. Norbert Hauser, the Global Fund Board Chair, delivered welcome remarks followed by a recorded message from Mark Dybul, the Global Fund Executive Director, and a speech by Phelister Abdallah, from the Kenya Sex Workers Alliance, representing the communities most affected by the three diseases. Then Dr. Harley Feldbaum, Head Strategy and Policy at the Global Fund presented on the process for the strategy development, and the SIIC Vice-Chair facilitated a consultation in plenary session on a set of strategic themes which enabled participants to lay the ground work for the group discussions.

The main elements of the meeting were group discussions on strategic themes with the ultimate goal to reach recommendations for the next Global Fund Strategy. The meeting was closed with a summary of the key outcomes and takeaways of the two-day discussions delivered by the SIIC Vice-Chair, Marijke Wijnroks, Chief of Staff at the Global Fund and by Mr. Hauser, the Board Chair of the Global Fund.

### **2.1.2 Key outcomes**

The Partnership Forum in Addis Ababa was lively and energetic, with many concerns and suggestions brought forward, in English and French, reflecting a broad range of topics. Over two days, participants engaged in substantive interactive discussions which focused on key strategic themes previously identified as crucial to the Global Fund Strategy. These are as follows:

1. Health Systems Strengthening;
2. Community Systems Strengthening;
3. The Funding Model;
4. Priorities for the Three Diseases;
5. Gender;
6. Human Rights and Key Affected Populations;
7. Challenging Operating Environments; and
8. Sustainability and Transition.

At the end of two days, several broad priorities had emerged from the debate. Participants shared a strong commitment to end the epidemics of HIV, tuberculosis

and malaria. There was also a strong sense that the strengthening of health systems and community systems plays a key role in the fight against the three diseases. The idea of “leaving no one behind” also ran through all of the discussions and became a recurring theme in many interventions.

### **3.0 SUMMARY OF GROUP DISCUSSIONS AND RECOMMENDATIONS**

#### **3.1 Health systems strengthening**

##### **Build resilient and sustainable systems for health to support the fight against HIV, TB and Malaria**

Strengthening health systems means investing in the organizations, the people, and the systems that promote, restore or maintain health. The Ebola crisis in West Africa drew wide public attention to health systems and to a basic fact already known to partners in global health: weak health systems make a community more vulnerable to infectious diseases; resilient health systems better protect a community against all diseases. Health systems strengthening was therefore a central theme at the Partnership Forum, and a great number of participants highlighted the importance of strong and resilient health systems in the fight against the three diseases. Some members of the African Constituencies even described strengthening health systems to be “priority number one” for them.

In the discussions, participants identified several key areas which they regard as crucial for the Global Fund’s approach to strengthening health systems. Coordination was one of the key aspect identified. Participants recommended closer coordination and cooperation with partners to support countries in the development of harmonized, costed plans for integrated service delivery based on World Health Organization’s priority building blocks for strengthening health systems. The harmonization across the three diseases and the broader health system, including the potential for reductions of duplications, was another point highlighted in these discussions.

The need for a differentiated approach was also noted by many participants, who urged the Global Fund not to apply a “one size fits all” approach, but to differentiate based on country contexts. Another key aspect was monitoring and evaluation, and the importance of data systems was stressed. Participants recommended strengthening health systems through capacity building and improved metrics to track impact, as well as improving data collection systems and reliability of data. The Global Fund was asked to support countries in developing integrated strategic information systems to improve availability, access, dissemination and use of reliable data. Participants also recommended supporting regional efforts to strengthen health systems.

### 3.2 Community Systems Strengthening

**Strengthen partnerships between government and community actors to eliminate the three diseases**

Community health systems were acknowledged as integral part of the Global Fund business model by many participants. So was the need for potential links and synergies with efforts to strengthen health systems.

Participants recommended to promote human rights and strengthen partnerships between government and community actors to eliminate the three diseases. Suggested actions for the Global Fund to achieve this included to provide support to countries in the development/elaboration and/or strengthening of the national policy framework and strategy within which civil society organizations operate; to formalize inclusion of all community structures in all strategies; and to provide advocacy for appropriate enabling policy and legislative frameworks, governance, oversight and accountability. Participants also suggested to strengthen public private partnerships for service delivery.

Participants also discussed ways to strengthen local organizations capacity. Suggestions included that the Global Fund should increase support to strategic partnerships of regional networks organizations; support mechanisms for social accountability; and invest in operational research focusing on community interventions. Human resources capacity was identified as key element in this area. Participants proposed supporting community health workers through Results Based Financing mechanisms and strengthening competences of community health workers by offering national training modules. The issue of data also played an important role in the discussions. Participants recommended supporting countries in the development and strengthening of community-based information systems within the national health management information systems so that disaggregated data is available for community responses.

### 3.3 The Funding Model

**Evolve the allocation criteria to access funding across the three diseases, as well as further simplify and build-in more flexibility into the current funding model including strategic, regional and sub-national approaches.**

During the group discussions participants recommended that the Global Fund should simplify the application process under its current funding model. For example, a one-time country application could be submitted for all eligible diseases with a view to streamlining the process and creating more synergies among health programs. Flexibility was a recurring topic during the discussion on this strategic theme, particularly in relation to the re-reprogramming of funding to accommodate program activities and targets in response to unpredictable or evolving disease trends. Moreover, a more strategic approach could also be applied to application requests for

regional programs, including cross-border initiatives, to target specific critical issues to those regions. Further, there was a plea for the Global Fund, technical partners, donors and implementers to jointly address technical and programmatic bottlenecks to funding absorption capacity in countries in a timely fashion.

Additional commentary focused on ensuring a more inclusive country dialogue based on evidence, noting that this could require review of the CCM membership guidelines in certain countries. Revision of program splits, reduction of delays in countries' access to funding by simplifying procedures and shortening time in the different stages of the negotiation, for example, were also discussed as areas that warrant further analysis.

Final observations captured the constantly changing and still large number of tools and processes involved in Global Fund programs. It was advised that such tools and process not systematically be imposed to countries, or at least be made more user-friendly.

### 3.4 Priorities for the Three Diseases

**Ensure the sustainability of gains achieved in the past ten years, differentiate according to country contexts and tailor support in line with specific needs**

Differentiation was a key theme for participants who recommended that the Global Fund should strategically target and integrate differences and specificities, engaging in each country individually to differentiate and tailor support in line with individual specific contexts. The importance of solid data systems was also highlighted, as these systems can provide the information necessary for these differentiated approaches. Another important aspect of the discussion was sustainability. Participants called for a strategy to sustain the achievements of recent years, e.g., by supporting countries to mobilize domestic resources, by entering into dialogue with national partners, and by sharing best practices for sustainability.

Innovation also played a prominent role in discussions. Participants encouraged the Global Fund to have an open mind to new implementation approaches and to support advocacy for the development and promotion of innovative approaches. This could include supporting universal access of cost-effective interventions along the continuum of care and focus on expanding innovation. Participants also addressed the issues of transparency and accountability. They suggested that the Global Fund formalize access, coordination, and information sharing at all levels of implementation. The Global Fund should also support an enhanced flow of information between communities and members of CCM to increase accountability through awareness.

### 3.5 Gender

Promote and reinforce gender equality through inclusion of the gender dimension in concept notes, collection of disaggregated data and strengthening of gender-sensitivity national responses to the three diseases.

Participants encouraged the Global Fund to strive for gender-balanced CCM membership as well as adequate integration of the gender dimension in the proposed concept notes, with explicit budgets to address the problems identified in the underlying analysis. Also highlighted was the pressing need to better collect, report, and disseminate quality disaggregated data (i.e., sex and age showing the nuances across gender). Participants further recommended the establishment of a separate strategic objective on gender with a specific Corporate KPI. It was further noted that gender-related objectives should also include barriers to men, boys and transgender individuals.

Overall, it was recommended that health programs place additional focus on gender issues for increased coverage, effectiveness and impact. There is still significant room for improvement around coordination among organizations focused on women (e.g., UN Women, AWID, Girl Up) with a view toward aiming for more efficient and cost-effective approaches. Those present felt that the Global Fund working together with other stakeholders is in a pivotal position to advocate and support the introduction of laws that enhance the rights of women and girls.

### 3.6 Human Rights and Key Affected Populations

Apply a human rights-based approach to Global Fund programs; human rights protection should be maintained as a core strategic objective or a cross-cutting guiding principle measured by appropriate performance indicators.

Overall, participants strongly recommended the Global Fund apply a human rights-based approach to its programs, and maintain human rights protection with a focus on key populations as a strategic objective. The Global Fund could strengthen general assessment of progress made around its contribution to promotion and protection of human rights and key populations, with a redesign of the current Corporate KPI on human rights.

During the discussion on this strategic theme, there was noticeable appetite for further improvements regarding the understanding of human rights matters across the grant cycle. For example, it was recommended that human rights programs and monitoring of the implementation of such programs - aligned with national or regional social policies and practices – be included in concept notes. As a next step, participants asked for additional support to ensure greater policy coherence at all levels, sufficient funding to support human rights and key population awareness, data collection and

reporting on human rights violations, and more efficient mechanisms to ensure civil society engagement.

### 3.7 Challenging Operating Environments

Develop a Challenging Operating Environments' strategy to timely reach people in need through flexible approaches and stronger partnerships on the ground

Participants widely recognized challenging operating environments (COEs) as important area of strategic importance. In order to have a common understanding of the term, participants identified the need for a definition of challenging operating environments. Furthermore, they recommended the Global Fund develop an institutional framework, or strategy, for COEs, with flexibility and differentiated approaches among the key concepts discussed. Participants suggested considering both increased flexibility within the framework of the funding model, e.g., regarding concept note submission, country dialogue requirements and CCM eligibility, and alternative solutions, e.g., costed extensions, funding based on national strategies. Participants also advocated strengthened cooperation and coordination with in-country partners, including UN agencies, bilateral aid agencies, in COEs.

Risk was also noted an important area for consideration. Participants suggested an adaptation of the Global Fund's risk management, risk awareness, and risk appetite in order to be able to operate more efficiently in challenging operating environments, and to accept different risk profiles. Participants also stressed the links to strengthening health systems and the special importance of building resilient health systems in COEs. Participants also discussed how the Global Fund could better react to acute crisis, suggesting proactive engagement with countries as soon as a crisis emerges and to develop standard operating procedures for times of crisis.

### 3.8 Sustainability and Transition

Develop a sustainability and transition strategy with the goal to guarantee continuation and expansion of services for affected populations; attract additional resources from current and new public and private sources; support countries to increase domestic resource mobilization for health.

Participants identified the development of a sustainability and transition strategy as paramount to guarantee continuation and expansion of services for affected populations. It was recommended that such a strategy:

- (i) clearly describe the criteria for transition out of Global Fund or other external sources of funding,
- (ii) support the development of differentiated national sustainability plans according to country context,
- (iii) leverage partnerships frameworks among all interested stakeholders,

- (iv) closely monitor previously established transition success indicators, and
- (v) define sustainability beyond financial aspects.

Existing Global Fund mechanisms or policies such as counterpart financing and willingness-to-pay should be leveraged and implemented taking into consideration continuity of core services. Some participants suggested increasing the involvement of Ministries of Finance in CCMs to better define realistic counterpart financing expectations. In parallel, countries should be encouraged to identify and maximize diversified funding sources, such as Global Fund support to countries through knowledge transfer from private sector engagement and innovative financing. Lastly, there was call for proposals on how to support countries to achieve universal health coverage, and to actively engage general populations and civil society in advocating for domestic health investments.

#### 4.0 SUMMARY OF MEETING RECOMMENDATIONS

Following are the points that were summarized at the end of the consultation with agreement from the participants.

- i. Full support for ending TB and not controlling any more.
- ii. Full support for paradigm shift in the fight against TB which is essential to end TB.
- iii. More resources required for the targets of the Plan to happen (domestic and external), with more efficient systems for reaching funds to the grass root level.
- iv. Full support for 90-90-90 and strong support to highlight key population groups within the 90s, and the suggestion to make the second 90 on key population even stronger. Agreement on the language with a suggestion to include IPT within the three 90s.
- v. Clear recommendation to use key population instead of "vulnerable, underserved and at-risk". Clear guidance on the definitions and classification. Highlight further children and link to the Childhood TB roadmap. Good suggestions were received on highlighting groups that are getting left behind in the current response.
- vi. Highlight more TB/HIV, with a link to the HIV strategy. TB should not be left behind in the massive and successful HIV response in Africa – suggestion to craft messaging around this. E.g. Some African countries have Head of State HIV response plans - TB needs to be part of this.
- vii. Highlight MDR-TB upfront in the draft - link to AMR and highlight focus on improving access.
- viii. Articulate more on engaging of politicians and MPs – Promote speaking their language (simple clear political messages) and provide information that decision makers need for action.

