**Interview details**

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| Participant ID | PMKAT03 |
| Institution | Recovering Nepal |
| Years of experience | More than 20 |
| Years in current job | More than 15 |
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**Interview**

# INTERVIEWER:

Could you please tell us about your link with the Global Fund and your experience while working in the sector of HIV? How long have you been working and how has been your experience?

# PARTICIPANT:

I work with drug users but there is a very strong link between drug users and HIV in Nepal because most of the cases of HIV infection are seen among drug users. According to the research conducted by the government in 2002, 68% of HIV and 94% of hepatitis B and C infections are seen among drug users.

I work in association with the HIV program since the beginning of the 90s and since 2005 with the Global Fund. I worked in different committees of the Global Fund, from policy design to policy decisions. I also got the opportunity to work as a program manager and take responsibility for the implementation of projects for the Global Fund.

In 2005, there used to be bomb explosions in Kathmandu and the United Nations Development Programme (UNDP) had a Project Management Unit (PMU) in countries with internal conflict. At that time, it was difficult for NGOs to implement health interventions and the government could not provide the necessary support so we asked for help from the United Nations (UN). While running the Global Fund Program, a Project Management Board led by the UNDP has been implemented. I worked as a board member of this Project Management Board. I have been working continuously in the field of HIV, in one form or another.

# INTERVIEWER:

Based on your experience and knowledge, can you tell me more about the Global Fund? To how many developing countries does it provide health funds? Which major bodies of Nepal directly manage it?

# PARTICIPANT:

Global Fund is not an NGO; it is like a management agency. Different big nations give financial contributions to the Global Fund. It covers three diseases: HIV, tuberculosis, and malaria in developing countries. The aims are to eradicate malaria, provide treatments and increase access to health facilities for tuberculosis, reduce the number of HIV infections, and provide treatment to infected people.

The Global Fund is based on the necessities of each nation. It does not require any country to do a specific program. The Global Fund requires the implementation of coordination mechanisms within the country between the different government bodies, academicians and the private sectors, organizations, and representatives of at-risk groups. The country coordination mechanism is discussed with the concerned stakeholders and is written within the guidelines of the Global Fund.

The Global Fund is based on evidence. Nothing is implemented without evidence. Global Fund provides funding for policy-making in conditions when there are problems but no policy to solve them. If there are no medicines available, the Global Fund can fund them. It also funds different prevention programs for the reduction of infections.

Another task of the Global Fund is to gradually strengthen the health system of the nations. The fund is only for a certain period of time, so it is intended to strengthen the health system and then hand over the responsibility to the nation. Thus, we have seen that the fund has developed an exit plan in several countries, giving responsibility to these countries.

In Nepal, it has started in 2002. The current program is up to March 2024 and a new envelope of 59 million dollars has been allocated for 2024 to 2027. Before, there was no defined budget allocated but just a control of the spending based on the declaration of the nations. All countries started asking for a lot of funds, more than the money available in the Global Fund. It became difficult to decide where to allocate the fund and which country to prioritise. So now, they allocate an envelope at the beginning of a program for each country, based on their needs. They allocated 59 million dollars for our country for a 3 years program, which is 5 million dollars greater than the first-year envelope.

# INTERVIEWER:

The budget is not necessarily a lump sum. There may already be a sector plan or categories of how much money to allocate to which sector. Which area is a priority for the Global Fund nowadays? Which disease, which area or which health system infrastructure is its priority?

# PARTICIPANT:

This is country-led. In some countries, the government has an HIV programme but has not done anything for TB. In this case, they allocate more budgets to TB. For example, in our country, there have been many interventions on TB because there are many donors such as the Japanese and the Germans. So the Global Fund is not very active in this area. On the other hand, for HIV, there are no other donors than the Global Fund and FHI (Family Health International). The volume of work is therefore greater for HIV.

# They have already allocated a budget of $59 million for TB, malaria and HIV. We have to stay within the budget and prioritise. Of course, there are many tasks to be done and many needs, but we have to do the highest priority tasks. They ask us to validate and prioritise the highest priority tasks with all relevant communities and stakeholders. The TB proposal is prepared by the TB agency, i.e. NATA (Nepal Anti-Tuberculosis Association). The Epidemiology and Disease Control Division (EDCD), which deals with communicable diseases, prepare the proposal for malaria, while the National Centre for AIDS and STD Control (NCASC) takes the lead for HIV. The Global Fund has established a rule that we have to prepare the required programme ourselves.

# INTERVIEWER:

Does "we" mean the implementing organization?

# PARTICIPANT:

Yes, the concerned ones like the People Who Inject Drugs (PWID). Our institution does a rational consultation in the 7 provinces to prepare a list of the priorities. We give our proposal to the national proposal writing team with our requirements. Then we are all called together to validate what has been included. Once we have all approved it and agreed on the amount covered by the budget, the proposal is ready.

The Ministry of Health leads the Government of Nepal's health system strengthening in terms of infrastructure or programmes needed to strengthen the health system for HIV, TB and malaria. It determines where the labs and equipment are needed and what training is required for capacity building. The proposals of the different government groups concerned are brought together and a meeting of the National Coordination Mechanism (CCM) is finally organised.

The Country Coordinating Mechanism is a body that develops proposals and makes decisions about the Global Fund in a country-led process. It is present in all Global Fund recipient countries. The Nepalese government itself cannot decide how to use Global Fund money. The decision of the CCM is required for this. In addition, the CCM requires 100 per cent signatories. If even one person does not sign, the proposal is disqualified. The CCM requires 100% signatures and a sign-in sheet from all stakeholders in the proposal process. We need to have a record and evidence of the discussions in the different districts and provinces of our group. All these documents must be submitted. After all this, the proposal has to be approved by the MAC, which gives us the opportunity to submit the proposal at a certain date. It gives us 3 or 4 windows, in July, August, or September. Nepal decided this time to submit its proposal in August.

On the question of who manages the Global Fund, in several countries the government itself manages the Global Fund. In some countries, the Global Fund is managed by the Ministry of Health, in others by the Ministry of Social Development, and in others by the Ministry of Finance.

In Nepal, the government was the principal recipient (PR), i.e. the body that received the money, but due to the long and cumbersome procedure of the Public Procurement Act, it could not spend the money. There is a record of what the government did with the money provided. The Global Fund has performance-based funding, which means that the money has to be spent within the time frame for the specified purpose. It monitors the absorption rate, which means how quickly the money is spent or not. The Nepalese government always had less than 50%, which disqualifies it. This means that if you get money for a programme but you don't spend it on that programme, you are disqualified.

When there is a new Global Fund proposal, the CCM issues a call for proposals, and the government and NGOs propose how the PR should respond. Anyone can submit a proposal. In 2005, the UNDP was set up. The Nepalese government decided this. At that time, there was no proposal, so the CCM took the decision and made it work. In 2007, a call for proposals was issued and many proposals were received. Among them, Save the Children was selected and has been working as the PR ever since. It will do so again this time. The PR is the person who mobilises or manages the fund for the implementation of the program. An independent review panel makes the selection.

This time, many PR may be selected as it became difficult for a single PR to handle it. During the PR selection of 2007, the Government of Nepal was PR with the Family Planning Association of Nepal (FPAN) and Save the Children. There were 3 PR, which worked in their own specific components. FPAN and the Government of Nepal could not handle their PR role due to some fund mismanagement so the responsibility was handed over Save the Children. It has thus switched to a single PR. However this time, the CCM took the decision to go for multiple PR. It has been difficult for a single PR to manage such a large fund in many organisations.

The Global Fund does not have a fixed and specific work strategy. The country needs to specify the program it wants to implement: how much money it decides to spend on policy-making or on program interventions, which area has the most necessity, where the involved organisations are spending their money, how many funding agencies are working in Nepal and where they have the support, how much money the Government of Nepal has, how much it has allocated for tuberculosis, HIV and malaria. All this should be mentioned in the red book. And the gaps to be addressed should be mentioned in the strategic plan so the budget can be spent properly.

# INTERVIEWER:

Is the budget allocated by the Global Fund integrated into the red book?

# PARTICIPANT:

Yes. The budget allocated through Global Fund’s funding is integrated into the red book[[1]](#footnote-1). The budget is then used by concerned bodies. The red book shows the amount received by the Government of Nepal form the Global Fund. But the break down money that is allocated for different organizations is not included in the red book. The process of integrating budget headings is carried on with approval of Finance Ministry and other concerned bodies.

# INTERVIEWER:

# As you said about malaria, TB and HIV, these are the Global Fund's investment criteria. Are these three categories rigid or is there room for negotiation? Are countries required to submit proposals based on these three categories only?

# PARTICIPANT:

Yes, they can't submit proposals to areas other than HIV, tuberculosis and malaria. But they can select among these three. Some countries have only managed the HIV fund and not proposed for tuberculosis and malaria. Some countries do not have malaria issues.

As hepatitis B and C can be transmitted through injections and sexual intercourse, they have been defined as coinfections by the Global Fund. Patients with coinfections can also beneficiate from the services of the Global Fund. The screening and treatment of hepatitis are now mandatory and should be added to the new proposals. If our organisation is involved in the program, it will also be eligible for tests and treatments. As there are many health issues, they only work in the area of HIV but if a health service is linked to HIV, then they are considered too. For example, cancer, hypertension or blood pressure are not linked to HIV but mental health yes. That’s why one of the key interventions now is counselling.

# INTERVIEWER:

What about pregnancy?

# PARTICIPANT:

Yes, pregnancy is directly linked to HIV. If the pregnant woman is from a high-risk group such as the wife of a migrant or a drug user, then the PMTCT is essential. It does not mean that she has HIV but being at high risk requires her to test for it to have a healthy child. Many pregnant women now voluntarily go to PMTCT services for HIV testing to ensure the health of their children. But the Government of Nepal has started PMTCT for all the women in different risk zones. It is currently managed by UNICEF which is responsible for making strategies, capacity building, interventions, and data registration. The responsibility of the Global Fund is to manage the provision of medicines and required equipment.

# INTERVIEWER:

As you mentioned Family Health International (FHI), can you please tell us about the relationship or coordination between FHI and the Global Fund?

# PARTICIPANT:

When a country writes a proposal, the Global Fund asks for the list of existing donors to identify the gaps. The Global Fund and FHI are the two major ones working in the area of HIV. The primary policy-level decisions are made at ministerial levels. Secondary decisions are made in the CCM.

The FHI has been working with Female Sex Workers (FSW) for a long time. For a certain time, the Global Fund worked with LGBTQ but there was insufficient funding so the FHI took responsibility for the strategic plan of the three communities: LGBTQ, FSW and People Living with HIV (PLHIV). Interventions for malaria, tuberculosis, drug users, ART establishment and procurement of medicines, equipment, condoms and lubricants are monitored by the Global Fund. The Global Fund through the proposal writing team ensures that there is no overlap. The work done by the donors on the national strategies plan should be clearly reported.

# INTERVIEWER:

As we are in a federal context, the direct recipient of the Global Fund is the central government, right?

# PARTICIPANT:

Yes.

# INTERVIEWER:

How does it go from central to local levels?

# PARTICIPANT:

Yes, it goes from the central level. Though Nepal is now a federalized country, the policy about how the federal health management system works has not been implemented yet. Though it is called federal, *Jilla Janaswasthya* (District Health Service) has been dissolved and then *Jilla Samanwaya Samiti* (District Coordination Committee) has been formed. However, for a long time, it was not clear whether the central or the federal government should look over the health office of the districts. There were no policies on this. Finally, the *Sthaniya Ain* (Local Law) has been introduced. It clarifies the services that follow under the local government. The Global Fund had problems since the federalization because it was not clear who should be given the responsibilities.

For example, it’s still confusing for us whose responsibility it is to procure materials for provincial level. The Ministry of Health and Population gets away by saying it only oversees budget allocation; and there is always miscommunication between non-government stakeholders and federal level. The ministry complains it is not consulted during proposal writing phase of big non-government organizations, when these NGOs bid for Global Find programmes.

Now, a tentative plan has been made to create a chain of the structure at federal level to oversee fund management. It should be done from the Ministry of Federal Affairs to all the provincial Ministries. Now, all the goods or equipment, which are sent to the provinces are sent through the concerned ministries. The Global Fund created warehouses in all the provinces to send and keep the goods and equipment. This responsibility is given to the province. For Province 1, the system of selecting the implementer has not been established yet because the Government of Nepal has not ensured the management system for it yet. However, the Government of Nepal has not been able to make clear policies and working guidelines about which tasks fall under the different levels.

We have the tendency to blame the donors for half-baked policies. But donors expect us to be well-prepared about how we are going to mobilise budget and implement programs. No organization in remote districts are well-prepared to take responsibility. So, it’s always a dilemma- who do we partner with in rural areas and send health materials to beneficiaries there? Many times, the health materials needed to be sent in proper time without delay, but sometimes organizations and even government are not capacitated to implement huge amount of budget and collaborate for health interventions.

# INTERVIEWER:

As you talked about the procurement of the goods, what do they include?

# PARTICIPANT:

Medicines, machines, testing kits, lubricants, other medicinal supplements and medicines for STIs. The medicines for STIs are usually bought by the Government of Nepal and are available in the District Health Office.

The program managers of Global Fund also have to get the approval from National Center for AIDS and STD Control (NCASC) to purchase materials.

The Government of Nepal purchase the majority of ART.

While writing the proposal this time, the government is on the verge of a financial crisis. From what we heard, there is not enough money to even pay the employees this month. In this situation, we don't know if the government can purchase medicines worth hundreds of millions. However, they must provide medicines to the people as they are the citizens of the nation. The state cannot refuse to provide medicines to citizens on the grounds of lack of money.

In my opinion, the state first tries to give money but when it can't do it, then the Global Fund comes to help. This is the current situation; the government don't always have funds so the Global Fund provides the medicines.

Now, the CCM has made a policy to consult with the bodies of the provinces while developing the proposal. That's why the provinces are informed about the proposals being developed and the programs being implemented. When the proposal is ready, the information is given to the provincial level about which tasks will be done by the partners and which ones will be done by the Government of Nepal.

# INTERVIEWER:

Since the Global Fund started to allocate a budget for HIV and program implementation, do you see any impact on the prevention and treatment of HIV in Nepal?

# PARTICIPANT:

We need to consider the reduction of the number of infections among the groups at-risk because Nepal has a concentrated epidemic. It means the infection is seen in less than 1 per cent of the total population. If it is seen in more than 5 per cent of the total population, then it is called a general epidemic. It is the case in African countries.

While developing the strategy and after a ational and international consultation, the Government of Nepal has identified the risk groups. One is the drug users, which have the highest rate of infections. The second is the LGBTQ community and then the migrant population who travel seasonally to India for employment and have unprotected sex. Then, they transmit the infection to their wives and children.

# INTERVIEWER:

In certain districts, we have heard of whole villages being infected.

# PARTICIPANT:

Yes, in some villages in the far west, every house is infected with HIV. All family members are infected except elderly people. The Global Fund has made guidelines on how much funds should be allocated for concentrated epidemics, general epidemics and less epidemic countries. Nepal has a concentrated epidemic so the funds are allocated according to this. Health interventions related to HIV, tuberculosis and malaria are approved if it is properly justified by the proposal. If we submit it and there is already support from other donors or interventions, the Global Fund can raise questions. It goes back and forth until the finalization.

# INTERVIEWER:

# If you think about it, high demand should translate into higher supply.

# PARTICIPANT:

We can evaluate the impact of the Global Fund from 2002. The number of infections among drug users has been reduced from 68 per cent to 2 per cent. The number of infections among SW has also been reduced and new cases of LGBTQ are identified. Those who were hiding came forward. The data shows that nearly 30,000 people are infected with HIV and about 22,000 are taking medicines. Among them, 80 per cent have very low viral loads. Even if they have normal sexual relations, there can be no transmission of the virus because the virus is controlled.

# INTERVIEWER:

Does it mean that someone infected does not necessarily transmit the virus?

# PARTICIPANT:

No, not necessarily. If the viral load is high then the risk of transmission is high too but if the infected person is normal, healthy and takes regular medicines, then there is a very low chance of transmission.

# INTERVIEWER:

What about the transmission from the infected mother to the child?

# PARTICIPANT:

There is a risk of transmission from mother to child during the time of delivery if they are not taking the medicines and if the viral load is high. The transmission does not occur when the child is in the womb but during birth through blood contamination.

# INTERVIEWER:

Such things are not usually known. In public hospitals, especially the ones involved in the safe motherhood program, there are counselling rooms for HIV called PMTCT rooms. Pregnant women receive counselling for at least 15 to 20 minutes and are shown different charts related to HIV during their first ANC visit. There is the provision of specific infrastructure, time, resources, and training for HIV. HIV has received special attention from the government. In Nepal, other STIs are also concentrated like HIV and they are not highly prevalent. Are there any other organisations, like the Global Fund, which can focus on other STIs and provide screening and counselling services?

# PARTICIPANT:

Currently, apart from the Global Fund, there is an EPIC (epidemic check-up) project that has been implemented worldwide. They are not only working on HIV but also on other STIs in the general population. There are also FPAN centres in all districts such as counselling or treatment centres that work on specific areas. There are different projects related to family and reproductive health. However, I think the EPIC project is a big worldwide project but it is quite small in Nepal. I think it is focused on Female Sex Workers.

# INTERVIEWER:

But isn’t it a new project?

# PARTICIPANT:

Yes, it's a new project. I think Nepal joined as a partner two years ago. That's why.

# INTERVIEWER:

Is it an NGO like the FHI? Or is it like the Global Fund?

# PARTICIPANT:

I think it's a fund made up of different countries for different countries. It is managed by a big agency, a country or an organisation. EPIC has its own limitations. When implementing the project in Nepal, the framework has already been prepared in terms of the districts involved, the number of people to be reached, the number of tests to be conducted and the number of people to be treated, and then implementation takes place according to this framework. There are very few projects in Nepal that randomly decide how many people to reach. It is rare that a project has been mobilised throughout Nepal for all women, for example.

# INTERVIEWER:

Who does the EPIC belong to, specifically?

# PARTICIPANT:

Germany, Netherland and may be other governments have invested in EPIC. EPIC first did a pilot program with local municipalities. It ran well, then its funding was mainstreamed in government’s red book. I have not had chance to learn a lot about EPIC. But FHI is involved with it.

# INTERVIEWER:

How are the priorities of a country like Nepal decided? When are priorities shifted?

# PARTICIPANT:

It is done by the state. The review of health programs in the country is done by a health task team. Then, a joint meeting is held with people from all health sectors and the donor community linked to the health sector. In this joint meeting, the technical experts analyse the work done in each sector and its impact, the benefits for the Nepalese government, the amount of investment made in the different projects, the suggestions of the donors and what needs to be done in the future. The donors streamline their programs through government’s red book, they don’t give money directly. They include budget in red book and then it is implemented as government’s program.

The revenue collected by the Government of Nepal is not sufficient to run all the programs. From what I know, the Government of Nepal has enough money for regular salaries, management and running some programs but the rest of the money is given by donors. The money recorded in the red book includes the money committed by the donor. It does not record only the money of the Government of Nepal. However, in the red book, it is written how much money is from the Government of Nepal and how much is received from the donors. The names of the donors are not mentioned. That's why it can't specify. The shift in the projects is done during the Joint Annual Health Sector Review (JAR) meeting.

As far as I understand, the state decides priorities through consultation with its different bodies, diplomatic and strategic sectors such as JAR and Embassies. In different meetings, it is discussed nationally how the health projects can be funded, and whether there will be need to apply for external funding. Regarding HIV, the government decides how much they can fund locally and how much funding they need from the Global Fund. I have attended JAR and health sector review meetings, and this is what I have observed.

# INTERVIEWER:

How relevant do you think it is to screen pregnant women for other STIs than HIV such as syphilis and hepatitis B? According to our literature review, syphilis and hepatitis B are also prevalent and they can also be transmitted to the child. But it is taboo in Nepal and there is no counselling for these diseases.

# PARTICIPANT:

All funds come with their limitations. A single fund cannot look over the general population of the whole country. We wish to, but the scope of the funds is initially decided in terms of the work that will be done and how it will be done, and the extent of the funds that will be spent on that work. The main objectives as well as the area of intervention are already specified. The targets of the Global Fund are to reduce the number of infections and deaths due to tuberculosis, eradicate malaria and end HIV by 2030. The objective is to control the infections and prevent the occurrence of new cases. The nature of the program is determined. I think the Global Fund can't just work with the general population, because that would be hundreds of thousands of dollars. If the testing for STIs is done in the general population: women in slums, in at-risk groups, and women with multiple sex partners. Then not only 59 million, but 59 billion dollars will not be enough. The things you said are right in theory but donors come with their area of intervention.

In order to include hepatitis in the HIV intervention, we had to fight a lot, including organising sittings, putting up black banners, and organising demonstrations about the fact that people die because of hepatitis and not because of HIV. Finally, after a lot of effort, the Global Fund passed a resolution saying that if a health intervention is HIV-related, it will support it. So the resolution was passed. But in the general population, the state is responsible.

# INTERVIEWER:

So the scope of the Global Fund is limited by its categories of interventions. There is no possibility to go beyond the area of HIV. What should be done at the national level to shift priorities?

# PARTICIPANT:

This depends on the strength of the national level, the amount of regular revenue collected and the money needed to manage the overall administrative programme and the development of health and education. Each ministry plans its own budget, which is assessed by the Planning Commission. On this basis, it sets priorities and decides how much can be included in the budget by the Ministry of Finance. Then, for the remaining issues, they call the donors and inform them of the amount they can provisionally provide for the following year and their programmes are included in the national programme. In addition, there are various needs that they may not be able to meet. It depends on the strength of the nation. The state cannot say that it cannot do all the interventions so it assures that it will do them anyway. It has to develop a strategy and a budget to carry out all the necessary tasks.

# INTERVIEWER:

That is it for this interview. Thank you very much for your time. It was really useful.

# PARTICIPANT:

I have to send you reference documents. I also recommend you to interview NACSC and Family Planning division. You can find out what guidelines and policies are in place and the laws on which they are based.

In other countries, research is very well implemented with sufficient time. But in Nepal, time for research is limited. When you contacted me, I gave you my time because luckily I was free, but if I had been busy with other important work, I would not have been able to give you 15 minutes. From next week and for the next 15 days I will be busy with training and programmes.

1. The Red Book is a book of budget expenditure, which is categorized by different ministries according to their functions in different sectors such as health, education. [↑](#footnote-ref-1)