

Audit Report

Global Fund Grants in the Republic of Guinea

GF-OIG-24-019
12 December 2024
Geneva, Switzerland

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1. Executive Summary

1.1 Opinion

The Republic of Guinea has made significant strides in combating the three diseases. TB deaths fell by 37% from 2015 to 2022, while the number of People Living with HIV (PLHIV) on treatment has more than doubled since 2017 and 74% of estimated PLHIV are now aware of their status, a significant rise over previous years. HIV incidence decreased by 49% between 2010 and 2023,¹ and HIV-related deaths dropped by 27%, indicating quality provision of care. Increased use of malaria diagnostic tests has led to 98% of suspected cases being tested and 97% being treated. During the last two mass distribution campaigns, 16.5 million Long Lasting Insecticide-treated Nets (LLINs) were distributed. Improved monitoring ensured that in the 2022 campaign, 95% of procured nets were successfully distributed.

However, challenges remain. Malaria remains the leading cause of hospitalizations and deaths, with reported cases increasing by 26% between 2019 and 2022, to reach 4.3 million. A 22% rise in deaths during this period exacerbate the pressure on health systems to manage growing patient numbers. The design of malaria vector control activities needs a more balanced approach that emphasizes qualitative outcomes. Community Health Workers who play a crucial role in malaria response, face challenges due to insufficient allocation of commodities. For HIV, insufficient coverage of priority populations is preventing Guinea from achieving UNAIDS targets for epidemic control. Due to logistical challenges, only 33% of patients under treatment undergo essential viral load testing. The design and effective implementation of key malaria and HIV interventions **need significant improvements**.

The creation of technical groups has led to accurate quantification of commodities and rigorous mechanisms to ensure stock control at central and regional levels. Shortages at health facilities are having a limited effect on treatment continuity, and amounts lost to expiries are low. However, under-quantification of laboratory reagents and poor equipment maintenance continue to affect lower levels of the supply chain and the country's ability to test for HIV and TB. Supply chain governance and oversight mechanisms to ensure timely and uninterrupted availability of health and non-health commodities are **partially effective**.

During the last grant cycle, the government of Guinea released only 53% of committed co-financing funds. Government procurements were often delayed and executed at higher prices than Global Fund-recommended mechanisms, leading to shortages of key HIV and TB commodities. Late-procured commodities strained the country's storage capacity, increasing the risk of obsolescence. Currently, the Global Fund rates risks relating to domestic health financing and co-financing as 'Very High'. The Guinea Country Team has implemented relevant mitigation measures, monitored through the Integrated Risk Management system. However, without further actions, including activating Co-Financing Operational Policy Note's clauses to address governments' non-compliance with co-financing engagements, the issues experienced during GC6 due to government's incomplete disbursements are likely to reoccur. Health financing governance and oversight mechanisms to ensure timely execution and effective monitoring of government commitments to health **need significant improvements**.

¹ UNAIDS Data 2023 report: https://www.unaids.org/en/resources/documents/2023/2023_unaids_data - page 330

1.2 Key Achievements and Good Practices

Digitalization of LLIN mass distribution campaigns

LLIN mass distribution campaigns occur every three years. The 2022 campaign introduced digital innovations, utilizing tablets and the District Health Information Software 2 (DHIS2) Tracker for automated data collection. Building on the 2019 campaign, updated population data was used for planning, with stakeholder involvement at all stages. Micro-planning enabled adjustments before team training and a phased distribution, resulting in nearly 95% of procured nets being distributed.

Targeting vulnerable groups for malaria prevention activities

Between 2018 and 2022, 19.6 million doses of Seasonal Malaria Chemoprevention (SMC) treatment were distributed, benefiting over 4.1 million children. Incidence rates in SMC-covered areas were significantly lower than in districts without SMC. The percentage of women receiving all three doses of intermittent preventive treatment increased from 61% in 2018 to 75% in 2023, and LLINs are more routinely being distributed during antenatal care visits.

Improved case management at health facility and community level

In 2022, nearly 98% of suspected malaria cases were tested, and 97% of confirmed cases received treatment. Updated guidelines for treating severe malaria were introduced in 2024. Improved diagnostic capabilities and an expanded community health worker network have contributed to an increase in the numbers of reported cases and, consequently, increased treatment rates.

Adoption in 2022 of a nationwide, differentiated HIV testing strategy

Guinea has implemented a differentiated HIV screening strategy, effectively targeting interventions to key populations and vulnerable groups, including Female Sex Workers, Men who have Sex with Men, and Injectable Drug Users. Performance of HIV testing grant indicators exceeded 100% among key populations, and 90% in Prevention of Mother-to-Child Transmission programs.²

Strengthened medical care and monitoring for People Living with HIV

Implementation of the Modèle Simplifié Reproductible database and the DHIS-2 Tracker application across sites with large cohorts has improved patient monitoring. Guidelines, protocols, and algorithms for biological monitoring (CD4, viral load, early infant diagnosis) have been developed and disseminated, strengthening medical staff's capacity.

Robust and effective supply chain processes at central and regional level

Technical working groups for procurement and supply chain management have been established for each disease, contributing to effective management of supplies and stocks at central and regional levels, and ensuring regular reviews of health commodity needs.

Data reliability for quantifications has significantly improved. The distribution of first-line malaria drugs is now based on consumption, rather than morbidity data. An HIV cohort audit in 2017 determined a more accurate number of PLHIV, providing further assurance for commodity quantification, and another audit is planned during the current grant cycle. There is a monthly physical inventory of health commodities at the central level and a bi-monthly reconciliation exercise between programmatic and supply chain data is helping to improve data reliability.

² Progress Update & Disbursement Request – Second semester 2023

1.3 Key Issues and Risks

Key health commodities are unavailable due to unrealized cofinancing commitments

During the last grant cycle, the Guinean government did not fulfil its entire commitment to provide US\$55 million of co-financing to Global Fund-funded programs. Contributing factors included political and economic instability, absence of visibility co-financing resources in the national budget, poor communication between programs and the central level of the Ministry of Health, and the lack of a formal channels of communication between the Secretariat, Principal Recipients and the relevant ministries.

Consequently, national programs faced shortages of essential commodities that were supposed to be government-procured. Additionally, delays in commodity delivery put pressure on national storage facilities, leading to risk of obsolescence. Despite a binding agreement,³ the construction of a prefabricated warehouse to add storage space for the Guinea Central Medical Store⁴ has faced significant delays and construction quality issues which risk jeopardizing the project. Furthermore, the government of Guinea only disbursed 26% of the committed resources for this project.

For the current grant cycle, the Guinean government committed to procuring US\$36 million worth of commodities. Detailed commitments have been outlined, and the Global Fund has developed a biannual grant working plan tracking measures and is establishing a committee to monitor co-financing execution. While the Secretariat's Integrated Risk Management system highlights the very high level of risk, the effectiveness of preventive measures remains unverified, meaning that impact on programs due to unfulfilled government commitments is likely to persist.

Low effectiveness of malaria prevention activities

Improving the rate of household usage of LLINs⁵ remains a challenge. For the 2022 campaign, planned behavioural change activities, which play a crucial role in promoting LLIN adoption and consistent use, were not implemented, likely contributing to continued malaria transmission.

No study was conducted to assess LLIN usage after the 2022 campaign. As a result, programs lack insights into the effectiveness of LLINs which could prove useful for course correction. Without relevant studies to inform its strategy, the 2025 campaign risks repeating the same mistakes.

Addressing issues around usage will require a comprehensive approach, including sustained behavioural interventions, rigorous post-campaign evaluations, and evidence-based decision-making.

Inadequate coverage of HIV screening and viral load testing

Currently, 74% of the estimated PLHIV are diagnosed. While this represents an improvement in recent years, it remains far below the UNAIDS target of 95%. Despite an increased target for key populations in GC7, the coverage of outreach and testing activities for key population and vulnerable groups is low, impacting detection rates. Only 33% of people treated for HIV undergo a viral load (VL) test, which is crucial for assessing treatment effectiveness and identifying resistance. The insufficiency of sample transportation mechanisms prevents patients treated outside of testing centers without VL platform from undergoing VL tests, contributes to the low testing rate.

³ Protocol for reimbursement of grant funds between the Republic of Guinea and the Global Fund

⁴ Pharmacie Centrale de Guinée (PCG) is the central medical store of Guinea

⁵ 2021 Enquête sur les Indicateurs du Paludisme et de l'Anémie en Guinée (EIPAG)- pages 35- 33% of LLIN usage and 42% of the population having access to LLINs.

Quantification errors and inadequate maintenance of testing equipment

The quantification of HIV and TB testing reagents does not align with testing protocols, leading to shortages and the non-execution of critical screening and monitoring tests.

Testing equipment for HIV and TB, distributed across the country, is often only partially functional or not functional at all. Maintenance contracts are only renewed after extended delays, resulting in prolonged periods without maintenance, sometimes lasting years.

1.4 Objectives, Ratings and Scope

The audit's overall objective was to provide reasonable assurance to the Global Fund Board on grants to the Republic of Guinea. Specifically, it assessed the adequacy and effectiveness of:

Objective	Rating	Scope
Design and implementation of key Malaria and HIV interventions to ensure access to quality services by beneficiaries.	Needs significant improvements	Audit period GC6 allocation period (January 2021-December 2023), and for design aspects, GC7 allocation period (January 2024-December 2026). Grants and implementers The audit covered the Principal Recipients and sub-recipients of Global Fund-supported programs.
Ability of supply chain governance and oversight mechanisms to ensure timely and uninterrupted availability of health and non-health commodities at every level.	Partially Effective	
Ability of health financing governance and oversight mechanisms to ensure timely execution and effective monitoring of government commitments to health.	Needs significant improvements	

OIG auditors visited 22 health facilities in five regions. The regions visited account for 72% of estimated PLHIV and 37% of Malaria cases in 2023.

Details about the general audit rating classifications can be found in Annex A

2. Background and Context

2.1 Country Context

The Republic of Guinea is a lower-middle income country in West Africa with an estimated population of 14 million.

Country data ⁶	
Population	14 million (2023 estimate)
GDP per capita	US\$1,664 (2023)
Corruption Perception Index	150/180 (2022)
UNDP Human Development Index	182/193 (2022)
Government spending on health (% of GDP)	3.8% (2021)

2.2 Global Fund Grants in the Republic of Guinea

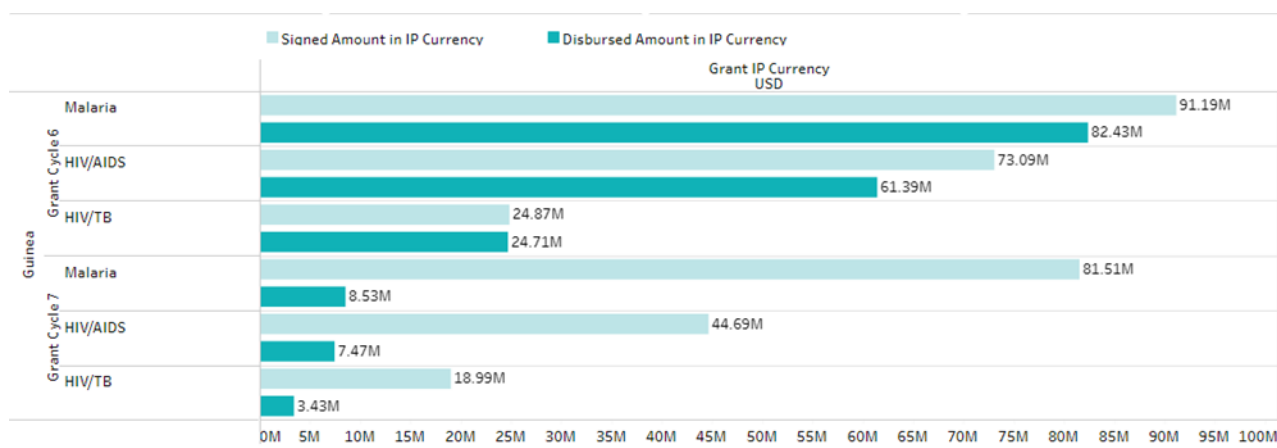
Since 2003, the Global Fund has signed grants totalling over US\$641 million and disbursed more than US\$495 million to Guinea. Active grants total US\$145 million for GC7 (2024 – 2026 implementation), while for GC6 (2021 – 2023 implementation) grants totalling US\$189 million were signed, of which US\$162 million was disbursed.

For both allocation periods, the Ministry of Public Health and Hygiene of Guinea, Catholic Relief Services, and Plan International are respectively the Principal Recipients for the HIV, malaria and HIV/TB grants, as follows:

- Ministry of Public Health and Hygiene (HIV): US\$73.2m for GC6 (of which US\$26.2m C19RM) and US\$44.7m for GC7
- Catholic Relief Services – United States Conference of Catholic Bishops (Malaria): US\$91.2m for GC6 (of which US\$16.9m C19RM) and US\$81.5m for GC7
- Plan International Inc. (HIV/ TB): US\$25.1m for GC6 (of which US\$2.6 C19RM) and US\$18.9m for GC7

Under GC6, 43% of grant budgets were used to procure medicines, health products and health equipment. The Central Medical Store (La Pharmacie Centrale de Guinée) is responsible for storing and distributing medicines and health products related to Global Fund grants.

⁶ [UNFPA](#), [World Bank](#), [UNDP](#), [Transparency International](#), [WHO](#)



2.3 The three diseases

HIV / AIDS



130,000 estimated people live with HIV (2023).

74% of People Living with HIV know their status.

95% of diagnosed PLHIV are on antiretroviral treatment.

33% of PLHIV on ART received **VL** test, of which **95%** were **virally suppressed**.

Annual new infections decreased by 32% between 2016-2022. New infections are concentrated in key populations.

AIDS-related deaths decreased by 30% from 5,100 (2018) to 3,500 (2022).

Source: [2023 UNAIDS Data](#); HIV Program data

TUBERCULOSIS



Incidence decreased to 175 cases per 100,000 population in 2022 (228 per 100,000 in 2000)

Mortality rate continues to decline, from 52 to 16 per 100,000 population between 2000 and 2021

Treatment success rate has improved, rising from 80.6% in 2013 to 90.3% in 2022

Source: [2022 WHO TB profile for Guinea](#); TB Program data

MALARIA



Malaria remains the **leading cause of medical consultations**.

Malaria **incidence remains elevated**, (198 per 1,000 in 2023)

Malaria **deaths increased** by 22% between 2020 (1,119 deaths) and 2022 (1,368 deaths).

98% of suspected cases tested and 97% of confirmed cases received antimalarial treatment.

Sources: Global Fund Partner Information Portal, [RBM](#), [AMP](#)

3. Portfolio Risk and Performance Snapshot

3.1 Portfolio Performance

GC6 (Jan 2021-Dec 2023) grant performance and grant ratings are shown below:

Comp	Grant	Principal Recipient	Grant Period	Total Signed Amount (USD)	Budget as at Dec 23 (USD)	Expenditure as at Dec 23 (USD)	Absorption as at Dec 23 (%)	Dec 2021	June 2022	Dec 2022	June 2023	Dec 2023
HIV	GIN-H-MOH	The Ministry of Health of the Republic of Guinea	01/01/2021 - 31/12/2023	73,087,720	68,361,799	54,866,861	80%	C	B	A	B	B
								5	5	3	2	3
HIV/TB	GIN-C-PLAN	Plan International, Inc	01/01/2021 - 31/12/2023	24,865,862	24,652,758	23,825,514	97%	A	A	A	A	A
								4	4	3	3	1
Malaria	GIN-M-CRS	Catholic Relief Services - United States Conference of Catholic Bishops	01/01/2021 - 31/12/2023	91,193,728	84,180,633	81,668,486	97%	A	B	B	A	A
								1	2	1	2	1
Total				189,147,310	177,195,191	160,360,860	90%					

3.2 Risk Appetite

The OIG compared the Secretariat's aggregated assessed risk levels of the key risk categories covered in the audit objectives for the Guinea portfolio, with the residual risk based on the OIG's assessment, mapping risks to specific audit findings. The full risk appetite methodology and explanation of differences are detailed in [Annex B](#) of this report.

Audit area	Risk category	Secretariat aggregated assessed risk level ⁷	Assessed residual risk based on audit results	Relevant audit issues
Design and implementation of key Malaria and HIV interventions	Malaria program quality	Moderate	High	4.2
	HIV program quality	Moderate	High	4.3
Supply chain governance and oversight	PSM	Moderate	Moderate	4.4
Domestic Health Financing and Co-Financing	Health Financing	Very High	Very High	4.1

⁷ Extracted from Integrated Risk Management on 22 November 2024

4. Findings

4.1 Programs are impacted by the government's non-compliance with its co-financing commitments

The Global Fund's Sustainability, Transition and Co-Financing policy states that governments are required to partly co-fund disease programs. During the last grant cycle, the government of Guinea only realized 53% of its co-financing commitments, leading to delayed procurements and subsequent program disruptions. While the Global Fund Country Team has put in place compensatory measures to partially mitigate shortages, the risk of the government not fulfilling its obligations could persist in the current grant cycle.

During GC6, the government of Guinea demonstrated a strong commitment by pledging to co-invest US\$55 million in Global Fund programs and agreed to provide a reimbursement of US\$4.6million for the construction of the new warehouse in Coyah. Various factors, including political instability, led to delays in releasing just over half of the co-financing amount. After a Global Fund commodities warehouse burned down in 2017, there were similar delays in disbursing the agreed amount for the construction of the new warehouse⁸

The consequences on programs were significant. Only 71% of the HIV procurement plan was executed. Testing reagents were missing, contributing to a low execution rate of critical screening and monitoring tests, such as EID and CD4 tests. For TB, the Global Fund had to increase its contribution by 150% to compensate for the government only fulfilling 75% of its commitments, including its share of GeneXpert cartridges, which represented 43% of the national need. The country's storage capacity was also strained. Storage space lost to the warehouse fire in 2017 was not replaced. Delayed arrivals of commodities compromised storage plans and put pressure on existing storage capacity, leading to sub-optimal storage conditions. 120,000 boxes of former first-line HIV drug TLE, planned to arrive by the end of 2022, were only received between June 2023 and March 2024: by then, the treatment protocol had been replaced and the drugs were obsolete.

There are however positive developments in the current grant cycle:

- **Increased Awareness:** The government's commitment highlights a growing recognition of the importance of health funding, even if integrating co-financing commitments into the National Development budget remains a challenge. National Programs are actively expressing their needs through specific letters, a proactive step towards aligning health priorities with budget allocations.
- **Improved Communication:** Although letters outlining program needs were sent after national budget approval in 2021 and 2022, this process is evolving. The submission of these letters prior to budget approval for 2023 and 2024 provides the government with more time to allocate necessary funds, enhancing future planning.
- **Monitoring Initiatives:** The establishment of an independent strategic committee for monitoring and planning co-financing commitments by June 2024 represents a significant step towards more effective oversight. This should enhance the Global Fund's ability to track the execution of commitments, ensuring that resources are allocated effectively.

⁸ The US\$4.6 million loss of Global Fund owned commodities was converted to a commitment by the government to invest in the construction of the new warehouse. To date, only US\$ 1.2 million has been disbursed by the government.

- **Mitigation Measures:** The Country Team has implemented additional measures to mitigate the risks associated with the government's US\$40.5 million commitment for GC7. These measures are being monitored through the Global Fund's Integrated Risk Management system, which reflects a proactive approach to addressing potential challenges.
- **Detailed Commitment Letters:** Commitment letters for GC7 provide a clearer outline of which commodities the government will procure, and the salary payments of additional Community Health Workers for their supervision of community networks, which will facilitate better monitoring by the Secretariat. This clarity is essential for ensuring that necessary resources are available for effective program implementation.

While challenges remain, these initiatives indicate positive steps towards improving the execution of commitments and enhancing the overall effectiveness of health programs in Guinea.

However, it is essential that 2024 co-financing commitments which have not yet been realized are fulfilled in order not to compromise testing and treatment. Continued focus on these areas will be crucial to achieving the objectives of Global Fund grants and ensuring that health services are delivered effectively.

4.2 Inefficiencies in malaria programs are limiting the impact of Global Fund grants

Effective health practices and improved access to facility and community-based services have improved Guinea's ability to detect and treat malaria. However, low effectiveness of prevention activities is contributing to increasing numbers of cases which cannot be absorbed, contributing to an increase in deaths. The increases are linked with issues of equipment availability at community level.

Improvements in case management have led to a noteworthy threefold reduction in disease mortality. Both rapid diagnostic tests and microscopy detection have seen impressive growth, more than doubling between 2017 and 2022. Guinea benefits from the dedication of over 11,600 Community Health Workers (CHWs), who play a crucial role by reporting 15% of malaria cases, enhancing detection and treatment outcomes.

Despite these successes, malaria remains a leading cause of hospitalization and death: malaria cases increased from 1.2 million in 2018 to 4.4 million in 2022. While part of the increase may be attributed to more effective reporting mechanisms, the need for continued efforts to combat the disease is evident.

The Global Fund financed the effective distribution of over 16.5 million Long-Lasting Insecticidal Nets (LLINs) during the last two mass campaigns. However, the effectiveness of these preventive measures can be improved, as indicated by the rise in malaria cases following the 2022 campaign: in the six months following the campaign, cases rose by 52%.

At the community level, while there are challenges such as shortages of equipment and training for both medical and non-medical staff, the commitment of CHWs remains strong. In 2024, 45% of CHWs have been recruited, trained and paid. While CHWs cover 60% of the country, their numbers are still insufficient, and they are often allocated fewer commodities than needed, limiting their ability to test and treat all patients effectively.

Part of the planned initiatives to promote LLIN use and to evaluate the 2022 distribution campaign's effectiveness were not conducted, despite previous indications of low access and utilization rates

After the 2019 campaign, studies revealed that only 42% of the population had access to protective bed nets, with just 50% of those with access effectively using them.⁹ This prompted the planning of Behavioural Change Communication (BCC) activities to boost net utilization.

During the 2022 campaign, planned household visits to promote LLIN use were not executed, and vital post-campaign surveys to evaluate BCC effectiveness were not conducted, due to a budget reallocation to address LLIN shortages. As a result, LLIN utilization following the latest campaign remains uncertain.

Looking ahead, the 2025 LLIN mass distribution campaign presents a vital opportunity to learn from past experiences. While vital 2022 post-campaign survey is missing, it will be essential to address the indicators from the previous campaign which showed low access and utilization rates.

⁹ 2021 Enquête sur les Indicateurs du Paludisme et de l'Anémie en Guinée (EIPAG) reveal 33% LLIN usage and 42% of the population with access to LLINs (page 35)

Unavailable commodities, outdated tools and lack of training impairs the effectiveness of Community Health Worker interventions

The insufficient distribution of rapid diagnostic tests and anti-malarial medicines to CHWs has led to stock-outs at health facilities and within communities. The absence of Rectal Artesunate capsules (RectoCaps) for severe malaria treatment at both community and health facility levels is particularly concerning, as this is an important treatment for pre-referral intervention for children, or when patients cannot take oral medication. Furthermore, diagnostic and treatment guidelines were unavailable at 58% of visited health facilities, and where present, many were outdated. The lack of a formal tracking tool for malaria commodities at the community level is hampering efforts to address shortages effectively.

Regular training and updates on national guidelines for both medical and non-medical staff at community level are essential. Some guidelines, such as 2024 treatment protocols for severe malaria, are not disseminated adequately. This creates the risk that staff lack the required knowledge and resources to achieve the intended results in malaria control.

The Secretariat has declined an agreed management action (AMA) to address low LLIN utilization and retention. The OIG acknowledges that the Secretariat has planned, over the next Grant Cycle, activities aimed at mitigating the risks highlighted in this finding pertaining to LLIN retention. This includes (i) the development of a costed operational plan to address the identified issues, including building public awareness and health promotion campaigns, (ii) recruitment of technical assistants to support the plans for improved LLINs retention and (iii) discussions with partners to conduct a Malaria indicator survey. These will be monitored through Key Mitigating Actions (KMAs) using the Secretariat's Integrated Risk Management System and through Grant monitoring processes. The OIG can periodically follow up on these actions as outlined in the KMAs.

Agreed Management Action 1

Based on GC6 gains and GC7 engagements, in collaboration with the MOH and other stakeholders supporting the CHW network, the Global Fund Secretariat will undertake a review of the last-mile supply chain management to identify the main bottlenecks and propose the appropriate corrective actions to ensure the availability of malaria RDTs and ACTs at the community level.

OWNER: Head Grants Management Division

DUE DATE: 30 June 2026

4.3 Positive trends in the country's HIV response, however targeted measures would consolidate the gains made

The country's HIV response has experienced both successes and challenges. Grant indicators for testing of general population and Prevention of Mother-to-Child Transmission reached at least 90%, HIV testing among key populations exceeded targets. However, the overall rate of People Living with HIV who know their status remains below UNAIDS targets (74% vs 95%), and programs are ineffective in reaching certain vulnerable groups.

Guinea has demonstrated a commitment to enhancing the health outcomes of those most at risk by implementing a differentiated HIV testing strategy, effectively targeting interventions to key populations and vulnerable population groups. However, there are opportunities for improvement in coverage of priority targets, particularly in raising awareness among PLHIV.

Insufficient coverage of priority targets

While nearly all key populations (KP) coverage indicators within the HIV grant performance framework have been achieved or exceeded, there remains a need for increased outreach. In 2023, only 39.5% of the estimated sex worker population engaged with grant-funded activities, and just 31.4% received an HIV test. Among men who have sex with men, only 20.3% accessed the minimum prevention package, with 18.4% receiving testing. The limited number of health centers adapted to serve key populations complicates these efforts. Community health centers (Centre de Service Adapté) also face challenges due to frequent shortages of kits for treating sexually transmitted infections, which can deter KPs from seeking care.

Coverage among vulnerable populations¹⁰ and intra-family groups is notably low, with only 8.8% participating in HIV screening activities in 2023. Intra-family testing, while less common, is vital for identifying cases that might otherwise remain undetected, and for limiting transmission. Intra-family testing represented only 1% of total screenings outside Prevention of Mother-to-Child Transmission services, indicating a significant gap in reaching critical populations.

Logistical challenges in viral load testing affect the number of tests executed

Currently, only a third of patients under treatment are tested for viral load. The country has established a robust system for monitoring PLHIV on antiretroviral therapy, with guidelines, protocols, and training widely disseminated. Data management has been strengthened through the MSR (Modèle Simplifié Reproductible) database and the DHIS-2 Tracker application. However, logistical challenges remain, particularly regarding the transportation of samples for viral load testing from sites which lack dedicated laboratories (the national hospital in Conakry being the exception). As a result, patients treated at facilities without equipped laboratories may not receive vital viral load tests, hindering the ability to assess treatment effectiveness.

Addressing the logistical challenges outlined above will be crucial to improving the overall effectiveness of Guinea's HIV response, and to ensuring that all PLHIV receive the required care.

¹⁰ Sex worker clients, disabled people, fishermen, prisoners, and adolescents/young people

Agreed Management Action 2

Building on GC6 gains and GC7 engagements on increasing key population coverage and delivery of comprehensive package of preventive services, the Global Fund Secretariat, in partnership with the HIV national program and the UAGCP, will:

- a. Finalize the task shifting strategy and normative guidance with the aim to enable peer educators and lay workers to undertake HIV testing.
- b. Demonstrate operationalization of the task shifting strategy.

OWNER: Head Grants Management Division

DUE DATE: 30 June 2025

Agreed Management Action 3

The Global Fund Secretariat, in partnership with the Ministry of Health, will develop a costed operational plan to increase demand for viral load testing as part of ongoing quality improvement efforts. This plan will include strengthening high HIV-burden sites' capacity to provide quality viral load testing and enhancing the effectiveness of sample transportation.

OWNER: Head Grants Management Division

DUE DATE: 30 June 2026

4.4 Persistent inefficiencies in quantification, procurement and equipment maintenance hinder HIV and TB patient monitoring

Since 2017, Guinea has significantly improved its supply chain systems and processes, particularly regarding quantification, supply planning, and the reliability of its Logistics Management Information Systems. However, low quantification persists for laboratory reagents, and poor equipment maintenance is affecting the ability of programs to effectively implement critical HIV and TB testing activities.

Guinea has made commendable progress by establishing Supply Chain technical working groups for each disease. These groups play a crucial role in supporting national quantification efforts, monitoring the availability of health commodities, and revising supply plans to proactively address potential stock shortages. This has significantly enhanced the management of supplies and stocks at both central and regional levels, ensuring that treatment and diagnostic services remain accessible to patients.

The introduction of an electronic Logistics Management Information System (eLMIS) has transformed data availability, allowing for more accurate quantification of health commodities. The quantification process is more reliable than previous methods which relied on morbidity data. Health commodities are now dispatched efficiently from the central level to regional health facilities, increasing the availability of essential health products across all levels of care.

National programs have developed effective monitoring mechanisms for health commodities, marking a significant improvement since the 2017 audit. The ability to track distributed health commodities from central to regional level ensures accountability and transparency. Regular supervisions at health centers are conducted, utilizing appropriate reporting tools, and no expiries were noted for TB and malaria commodities at either central or regional levels, with an immaterial loss rate for HIV commodities.

Despite these advances, challenges remain which are impacting program implementation. HIV and TB programs have faced difficulties executing critical testing activities due to shortages of laboratory reagents, and maintenance issues with testing equipment. In 2023, 23,850 HIV patients received at least one viral load test, representing 33% of PLHIV under treatment. The decrease in HIV-related deaths and the fact that 95% of tested patients achieved viral load suppression indicate successful treatment practices, although these successes require further examination to ensure continuous improvement.

Inaccurate quantification of HIV and TB testing reagents has led to low execution rates for essential activities

For both GC6 and GC7, the national quantification of viral load, early infant diagnosis (EID), and CD4 testing reagents underrepresented the needs compared to treatment and testing protocols. In 2023, only 78% of EID tests and 33% of CD4 tests were covered by national quantification efforts. Additionally, logistical data for laboratory reagents need improvement, as 80% of inspected laboratories lacked stock records, hindering the collection of data on availability and traceability.

Poor equipment maintenance further impairs execution of critical testing activities

Equipment maintenance is another area requiring attention. The biological monitoring of HIV patients and TB diagnosis relies on laboratory equipment which needs regular maintenance and calibration. No maintenance has been performed on GeneXpert devices since 2020, and a contract for preventive and curative maintenance of viral load, EID, and CD4 equipment was only signed in April 2022, resulting in a period of 16 months without maintenance. Currently, only 13% of HIV modules and 14% of TB modules are properly maintained, with only 55% of PIMA machines receiving preventive maintenance in 2023.

Addressing these challenges is essential to enhance the effectiveness of Guinea's health programs and to ensure that all patients receive the testing and treatment they need.

The Secretariat has declined an agreed management action (AMA) to address the insufficient quantification of reagents. The OIG acknowledges that the Secretariat has planned, over the next Grant Cycle, activities aimed at mitigating the risks highlighted in this finding pertaining to availability of reagents to perform critical VL and EID tests. This includes (i) strengthening of MOH supply chain leadership and strategic health product management support with long-term technical assistance support; (ii) establishing quarterly supply chain meetings for data quality analysis and performance review and improvement; (iii) creation of three new supply chain key performance indicators integrated in GC7 to monitor quantification, procurement and stock planning and (iv) development of quarterly updated procurement plans. These will be monitored through Key Mitigating Actions (KMAs) using the Secretariat's Integrated Risk Management System and through Grant monitoring processes. The OIG can periodically follow up on these actions as outlined in the KMAs.

Agreed Management Action 4

The Global Fund Secretariat, in partnership with the Ministry of Health, will establish procedures for the regular inspection and maintenance of prioritized equipment for molecular diagnostics, VL, EID and CD4 equipment. These procedures will include the methodology and frequency of maintenance, including establishing a mechanism to report and monitor the availability, functionality, and utilization of equipment.

OWNER: Head Grants Management Division

DUE DATE: 28 February 2026

Annex A. Audit rating classification and methodology

Effective	No issues or few minor issues noted. Internal controls, governance and risk management processes are adequately designed, consistently well implemented, and effective to provide reasonable assurance that the objectives will be met.
Partially Effective	Moderate issues noted. Internal controls, governance and risk management practices are adequately designed, generally well implemented, but one or a limited number of issues were identified that may present a moderate risk to the achievement of the objectives.
Needs significant improvement	One or few significant issues noted. Internal controls, governance and risk management practices have some weaknesses in design or operating effectiveness such that, until they are addressed, there is not yet reasonable assurance that the objectives are likely to be met.
Ineffective	Multiple significant and/or (a) material issue(s) noted. Internal controls, governance and risk management processes are not adequately designed and/or are not generally effective. The nature of these issues is such that the achievement of objectives is seriously compromised.

The OIG audits in accordance with the Global Institute of Internal Auditors' definition of internal auditing, international standards for the professional practice of internal auditing and code of ethics. These standards help ensure the quality and professionalism of the OIG's work. The principles and details of the OIG's audit approach are described in its Charter, Audit Manual, Code of Conduct and specific terms of reference for each engagement. These documents help safeguard the independence of the OIG's auditors and the integrity of its work.

The scope of OIG audits may be specific or broad, depending on the context, and covers risk management, governance and internal controls. Audits test and evaluate supervisory and control systems to determine whether risk is managed appropriately. Detailed testing is used to provide specific assessments of these different areas. Other sources of evidence, such as the work of other auditors/assurance providers, are also used to support the conclusions.

OIG audits typically involve an examination of programs, operations, management systems and procedures of bodies and institutions that manage Global Fund funds, to assess whether they are achieving economy, efficiency and effectiveness in the use of those resources. They may include a review of inputs (financial, human, material, organizational or regulatory means needed for the implementation of the program), outputs (deliverables of the program), results (immediate effects of the program on beneficiaries) and impacts (long-term changes in society that are attributable to Global Fund support).

Audits cover a wide range of topics with a particular focus on issues related to the Impact of Global Fund investments, procurement and supply chain management, change management, and key financial and fiduciary controls.

Annex B. Risk appetite and risk ratings

In 2018, the Global Fund operationalized a Risk Appetite Framework,¹¹ setting recommended risk appetite levels for eight key risks affecting Global Fund grants, formed by aggregating 20 sub-risks. Each sub-risk is rated for each grant in a country, using a standardized set of root causes and combining likelihood and severity scores to rate the risk as Very High, High, Moderate, or Low. Individual grant risk ratings are weighted by the grant signed amounts to yield an aggregate Current Risk Level for a country portfolio. A cut-off methodology on high risks is applied (the riskiest 50% of grants are selected) to arrive at a country risk rating.

The OIG incorporates risk appetite considerations into its assurance model. Key audit objectives are generally calibrated at broad grant or program levels, but OIG ratings also consider the extent to which individual risks are being effectively assessed and mitigated.

The OIG's assessed residual risks are compared against the Secretariat's assessed risk levels at an aggregated level for those of the eight key risks that fall within the Audit's scope. In addition, a narrative explanation is provided every time the OIG and the Secretariat's sub-risk ratings differ. For risk categories where the organization has not set formal risk appetite or levels, the OIG opines on the design and effectiveness of the Secretariat's overall processes for assessing and managing those risks.

Global Fund grants in the Republic of Guinea: comparison of OIG and Secretariat risk levels

The updated Secretariat risk levels assessment aligns with the OIG audit rating, except for the Malaria and HIV Program Quality risks. The observations raised by the OIG in Findings 4.2 and 4.3 highlight significant concerns regarding the ability of programs in Guinea to achieve their intended objectives.

The number of malaria cases has increased significantly in recent years, contrary to the expected results from the prevention activities implemented in Guinea. Malaria remains a leading cause of hospitalization and death, despite the Global Fund's efforts, raising questions about the quality of its programs.

Furthermore, without addressing the coverage issues of its HIV programs, it is unlikely that the HIV epidemic will achieve its objectives.

¹¹ [Risk Appetite Framework](#).