

A photograph of a woman and a young girl sitting together. The woman is wearing a red and white striped headwrap and a matching patterned dress. The girl is wearing a purple headwrap with a geometric pattern and a matching patterned dress. They are sitting in front of a white wall with a window. The image is partially overlaid by a large orange and blue graphic at the bottom.

TOWARDS RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH IN DJIBOUTI

Capacity development and transition
for the Global Fund to Fight AIDS,
Tuberculosis and Malaria grants

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EXECUTIVE SUMMARY

This case study documents the Republic of Djibouti's progress against HIV, tuberculosis (TB) and malaria and identifies key capacities strengthened for the Global Fund grants from 2013 to 2023, when UNDP served as interim Principal Recipient. It outlines UNDP's work with the Government of Djibouti and stakeholders to transition its interim Principal Recipient role to the Ministry of Health for the 2024-2026 grant, tailoring its capacity development support and advising on key functional areas during the transition period from 2023-2025.

The Global Fund capacity development and transition experience in Djibouti, including its key enablers, can inform practitioners managing Global Fund grants.

HEALTH IMPACT PROGRESS AGAINST HIV, TB AND MALARIA 2013-2023

As interim Principal Recipient in Djibouti from 2013 to 2023, UNDP supported the government and civil society to expand HIV, TB and malaria services. This partnership advanced disease prevention, testing and treatment, even as COVID-19 strained global supply chains and health systems.

Maintaining the national HIV, TB and malaria programmes as Sub-Recipients throughout the changes in Principal Recipients ensured health service continuity and progress over time.

HIV: Between 2010 and 2023, 49 percent fewer people acquired HIV, and AIDS-related deaths decreased by 50 percent, supported by UNDP and partnerships with civil society to expand access to health services.

TB: Both TB incidence and deaths declined by 34 percent between 2015 and 2023, with UNDP and partner support to community awareness-raising and active follow-up with people living with TB.

Malaria: After peaking at nearly 74,000 cases in 2020, UNDP efforts to digitalize and scale-up mosquito net distributions and indoor residual spraying helped bring cases down to 39,000 by 2023, while deaths fell from 129 to 80 annually.

As interim Principal Recipient of Global Fund grants, UNDP supports implementation and capacity development for large-scale health programmes, enabling the gradual and sustainable transition of the Principal Recipient role to national entities. Additionally, UNDP supports HIV and health programmes in 140 countries, helping reduce inequalities, improve health governance and build resilient and sustainable systems for health, in line with the UNDP Strategic Plan 2026-2029 and HIV and Health Strategy 2022-2025. Learn more [here](#).

KEY RESULTS

2013-2023

- 6,657 key populations reached with HIV prevention services
- 302 people living with HIV provided with treatment to prevent TB
- 358,232 mosquito nets distributed and 239,696 households covered by indoor residual spraying to prevent malaria

- 115,217 HIV tests conducted
- 292 people with multidrug- or rifampicin-resistant TB diagnosed
- 1,305,228 malaria tests conducted

- 2,295 people living with HIV provided with treatment
- 18,347 people with TB treated
- 288,525 people with malaria treated

PREVENTION

DIAGNOSIS

TREATMENT



Photo:
UNDP
Djibouti /
Aurélia
Rusek

HEALTH CAPACITY DEVELOPMENT

KEY FUNCTIONAL AREAS STRENGTHENED

2013-2025

UNDP, the Ministry of Health and the Country Coordinating Mechanism (CCM) assessed capacities in June 2014 and created a capacity development plan for the HIV and TB grant. The plan covered activities between 2014 and 2017 to strengthen programme, finance and monitoring and evaluation functions for effective grant delivery, and expanded to include malaria programming in 2016, when UNDP began managing malaria components of the Global Fund grant.

In 2018, UNDP and partners updated the capacity development plan to cover transition for governance, monitoring and evaluation, procurement and supply chain management, and health product quality assurance to support the Ministry of Health's new Project Management Unit (PMU). With support from the Government of Djibouti, UNDP and the national PMU developed a joint workplan and a peer-to-peer skills transfer, with UNDP specialists in monitoring and evaluation, finance, procurement and supply chain management and programme management embedded at the Ministry of Health until the end of 2025.

In 2023, UNDP, the Ministry of Health and CCM further updated the capacity development and transition plan in anticipation of the Ministry of Health assuming the Principal Recipient role for the 2024-2026 grant cycle.



Before the transition, UNDP provided further training, equipment and operations support to ministry units responsible for managing disease programmes, health procurement and supply chains.

UNDP remains engaged with the Ministry of Health to strengthen national health product stock management, quantification and procurement. The peer-to-peer skills transfer continues until the end of 2025. From 2026 onwards, all functional areas will fully transition to the Djibouti Ministry of Health.

SUMMARY

FUNCTIONAL AREAS STRENGTHENED

2013-2025

PROGRAMME MANAGEMENT & GOVERNANCE

Supporting Sub-Recipient capacity assessment, management and training, plans for staffing, monitoring, reporting and risk management, and strengthening governance structures, such as a grant implementation plan, civil society inclusion at the CCM, and a grant transition committee.

FINANCIAL MANAGEMENT

Installing financial management software and IT systems, training on their use, strengthening audit functions and streamlining financial procedures, budget monitoring and reporting through an operations manual.

PROCUREMENT & SUPPLY MANAGEMENT

Developing national strategies for supply chain and laboratory management, streamlining logistics and customs procedures, piloting mSupply with data integration from the District Health Information System (DHIS2), developing an Inventory Analysis Tool, providing quantification training, reviewing internal performance indicators and supervising the management, storage and distribution of health products financed by the Global Fund until the end of 2025.

MONITORING & EVALUATION

Deploying DHIS2 and training for Ministry of Health personnel to improve data collection, quality, verification, sharing, analysis and reporting for evidence-based decision-making.

QUALITY ASSURANCE FOR HEALTH PRODUCTS

Supplying medicines and health products in line with the Global Fund and UNDP quality assurance policies, updating the national Quality Assurance Plan, training personnel on quality sampling and reporting, and establishing standard procedures for pharmacovigilance and quality assurance.

GRANT TRANSITION

KEY ENABLERS FOR TRANSITIONING THE ROLE OF INTERIM PRINCIPAL RECIPIENT

CIVIL SOCIETY & HIV RESPONSE

Peer-led and community-based initiatives proved effective for scaling up HIV services for key populations and strengthened the conditions for transitioning Global Fund grants.

HEALTH DATA & SUPPLY CHAIN LOGISTICS

Piloting mSupply and integrating the platform with health data collected through DHIS2 strengthened systems for effectively managing medical supply chains.

OPERATIONS MANUAL

An operations manual developed by UNDP in 2019 and updated with KPMG Senegal and the Local Fund Agent in 2023 for the Ministry of Health established a formal framework and guidance on managing the Global Fund HIV, TB and malaria programmes, clarifying roles, responsibilities, controls and procedures.

STRONG POLITICAL ENGAGEMENT

The Government of Djibouti was firmly committed to achieving key milestones during the transition process, working with UNDP, the Global Fund and stakeholders for the Ministry of Health to assume the Principal Recipient role. Historically, retaining the Ministry of Health's HIV, TB and malaria programmes as Sub-Recipients ensured national ownership for Global Fund grants.

SYSTEMATIC SKILLS TRANSFER

The national HIV, TB and malaria programmes working as Sub-Recipients enabled government and UNDP staff to collaborate closely and transfer technical competencies. During the transition, a peer-to-peer skills transfer process relocated and paired UNDP specialists with their government counterparts for structured meetings, training and joint supervision, gradually departing by the end of 2025 as government personnel assumed their roles.

HUMAN RESOURCES

After the transition, PMU personnel trained by UNDP remained at the Ministry of Health. During UNDP's time as Principal Recipient, most personnel within its PMU were Djiboutian nationals, and several programme management, procurement and supply chain management, and monitoring and evaluation staff were subsequently recruited by the government's PMU.

KEY LESSONS

The capacity development and transition process in Djibouti highlighted the importance of government commitment to meeting grant implementation standards and transition milestones. The leadership of Ministry of Health disease programmes in implementing the grants as Sub-Recipients ensured national ownership and continuity in health services. During the transition process, co-creating workplans to transfer skills between specialists at UNDP and the Ministry of Health, with several national UNDP personnel subsequently recruited for government roles, strengthened human resources and maintained functional capabilities.

Strengthening civil society involvement in providing HIV services, integrating quality health data into digital supply chain management systems, and developing an operations manual also enabled an effective transition. Adapting UNDP's health implementation support model to gradually transition functional areas as circumstances permit ensures effective grant management and health service continuity during the transition process.

Photo:
UNDP Djibouti
/ Aurélia Rusek



TIMELINE

UNDP AS INTERIM PRINCIPAL RECIPIENT IN DJIBOUTI



Photo: UNDP Djibouti / Margot H. Quinty

2005

Government of Djibouti becomes Principal Recipient of the first HIV grant

2007

Government of Djibouti becomes Principal Recipient of the first TB and malaria grants

2013

UNDP becomes interim Principal Recipient for the HIV and TB grants

2014

UNDP supports a new capacity development plan with the Government of Djibouti and CCM

2016

UNDP becomes interim Principal Recipient for the malaria grant and supports an updated capacity development plan

2018

UNDP supports an updated capacity development plan with transition activities

2023

UNDP supports an updated capacity development plan as grant transition activities begin

2024

Djibouti Ministry of Health becomes Principal Recipient for the HIV, TB and malaria grants

2025

Remaining UNDP support for health procurement, supply chains and financial management complete

INTRODUCTION

UNDP partners with the Global Fund to Fight AIDS, Tuberculosis and Malaria, governments and civil society to end the epidemics of HIV, TB and malaria towards achieving equitable, healthier and sustainable futures. The partnership strengthens national capacities to deliver essential health services and builds stronger and more resilient systems for health, including in countries facing insecurity, crisis or other capacity constraints.

Djibouti has received grants from the Global Fund since 2005, with the Executive Secretariat for the Fight Against AIDS, Malaria and Tuberculosis serving as Principal Recipient until 2012. In 2013, UNDP became interim Principal Recipient for HIV and TB programmes at the request of the Global Fund, following financial irregularities identified in an audit by the Global Fund's Office of the Inspector General. Funding for malaria programmes was interrupted in Djibouti between 2011 and 2015 due to the Global Fund's cancellation of Round 11 funding in 2011 and the 2012 audit findings. UNDP assumed responsibility for the malaria programme when funding resumed in 2016.

Working alongside the Government of Djibouti and CCM, UNDP created a capacity development plan to support HIV and TB grant implementation, based on a capacity assessment.

Covering activities between 2014 and 2017, the plan was a deliberate process to strengthen key functions that are essential to successful grant implementation, ensuring adequate human resources, technologies, standard operating procedures, workplans and oversight mechanisms were in place for effective programme and financial management and monitoring and evaluation. The initial plan was expanded to include malaria in 2016 and was designed with key stakeholders at UNDP, the Ministry of Health, and CCM, with strong national ownership and participatory decision-making in the capacity development process.

In 2018, UNDP, the Ministry of Health and CCM developed an enhanced capacity development plan with a transition focus covering governance, monitoring and evaluation, procurement and supply chain management, and health product quality assurance to further support the Ministry of Health's new dedicated PMU for Global Fund grant management. Under a joint workplan, UNDP and the new PMU agreed on a peer-to-peer skills transfer, with UNDP specialists in monitoring and evaluation, finance, procurement and supply chain management and programme management located at the Ministry of Health and participating in structured meetings, training and joint supervision until the end of 2025.

In 2023, ahead of the 2024-2026 Global Fund grant cycle, UNDP initiated a gradual transition of HIV, TB and malaria programmes to the Ministry of Health as Principal Recipient by 2024, which would be managed by the national PMU under the Project Management Directorate (DGP). UNDP provided further training, equipment and operations support for the main functions of grant management, including governance, finance, monitoring and evaluation, procurement and supply chain management and quality assurance activities to the Ministry of Health's DGP, Central Purchasing Office for Essential Medicines and Equipment (CAMME) and Directorate of Priority Health Programmes (DPSP), which coordinates the national HIV, TB and malaria programmes.

One major outcome during this transition has been the development of an operations manual to guide grant implementation, which remains in use by the Ministry of Health in 2025. UNDP also provided targeted support where capacity gaps remained, including the development of standard operating procedures and processes for financial management and the deployment and training of Ministry of Health personnel on financial management software. Activities built on capacity building efforts conducted under the previous 2014 and 2017 capacity development plans.

In 2023, the Global Fund further proposed that UNDP continue to support the procurement and supply chain management of pharmaceutical and medical products to ensure the continued provision of health products and mitigate financial and operational risks,

citing capacity gaps in this area and UNDP's global procurement, supply chain management and quality assurance capacity as a key advantage for quickly forecasting, selecting, purchasing and delivering safe and effective products at competitive prices.

UNDP remains engaged with the Ministry of Health on health product quantification and procurement, strengthening national stock management, the roll-out and implementation of the electronic logistics management information system (eLMIS) and training personnel on stock management tools to the end of 2025. Support to financial management at the Ministry of Health is also ongoing until the end of 2025.

With programme management and monitoring and evaluation functions transitioned to the Ministry of Health, the continued support through the Financing Agreement and peer-to-peer skills transfer provides a staggered approach to grant transition and is part of UNDP's end-to-end model of support to national governments, tailored to country needs and strategies. UNDP and national partners have developed a procurement and supply management action plan to ensure adequate capacity and systems are in place by the end of 2025, when these functions will fully transition to the Ministry of Health.

HEALTH IMPACT IN DJIBOUTI

As interim Principal Recipient in Djibouti from 2013-2023, UNDP supported the government and civil society to improve the delivery of HIV, TB and malaria health services, contributing to significant achievements in prevention, testing and treatment.



Photo: UNDP Djibouti / Aurélia Rusek

HIV

Djibouti has made significant strides against HIV. Between 2010 and 2023, 49 percent fewer people acquired HIV, while AIDS-related deaths decreased by 50 percent over the same period. The percentage of adults living with HIV declined from 1.4 percent in 2015 to 0.8 percent in 2023.

UNDP's contributions included its partnerships with key population-led organizations to expand community outreach and awareness-raising and women-run mobile brigades offering testing and prevention services. UNDP support to testing and treatment services contributed to a reduction in vertical transmission from 13.17 percent to 11 percent from 2018 to 2023, as the number of pregnant women tested for HIV at their first prenatal consultation increased from 13,609 to 16,249 women between 2016 and 2022.

Nevertheless, gaps remain, especially in the coverage of vertical transmission and HIV treatment. In 2023, the percentage of pregnant women living with HIV receiving antiretroviral therapy reached only 49 percent of the annual target. The percentage of women receiving HIV services at their first prenatal consultation remained at 60 percent in 2019—a slight decline from 62 percent in 2016—and less than half of children born to mothers with HIV received biological follow-up in 2023.

Moving forward with the Ministry of Health as Principal Recipient, the Global Fund-supported HIV programme includes a comprehensive strategy covering diagnosis, treatment and care, including differentiated testing and rights-based approaches to reduce barriers to HIV services and significantly improve treatment retention by 2027.

SCALING AND SUSTAINING HIV RESPONSE THROUGH CIVIL SOCIETY

Civil society plays a critical role in Djibouti's progress against HIV by reaching key populations most affected by HIV and helping people overcome HIV-related stigma and discrimination. As Sub-Recipients, Autre Regard and Solidarité Féminine, two of the most active civil society organizations involved in HIV response in Djibouti, have significantly contributed to the identification and health knowledge of people most affected by HIV.

Autre Regard deploys a dozen peer educators in Djibouti City to identify and educate people at risk of HIV, encourage disease prevention and testing, provide prevention tools such as condoms and lubricants, and refer people to appropriate health services. The peer educators operate at night, focusing on 20 hotspots with key populations, drug and alcohol sales, and nightlife. Crucially, the educators themselves include people living with HIV and other key populations, enabling them to build trust and help overcome the HIV-related stigma that discourages people from accessing healthcare.

In 2022, Autre Regard carried out prevention, screening and care activities with more than 2,000 people from key populations, reaching 40 percent of the estimated population and helping to identify and refer 30 people living with HIV to health services—an encouraging result given the small network of educators. Their efforts underscore the effectiveness of peer-led and community-based initiatives for reaching key populations and the capacity of civil society to scale-up national HIV responses and strengthen the conditions for effectively transitioning Global Fund grants.

In 2024, Autre Regard expanded its network, training and equipping peer educators with rapid HIV tests to conduct screenings directly in the community, further promoting HIV testing and improving prevention and treatment outcomes.

Photo: UNDP Djibouti / Aurélia Rusek



TB

Between 2015 and 2023, both TB incidence and deaths declined by 34 percent in Djibouti, thanks in part to UNDP and partner support to community awareness-raising, home visits and active follow-up with people who dropped out of treatment. By 2022, TB treatment coverage reached 81 percent, as treatment success reached 82 percent in 2021. TB case notification continued to improve in 2023, surpassing the target for the reference period and contributing to a recovery from the worst years of the COVID-19 pandemic.



But poverty, limited healthcare access and undernutrition still hinder Djibouti's progress against TB. Under the National Strategic Plan 2024-2026, the Global Fund-supported TB programme aims to improve TB case finding and treatment outcomes through stronger community systems and integrated strategies for prevention, detection, treatment and monitoring to reach vulnerable populations, including people in detention, refugees, pregnant women and children.

MALARIA

Only 27 malaria cases were presumed or confirmed in Djibouti in 2012, when the country seemed on its way to eliminating the disease. But that same year, *Anopheles stephensi*, an invasive malarial mosquito species that thrives in cities, was detected in Djibouti. Combined with limited funding and prevention activities and people moving across borders at risk of disease, malaria resurged in the following years. By 2020, Djibouti reported an estimated 73,535 malaria cases.

Global Fund investment was instrumental in rebuilding strategic information for programme management, vector control and case management. In collaboration with the World Health Organization (WHO), Global Fund investment enhanced data availability on mosquito species and insecticide resistance to support decision-making in vector control, including control strategies for *Anopheles stephensi*.

UNDP also supported malaria prevention and treatment through community-based initiatives, such as indoor residual spraying (IRS) and the distribution of long-lasting insecticide-treated bed nets (LLINs), which also covered refugee populations. The malaria programme digitalized key activities, including the use of tablets to monitor IRS and LLIN coverage in real time and DHIS2.

In 2023, estimated malaria cases in Djibouti declined to 38,944. The proportion of malaria cases correctly treated remained high at 97 percent in 2022, surpassing the target of 95 percent. In 2023, case management indicators reflected very high coverage of malaria screening and treatment in public and private health facilities.

With the Ministry of Health as Principal Recipient, the Global Fund-supported malaria programme aims to reach zero indigenous cases by the end of 2030, prioritizing the most vulnerable and worst-affected areas through vector control, larval source management, improved screening, diagnosis and case management, and enhanced epidemiological surveillance and epidemic response.

FINANCE, PROCUREMENT AND SUPPLY CHAIN MANAGEMENT

In 2023, financial performance for the Global Fund grant was rated as excellent, with a country absorption rate of 96 percent. UNDP procurement and supply chain management support strengthened the capacity of health programmes to forecast health product orders to avoid shortages of medicines and inputs essential to HIV, TB and malaria responses. When the COVID-19 pandemic strained supply chains, UNDP supported back-up orders to limit the risk of shortages of essential medicines and health products.

UNDP also partnered with United Nations agencies on procurement, vector control and preventing vertical HIV transmission. This included working with the WHO and International Organization for Migration (IOM) to deliver LLINs to migrants, the United Nations Children's Fund (UNICEF) for the ordering and distribution of paediatric antiretroviral medicines and LLINs, the United Nations Population Fund (UNFPA) for lubricants and the Global Drug Facility for second-line TB medicines.



Photo: UNDP Djibouti / Aurélia Rusek

HEALTH CAPACITY DEVELOPMENT AND TRANSITION PLANS

Prior to transitioning the Global Fund grant to the Ministry of Health, UNDP worked closely with the Government of Djibouti and CCM to update the capacity development and transition plan, in coordination with the Ministry of Health and its subsidiaries responsible for grant implementation and other donors, including the French Development Agency, Expertise France, the World Bank and Gavi, the Vaccine Alliance.

The updated plan outlined priorities, roles and responsibilities, budgets and timelines to strengthen governance, finance, monitoring and evaluation, procurement and supply chain management and quality assurance structures and functions needed to effectively manage the grant. It built on previous capacity building plans and activities conducted since UNDP became interim Principal Recipient in 2013, as summarized in the following section.

KEY FUNCTIONAL AREAS COVERED BY CAPACITY DEVELOPMENT PLANS

Programme management, including assessing existing capacities, reviewing national health programmes, determining and recruiting for human resource needs, managing Sub-Recipients, and developing plans for civil society and key population engagement and procedures for programme monitoring, reporting and asset and risk management.

Financial management, including the opening of official bank accounts, installing relevant software and IT equipment and establishing standard operating procedures to align systems with national and Global Fund financial management requirements, strengthening internal controls and audit functions, and improving budget monitoring.

Monitoring and evaluation, including plans to improve health data collection, quality, sharing and analysis through integrated and internet-accessible HIV, TB and malaria databases and training on data collection and reporting, and coordinating with the national disease programmes to monitor, evaluate and report grant results.

KEY ACTIVITIES

IN THE CAPACITY DEVELOPMENT AND TRANSITION PLANS

Programme management and governance

Workplanning for the new PMU, ensuring coordination with other Ministry of Health divisions, oversee the production of and training on an operations manual, create a risk management plan, establish a transition committee to oversee the handover of the Global Fund grant to the Ministry of Health, support Sub-Recipient capacity assessment and training plans and civil society inclusion, and create a grant implementation plan for the CCM.

Financial management

Review internal controls and budget management, evaluate financial risks, update and establish financial management and internal audit procedures as part of the operations manual, support the acquisition and installation of financial management software, and define terms of reference and provide financial management training to key personnel at the new PMU, in line with national and Global Fund requirements.

Monitoring and evaluation

Strengthen the indicator framework with agreed upon baselines, targets and assumptions, finalize the team structure at the PMU, and create a monitoring and evaluation plan and workplan that describes Sub-Recipient monitoring and data quality control activities. Train the new team, including the Monitoring and Evaluation Manager. Integrate remaining modules into DHIS2, train staff on data collection and its use, and supervise Sub-Recipients on site visits. Monitor programmes with an operational plan and coordination meetings and report results to the CCM and Global Fund.

Quality assurance of health products

Update the Quality Assurance Plan, with priority areas for improvement, training staff on the Global Fund's quality assurance policy, sampling, quality control, and quality assurance best practices, and establishing standard operating procedures for pharmacovigilance and quality assurance.

Procurement and supply chain management

- Assess supply chain functions and waste management, develop national strategies, plans and procedures for improved supply chain management, logistics and customs clearances, and align national policies and guidelines with the latest WHO recommendations, best practices and available health products.
- Develop a laboratory management plan to ensure rapid installation and training, as well as regular and timely maintenance.
- Provide training on quantification and budgeting tools and processes for HIV, TB and malaria health products and support the DPSP on quantification during the grant preparation process.

- Strengthen order tracking and stock level monitoring tools, training DPSP agents in international health product ordering processes and tools and develop a prequalification procedure for CAMME suppliers.
- Check data reporting, improve performance management, increase storage capacity and evaluate services at CAMME, with the aim of transferring TB medicine stocks to CAMME.
- Implement an integrated distribution model for HIV, TB and malaria health products and the adaptation of programme purchase orders to improve product distribution.
- Install mSupply, including needs assessment, configuration, installation, user testing, monitoring and evaluation of its deployment, and planning for future expansion.
- Improve facility-level product management, including needs assessment, improvements to the requisition and distribution system between CAMME and health facilities, training on mSupply for pilot facilities, and developing a guide and procedures on procurement and supply chain management for pharmacy managers.
- Provide training on procurement and supply chain management in the context of Global Fund grants, including on the Health Product Management Template, Price and Quality Reporting and the procurement and supply chain management components of the Progress Update and Disbursement Request.

Photo: UNDP Djibouti / Aurélia Rusek



KEY CONTRIBUTIONS TO HEALTH CAPACITY DEVELOPMENT AND TRANSITION

Within the 2023-2024 Capacity Development and Transition Plan, UNDP was specifically responsible for creating an operations manual for the Ministry of Health, providing training on the use of financial accounting software and the DHIS2 system and supporting a range of needs in procurement, supply chain management and quality assurance, including mSupply, quantification, stock management, an evaluation of quality assurance and the creation of a quality control sampling plan, completed before the transition in 2024.

UNDP also supported grant closure, which included technical advice and training for the Ministry of Health on managing Sub-Recipients and programme, financial, and procurement and supply chain management planning and reporting at the end of the 2021-2023 grant.

KEY ACTIVITIES

Operations manual: UNDP worked with KPMG Senegal to create an operations manual for the Ministry of Health to support its role as the new Principal Recipient, with a formal framework and guidance on managing the Global Fund HIV, TB and Malaria programmes for the PMU. It outlines procedures for grant implementation, including monitoring, evaluating and reporting on programmatic progress and managing Sub-Recipients, budgets and financial accounting, health procurement and supplies, personnel and internal audits. The manual clarifies roles, responsibilities and controls to ensure that decisions are authorized appropriately, while mitigating financial and operational risks. The manual serves as a training tool to support the daily tasks of new recruits, transferees and temporary employees.

Photo: UNDP Djibouti / Aurélie Rusek





Photo:
UNDP Djibouti / Aurélia Rusek

Monitoring and evaluation with health data: Beginning in 2016, UNDP deployed DHIS2 to integrate health data entry, collection, quality control, collation, validation and analysis and enable data-informed decision-making within the national HIV, TB and malaria programmes. During the 2021-2023 Global Fund grant, UNDP trained central-level staff at the Ministry of Health on TB, HIV and malaria indicator analysis and technicians on DHIS2 management. UNDP also developed a supervision guide for quality control and data verification to support monthly updates provided by the DHIS2 technical team.

Financial management: UNDP introduced the financial sections of the operations manual to support the Ministry of Health with budgeting, accounting and financial management for Global Fund grants. UNDP also installed TOMPRO accounting software and provided training on its use. Until the end of 2025, support for financial management includes budget monitoring, the preparation of quarterly financial reports, and the application of best practices established as part of the implementation of the 2021-2023 grant.

Procurement and supply chain management: UNDP provided training, equipment and advisory services to CAMME, DPSP, the Project Portfolio Management Body (OGPP) and the new PMU.

For CAMME, UNDP supported quantification training and a review and definition of internal performance indicators and is supervising the management, storage and distribution of health products financed by the Global Fund until the end of 2025.

At DPSP, UNDP provided medicine and laboratory managers with quantification training, including for the Global Fund Grant Cycle 7 Funding Request, and supported reviews of TB and malaria purchase orders and the regular review of inventory levels.

For the new PMU, UNDP provided training on quantification processes and tools, budgeting for health inputs, the comprehensive management and monitoring of health input supplies, inventory monitoring and analysis, mSupply, the Health Product Management Template and Price and Quality Reporting.

In addition, UNDP trained personnel at CAMME, DPSP and OGPP on the Global Fund's procurement and supply chain management policy.

KEY PROCUREMENT AND SUPPLY CHAIN MANAGEMENT TOOLS SUPPORTED

Electronic logistics management information system (eLMIS): UNDP supported CAMME and the Ministry of Health with the installation of mSupply, a digital system for collecting, processing and reporting health product data to quantify product needs, plan distributions and optimize stock levels across the supply chain, at 12 pilot sites. The mSupply system is compatible with DHIS2 to integrate health data to determine health product needs and will be extended to all health facilities with the support of the World Bank and Gavi, the Vaccine Alliance. The mSupply Foundation also provided "super trainer" training to CAMME, DSPS and the new PMU, enabling the transition of procurement and supply chain management functions to the Government of Djibouti.

Inventory Analysis Tool: UNDP supported the creation of an inventory analysis tool, with training of DPSP staff and a UNDP pharmacist, who would assume duties within the new PMU, to assess central stock levels every quarter. The tool enables the systematic anticipation and notification of health product shortages and expiration to optimize medical supply levels and minimize wastage.

Quality assurance of health products: In addition to supplying health products in line with the Global Fund and UNDP quality assurance policies, UNDP supported the Ministry of Health to update its Quality Assurance Plan and evaluate quality assurance at CAMME and a sample of health facilities in Djibouti City, in accordance with recommendations from the WHO Model Quality Assurance System, which found some areas for improvement, including documentation and storage conditions. UNDP helped establish a process for sampling and sending samples to quality control every six months and trained the UNDP pharmacist in the creation of a sampling plan. Finally, UNDP trained personnel at CAMME, DPSP and OGPP on the Global Fund's quality assurance policy and the WHO Good Storage and Distribution Practices guidelines.

Grant closure: As part of the closure of the 2021-2023 grant, UNDP finalized outstanding programmatic activities, transferred non-monetary assets and supported programmatic and financial data collection, verification and reporting. UNDP advised the new PMU on preparing grant documents, creating quarterly and annual operational plans, updating monitoring and evaluation plans, and developing and testing supervisory tools for operations and monitoring and evaluation teams. For managing Sub-Recipients, UNDP supported the drafting and monitoring of contracts, established quarterly and annual operational plans, monitored implementation for the first six months and oversaw a Sub-Recipient audit from February-March 2024.

In addition, UNDP enhanced the capacity of the new PMU on DHIS2 deployment and tracker installation and trained the finance and monitoring and evaluation teams on developing the Global Fund's Progress Update and Disbursement Request. Finally, UNDP strengthened the capacity of the finance team at the Ministry of Health Management Unit on the operations manual, monthly and quarterly expense monitoring, and financial reporting.

A GRADUAL TRANSITION

Since 2024, the Djibouti Ministry of Health has transitioned into the Principal Recipient role for the 2024-2026 Global Fund grants, with the HIV, TB and malaria units within DPSP as Sub-Recipients.

At the request of the Global Fund, UNDP has continued supporting the Ministry of Health with the procurement and supply chain management of quality assured medicines and health products until the end of 2025, when the full responsibility will be transitioned to the ministry. From 2026 onwards, the Ministry of Health and CAMME will procure medicines and health products from the Global Fund's online procurement platform, wambo.org.

As part of this Financing Agreement, UNDP supported the creation of a joint Procurement and Supply Management Action Plan, which includes advice to the Ministry of Health and coordination for health product quantification, purchasing plans for wambo.org, central-level quality control manuals and plans, a stock management manual and training at the facility level, and a procurement and supply chain management data quality control committee for using mSupply.

UNDP specialists in programme management, monitoring and evaluation, finance and procurement and supply chain management were relocated to the Ministry of Health and paired with their functional counterparts to advise and accompany them in their roles. As government personnel assumed their roles, UNDP personnel transitioned out. In some instances, as part of the transition plan, some UNDP personnel have been recruited by the Government of Djibouti. This peer-to-peer skill transfer process will be completed by the end of 2025, when all remaining UNDP personnel will depart from the Ministry of Health.



PATH FORWARD

UNDP has contributed to progress in the fight against HIV, TB and malaria in Djibouti and strengthened national capacities to implement Global Fund grants and deliver health services, both during the COVID-19 pandemic and to key and underserved populations.

With strong commitment from the Government of Djibouti, UNDP and stakeholders initiated grant transition in 2023 to transfer the role of Principal Recipient to the Ministry of Health, with continued UNDP engagement on procurement and supply chain management and peer-to-peer skills transfer for programme management, procurement and supply chain management, monitoring and evaluation and finance personnel until the end of 2025. From 2026 onwards, all functional areas will fully transition to the Ministry of Health, enabling the Government of Djibouti to directly manage all aspects of the Global Fund grant.

The transition in Djibouti highlights the importance of political commitment, national ownership and capacity development for effective health service delivery and in reaching key transition milestones. Enlisting national disease programmes as Sub-Recipients enabled close collaboration and technical learning with Ministry of Health personnel over several years, and the peer-to-peer skills transfer and subsequent recruitment of several UNDP national staff to work in the Ministry of Health supports service continuity.

In addition, adapting UNDP's health implementation support model and transitioning individual functional areas over time ensured a smooth transition and mitigates financial and operational risks. Strengthening the involvement of civil society in directly providing HIV and services, integrating quality health data into digital supply chain management systems, and developing an operations manual were also key factors that enabled the transition.

UNDP's experience in systematically strengthening and transferring Global Fund grant management functions can inform the work of other practitioners planning sustainable transitions of the Principal Recipient role to national entities. A collaborative and staggered transition, backed by national ownership, good practices in health service and product delivery, and investment in human resources, civil society, and technologies, enables effective grant management and paves the way towards health system resilience, self-reliance and sustainability.