

GLOBAL FUND OBSERVER (GFO), an independent newsletter about the Global Fund provided by Aidspan to over 8,000 subscribers in 170 countries.

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1. NEWS: TRP Recommends for Approval 89 Round 10 Proposals; Total 2-Year Cost Is \$1.76B

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The Global Fund's Technical Review Panel (TRP) has recommended that the Global Fund Board approve 89 Round 10 grants that, over their first two years, will cost \$1.76 billion. This makes Round 10 the third largest round ever of Global Fund grants (after Rounds 8 and 9).

The TRP reviewed a combined two-year funding request of \$4.38 billion, representing 150 disease components and 28 health systems strengthening (HSS) components.

GFO has no information on which specific components the TRP has recommended for Board approval. But Board members have been informed by the Secretariat of some overall data. Highlights from what Board members were told, and from GFO's analysis of that information and of comparisons with Round 9, are presented below. (For the purposes of this article, we refer to all disease and HSS components as "proposals.")

- Eighty-nine Round 10 proposals have been recommended for approval, with a total two-year cost of \$1.76 billion (at current exchange rates), down from \$2.21 billion in Round 9 and \$3.1 billion in Round 8.
- The average Round 10 proposal recommended for approval has a two-year cost of \$20 million, down from \$23 million in Round 9.
- The number of proposals recommended for approved in Round 10 (89) is down slightly from the number recommended in Round 9 (96).
- Fifty percent of proposals considered by the TRP in Round 10 have been recommended for approval, almost identical to the rate in Round 9 (51%).
- Proposals for malaria were the most successful in Round 10, with 79% of submitted proposals recommended for approval, compared with 54% for TB, 43% for HSS, and only 41% for HIV. The success rate for malaria is up significantly from Round 9. See the table below for more details.

Table: No. of proposals reviewed and recommended, for Rounds 10 and 9

	Round 10			Round 9		
	Proposals reviewed by TRP	Of which, recommended for approval	% recommended	Proposals reviewed by TRP	Of which, recommended for approval	% recommended
HIV	78	32	41%	73	30	41%
Malaria	24	19	79%	31	17	55%
TB	48	26	54%	53	32	60%
HSS	28	12	43%	33	17	49%
Total	178	89	50%	190	96	51%

The TRP completed its review of proposals on 30 October 2010. Individual applicants should be informed shortly, if they have not already been, of what the TRP has recommended regarding their specific proposals. Then, on 13-15 December, the Board will make a final decision regarding each proposal.

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2. COMMENTARY: The Global Fund Should Move Now to Expand the Non-CCM Window

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by David Garmaise

When is the Global Fund finally going to make it easier for Non-CCMs to apply to the Fund to address the needs of vulnerable populations that have been left out of the national response?

The Global Fund has always discouraged applications from Non-CCMs. (Non-CCMs are national organisations other than the CCM – usually, but not necessarily, civil society organisations.) Under current criteria, Non-CCMs can apply only if they are from a country that is without a legitimate government, that is in conflict, that is facing a natural disaster, or that is in a complex emergency situation – or if they are from a country that suppresses, or has not established, partnerships with civil society. The last includes a country in which the CCM has unreasonably failed or refused to consider a submission from a civil society organisation, through the CCM's established submissions process, for inclusion in the CCM's national proposal.

The criteria state that a Non-CCM proposal must demonstrate clearly why it could not be considered under the CCM process.

The table below shows what has happened to Non-CCM proposals in recent rounds.

Table: Disposition of Non-CCM proposals in Rounds 5-9

Round	No. of proposals submitted	No. of proposals deemed eligible and sent to the TRP for review	No. of proposals recommended by the TRP and approved by the Board
5	64	4	2
6	36	4	1
7	16	3	2
8	20	0	0
9	14	0	0
Totals	150	11	5

Thus, of the 150 Non-CCM proposals submitted in Rounds 5-9, more than 90% were screened out (i.e., deemed ineligible according to the eligibility criteria). The most common explanation provided for screening out these proposals was that the applicant had failed to explain why it had applied outside its national CCM.

Of the 11 Non-CCM proposals screened in for Rounds 5-9, 10 were from countries without legitimate governments or in conflict. The only other Non-CCM proposal screened in was submitted by the Russian Harm Reduction Network. That proposal, which targeted injection drug users, was approved for funding. One other Non-CCM proposal targeting injection drug users was approved in Round 3. The principal recipient (PR) was the Raks Thai Foundation, from Thailand. Thus, in the last seven rounds of funding, only two Non-CCM proposals exclusively targeting a key population have been approved.

Programmes providing services to key populations often don't get off the ground because: (a) many governments don't like dealing with key populations; (b) in most countries, nothing gets through the CCM that the government is opposed to; and (c) very few Non-CCM proposals ever get approved.

For each Round of funding, the Global Fund Secretariat establishes a Screening Review Panel (SRP) made up of senior officials in the Secretariat. Since at least Round 7, the SRP has issued reports on the screening process. In each of its reports on Rounds 7, 8 and 9, the SRP has commented on the eligibility criteria for Non-CCM proposals. In its Round 7 report, the SRP said:

“There may be a need to evaluate the role of non-CCMs and how revisions to our current policy may enhance scale-up beyond the CCM model. If the Global Fund wants to expand opportunities for multi-partner scale-up, then the current non-CCM window of opportunity are narrow, [thus] limiting the range of funding possibilities. The Secretariat should review the role of Non-CCMs for Round 8 and seek guidance from the Board on additional ways to expand funding opportunities that conform to national plans yet open the avenue towards funding more non-national plan proposals.”

In its Round 8 report, the SRP said:

“The non-CCM window remains an opportunity for groups marginalized as a result of stigma and discrimination in government policies. The Secretariat could better define ‘key and vulnerable populations’ and determine eligibility of non-CCM proposals on the basis of the target population.”

In its Round 9 report, the SRP said:

“The non-CCM application option remains an important opportunity for groups marginalized as a result of severe stigma and discrimination in government policies, particularly regarding proposals addressing HIV/AIDS.

“Based on success rates since Round 6, it is clear that more guidance is needed from the GF on when a non-CCM application is appropriate, and on what documentation is necessary to support a request for funding outside of the CCM model.”

So, here we have the SRP, which is part of the Secretariat, recommending that the Secretariat review the eligibility criteria for Non-CCM proposals with a view to expanding the use of the Non-CCM window. And, yet, no action appears to have been taken by the Secretariat (or the Board) on this recommendation.

In a GFO commentary in 2006, Promboon Panitchpakdi, Executive Director of the Raks Thai Foundation, said “the Global Fund needs to do more to strengthen the involvement of civil society, including encouraging the development of NGO components that are not hidden within government-inspired CCM proposals (and/or making it easier for non-CCM proposals to be funded).”

In a GFO commentary in 2008, this author said:

“The Global Fund has done such a good job of discouraging applications from Non-CCMs that (a) the number of such applications has declined in every successive round; and (b) civil society advocates have all but abandoned efforts to persuade the Fund to accept more Non-CCM applications. But now we have a report from the Round 7 Screening Review Panel saying that maybe the Fund should re-think its policy ... yet this aspect of the report seems to have garnered little attention. There ought to be further discussion of this at the level of the Global Fund Board and within civil society.”

in its 2009 AIDS Epidemic Update, UNAIDS said that even though key populations – such as injecting drug users, men who have sex with men, sex workers, prisoners and mobile workers – are at higher risk of HIV infection, resources for focused prevention programmes for these groups is typically quite low, even in concentrated epidemics.

It is evident that in many countries, the needs of key populations are not being addressed by the national response, at least with respect to HIV. It’s time for the Global Fund to make some changes to the eligibility criteria for Non-CCM proposals so that civil society organisations can help fill this gap.

David Garmaise (david.garmaise@aidspan.org) is a Senior Analyst with Aidspan. Reports of the SRP are available at www.theglobalfund.org/en/ccm/documents. The two GFO commentaries mentioned in this article are “[The Imbalance Between Government and Civil Society in Global Fund Processes: A View from Thailand](#),” GFO 65; and “[Report on Round 7 Screening Raises Some Important Issues](#),” GFO 92, both available at www.aidspan.org/gfo. The UNAIDS 2009 AIDS Epidemic Update is at www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2009.

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3. NEWS: Global Fund Releases New Operational Policy Manual

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The Global Fund has issued a new 229-page Operational Policy Manual, developed to assist Global Fund Secretariat staff to provide guidance on Global Fund policies and processes relating to grant management. The manual will also be of interest to grant implementers – and, to a lesser extent, grant applicants.

(The Global Fund used to have an earlier version of this manual, but it was not widely available and was not kept up to date.)

Although the manual is perceived by the Global Fund as mainly an internal document, it is posted on the Fund’s website where anyone can download it. The manual complements the Operational Guide,

which was designed for an external audience and which was released a few months ago (see [“Global Fund Releases Detailed Operational Guide”](#) in *GFO 129*.)

The manual contains operational policy notes (OPNs) and information notes (INs). OPNs explain how steps in the grant cycle must be managed. Each OPN integrates policies approved by the Board and procedures established by the Secretariat. INs provide more general information on concepts (such as alignment), funding streams (such as national strategy applications) and entities (such as principal recipients).

On most topics of interest to grant implementers, the manual provides more in-depth information than the Operational Guide. For example, on the subject of the Global Fund’s Additional Safeguard Policy (ASP), the Operational Guide contains a very short introduction to the topic, whereas the Operational Policy Manual contains a three-and-a-half page OPN that, among other things, outlines the criteria for invoking the ASP, describes the seven minimum safeguards under the policy, and explains how the annual reviews of grants managed under the ASP are conducted.

Other OPNs in the manual cover topics such as amending grant agreements, grant extensions, enhanced financial reporting, and the pre-allocation of grant funds. The Global Fund Secretariat will be adding to the manual over time; some of the items listed in the table of contents are labelled “forthcoming.”

There are some apparent gaps in the topics covered – for example, programme income (i.e., funds generated through social marketing and user fees), and grant suspensions – but it is not clear whether the Global Fund has formally adopted policies and procedures for every topic.

One implementer told *GFO* that the manual is a “huge step forward,” but that there are areas for improvement. In the past, principal recipients (PRs) often felt constrained in their dealings with fund portfolio managers (FPMs) because they didn’t know what “rules” the FPMs were following. Now, at least, PRs have access to much of that information.

“The Global Fund Operational Policy Manual” is available in English only at www.theglobalfund.org/en/policies. The “Operational Guide” is available on the same page.

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4. ANALYSIS AND COMMENTARY: The Counterfeit Drugs Issue Deserves More Attention

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by David Garmaise

As reported recently in *GFO*, the Global Fund’s Office of the Inspector General (OIG) is investigating allegations that malaria drugs funded through Global Fund-supported programmes are being stolen and then sold in the private sector for profit. (See [“Report Renews Concerns About Stolen Malaria Medicines”](#) in *GFO 131*.) There is no indication yet that this a widespread problem. However, the use of counterfeit medicines, which is linked to the sale of stolen medicines, is definitely a widespread problem, affecting numerous countries on at least three continents (Asia, Africa and Europe).

Just how big a problem is it? What are the repercussions? How does it affect the Global Fund? Can or should the Global Fund do anything about it?

“Nobody knows the full scope of the crime, although the World Health Organization (WHO) estimates that counterfeit drugs are associated with up to 20 percent of the one million malaria deaths worldwide each year,” wrote Andrew Marshall in the magazine *Smithsonian* in October 2009. “Reliable statistics ... are hard to come by, partly because the damage seldom arouses suspicion and because victims tend to be poor people who receive inadequate medical treatment to begin with.”

“Rich countries have long employed expensive methods, like tracking systems or sophisticated equipment, to verify whether drugs are authentic,” but countries in Africa can’t afford these methods, wrote Maria Cheng of the *Associated Press* in 2010. Studies by the WHO and other agencies have shown that a significant percentage of medicines in Africa are counterfeit or substandard (30% or higher in some parts of Africa).

According to Cheng, “Fake drugs can infiltrate shipments even when it's the United Nations or the Global Fund to Fight AIDS, Tuberculosis and Malaria that is the sender. Last year, malaria medicines dispatched to Ghana by the Global Fund mysteriously went missing. Once the drugs arrived in the country, they were replaced by counterfeits, leading Ghanaian authorities to investigate allegations a cartel was replacing real drugs with fake ones.”

In a report on an audit conducted in 2009 on programmes supported by the Global Fund in Cambodia, the OIG said that “Cambodia has a high prevalence of counterfeit and substandard drugs,” included artemisinin–based combination therapies (ACT) and drugs for opportunistic infections (OIs). The OIG cited a University of the South Pacific report from June 2009 showing that 27% of artesunate (a drug that is part of the artemisinin group) being distributed in Cambodia was counterfeit. The OIG said that a similarly high percentage was reported for some OI drugs. “The laws that would help curb the proliferation of counterfeit and substandard drugs were in place but law enforcement was weak,” the OIG said. “Urgent action is needed to address this problem.”

According to Marshall, between 1999 and 2003, medical researchers conducted two surveys in which they randomly purchased artesunate from pharmacies in Cambodia, Myanmar, Laos, Thailand and Vietnam. The volume of fake pills was 38% percent in the earlier survey and 53% in the later survey.

Counterfeit drugs – which are often mostly flour or sawdust or baby powder – end up killing people. Malaria is a deadly infectious disease, but it usually is curable if treated early with appropriate drugs. Patients who think they are taking the right medicines, but who are actually taking counterfeit medicines, will likely die from the disease.

And that’s not the only problem. Fake medicines speed up drug resistance. “If a drug contains some but not enough of the active ingredient, it won’t kill the disease’s virus or bacteria, but gives it a chance to mutate into a deadlier form instead,” Cheng said.

The WHO says that clinical trials conducted in 2007-2008 confirmed the emergence of artemisinin resistance along the Thai-Cambodian border. “This is extremely serious because resistance to a number of formerly-effective malaria drugs originated from the Thai-Cambodian border and then spread west to South Asia, then Africa – where most malaria deaths occur,” the WHO says. “If this were to occur with artemisinin, millions of lives could be at risk. It would also be a huge setback to intense international efforts over recent years to combat the threat of malaria globally.”

The problem affects Global Fund grants because they are funding treatment to save lives. The presence of counterfeit drugs, the existence of drug resistance, and the threat of even higher drug resistance negatively impact the ability of grant recipients to meet their targets.

Should the Global Fund do anything about it? In accordance with the core Global Fund principle of country ownership, shouldn’t the onus be on countries to address this problem in their proposals? Perhaps; and, indeed, some countries are doing so – for example, a Round 6 malaria proposal from Laos was devoted almost entirely to reducing the use of counterfeit medicines. However, the Global Fund has actively supported the development of programmes to address other problems – for example, gender inequalities, human rights abuses, and mother-to-child transmission of HIV; and it has promoted interventions to strengthen health systems and community systems. Why not also promote interventions to address the counterfeiting problem?

At a minimum, the Global Fund could produce an information note outlining the problem and describing different interventions currently being used by international agencies and individual countries to combat the problem. It may also be possible to produce some “best practice” case studies to help countries learn from each other’s experiences.

David Garmaise (david.garmaise@aidspan.org) is a senior analyst with Aidspan. Some of the information for this article as taken from “The Fatal Consequences of Counterfeit Drugs,” by Andrew Marshall, Smithsonian, October 2009, at www.smithsonianmag.com/people-places/Prescription-for-Murder; “Africans Text Message to Check if Drugs Are Real,” Maria Cheng, Associated Press, 2010, at www.physorg.com/news201535471; and “Battling Drug Resistance Along the Thai-Cambodian Border,” WHO, online at www.who.int/malaria/diagnosis_treatment/arcq/faq/en. The article by Maria

Cheng describes how text messages are being used in Kenya to help people check if their medicines are genuine.

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5. NEWS: Request for Phase 2 Funding for a Zanzibar HIV Grant Is Turned Down

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In October 2010, the Global Fund Board rejected a request for funding for Phase 2 of a Round 6 HIV grant in Zanzibar (Tanzania), based on a recommendation from the Global Fund Secretariat. (This is referred to as a “No-Go” recommendation.) Some Board members opposed the decision. This is only the second time in more than three years that the Global Fund has declined to approve a Phase 2 request. The first time was just a couple of months ago (see [“Board Rejects Request for Phase 2 Funding from Sri Lanka”](#) in *GFO 130*).

In line with Board policy, in May 2010 the Secretariat notified the Zanzibar Sub-CCM that it was planning to make a No-Go recommendation to the Board, and the Sub-CCM had an opportunity to respond. After considering the response, the Secretariat re-affirmed its No-Go recommendation and the Board accepted the recommendation in an electronic vote.

The Secretariat said that the recommendation not to continue the grant was made strictly in accordance with the principles of performance-based funding. According to the Secretariat, results were well short of target; the performance of the principal recipient (PR), the Zanzibar AIDS Commission, was clearly inadequate (for example, there were significant weakness in human resource management, sub-recipient management, M&E and reporting); and the PR consistently failed to address the underlying causes of that poor performance.

The Secretariat said that although it regularly reiterated the need for long-term technical assistance and capacity building to address grant challenges, the Sub-CCM did not attempt to secure technical support from local or international partners in a timely manner.

The Secretariat stated that the discontinuation of this grant will not lead to interruptions in antiretroviral treatment (ART) or to new ART patients being turned away, because ART activities will continue to be supported by another Round 6 HIV grant with the Ministry of Health and Social Welfare.

When the Board made its decision, there were some dissenting votes, but not enough to block the No-Go recommendation from going through. (See the commentary below.)

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6. COMMENTARY: Casting a Vote Against (Some) Electronic Voting

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by David Garmaise

The Global Fund Board meets in person usually twice a year. In between meetings, the Board uses an electronic voting system (i.e., voting by email) for decisions that can’t wait until the next in-person meeting. That’s fine for routine decisions where there is unlikely to be much discussion or opposition, such as extending the deadline for grant agreement signing for a few grants. However, it doesn’t work very well for decisions that are more controversial or decisions that can have significant adverse effects on countries.

Twice in the last few months, the Global Fund Board has approved by electronic voting recommendations from the Secretariat **not** to approve Phase 2 funding – once for a TB grant in Sri Lanka (see [“Board Rejects Request for Phase 2 Funding from Sri Lanka”](#) in *GFO 130*) and more recently for an HIV grant in Zanzibar (see previous article). In both instances, the No-Go recommendations were opposed by some Board delegations, but not in sufficient numbers to block the recommendations.

When the Board votes electronically on a recommendation from the Secretariat, an email is sent out to all Board delegations. Votes on Phase 2 recommendations are on a “no objection” basis – i.e., only those delegations that object to the recommendation are required to vote; a delegation that does not cast a vote is considered to have “voted” in favour of the Secretariat’s recommendation. Delegations

opposed to the recommendation are asked to vote via reply email by a set deadline. These delegations have an opportunity in their reply email to comment on why they are opposed. The usual practice is for a delegation to copy other delegations when it votes.

The main problem lies in the fact that when a delegation is opposed to a No-Go recommendation from the Secretariat, its vote and the arguments it advances in support of its vote are all contained in the same email. There is no opportunity for discussion among Board delegations before the vote. For example, if Delegation A objects to the recommendation from the Secretariat, and attaches arguments in support of its position, other delegations may see these arguments. But some or all of these delegations may have already determined how they will vote by the time they see what Delegation A said.

If this were an in-person Board meeting, before a vote is taken, Board members would get to hear the arguments on both sides. Plus, they would be able to ask questions of the Secretariat. Board members might be influenced by what they hear. The electronic voting process does not allow for that same dynamic.

One solution would be not to allow potentially controversial decisions (such as No-Go recommendations) to be made by electronic voting. But this may prove problematic, given the urgency of some of the decisions and the fact that the Board only meets in person twice a year.

Another solution would be to require potentially controversial decisions to be made by a Board teleconference (if they cannot be made at an in-person meeting).

Finally, if the electronic voting system is retained for such decisions, it should be modified to have the voting done in two stages – stage one, lasting, say, 6-8 days, would be for expressing opinions; stage two would be the actual vote.

At the very least, the Board should not make potentially controversial decisions like a No-Go on a “no objection” basis!

David Garmaise (david.garmaise@aidspan.org) is a senior analyst with Aidspan.

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7. ANNOUNCEMENT: UNDP Is Recruiting an International Consultant

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The HIV/AIDS Group of the United Nations Development Programme (UNDP) is seeking an “International Consultant” to work in its New York office starting 3 January 2010. The consultant will provide support to the dissemination and implementation of the UNDP’s operational plan for the removal of punitive law, policies, practices, stigma and discrimination. Some of the responsibilities of this consultant involve the Global Fund directly – for example, the consultant will support a high-level consultation on increasing the focus on human rights in the policies, programmes and processes of the Global Fund.

The deadline for applications is 25 November 2010. More information can be found at http://jobs.undp.org/cj_view_job.cfm?job_id=20138.

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END OF NEWSLETTER

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This is an issue of the *GLOBAL FUND OBSERVER (GFO)* Newsletter.

Author: All articles for this issue were written by David Garmaise (david.garmaise@aidspan.org), Aidspan's Senior Analyst.

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GFO Editor and Aidspan Executive Director: Bernard Rivers (bernard.rivers@aidspan.org, +254-20-418-0149)

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