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Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

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Coca-Cola and the Global Fund are expanding a project to deliver medicines to remote areas. The project, which started in Tanzania in 2010, will be expanded into more areas in Tanzania and also into Ghana and Mozambique.

7. ANNOUNCEMENTS: New Code of Conduct for Recipients; Call for Nominations for Communities Delegation; New Report on Impact of Funding Shortfall

This article contains short announcements on three topics: (1) The Global Fund has introduced a new code of conduct for recipients. (2) A call for nominations has been issued to fill seats on the delegation of Communities living with or affected by the diseases on the Global Fund Board. (3) A new report has been released on the effects of funding shortfalls on the fight against HIV and TB in Eastern Europe and Central Asia.

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1. NEWS: Civil Society Has Had Limited Impact on Drug Policy Reform in Three Former Soviet Union Countries, Researchers Say

Global Fund support for advocacy in these countries has been limited

CSOs fearful of challenging government policies

Editor's note: In their paper, Andrew Harmer et al raise some interesting issues about the impact of Global Fund financing on civil society organisations not just in Eastern Europe and Central Asia, but also in other regions. Aidspan has created a Discussion Page on its website where GFO readers can engage in a discussion on these issues. Have your say at www.aidspan.org/page/discussion-page.

Civil society advocacy for health issues such as HIV transmission through injecting drug use is higher on the global health agenda than previously, but its impact on national policy reform has been limited. This is one of the conclusions of a study by several researchers published in an article in the journal *International Health Policy* on 4 July 2012. The article was written by Andrew Harmer of the Centre for Research on Health and Social Care Management, Bocconi University, Milan, Italy.

The study found that despite concerted efforts by the international community to raise the profile of civil society engagement in the health policy process, the Global Fund's financing of advocacy by civil society organisations (CSOs) in the former Soviet Union has been limited.

The study examined civil society advocacy efforts to reform HIV/AIDS and drugs-related policies and their implementation in three countries: Georgia, Kyrgyzstan and Ukraine. It also assessed the direct and indirect effects of Global Fund support for CSO advocacy in these countries.

The study was done through interviews conducted between February and August 2010 with representatives from CSOs who are recipients of Global Fund grants and who work in the field of harm reduction for injecting drug users.

The Global Fund has provided support for CSO advocacy as follows: Georgia $507,000, Kyrgyzstan $716,580 and Ukraine $630,000. The money was used to fund conferences and meetings where CSOs exchanged information with government agencies and discussed policy; press conferences, communications and materials; advocacy training at summer schools; and working groups established to develop policy proposals.

Some interviewees were critical of the quality of the training, which consisted of one-off sessions rather than ongoing, systematic support. They said the training tended to focus on a limited number of topics that reflected the priorities of the grants rather than being grounded in the needs of vulnerable groups.

Interviewees said the HIV/AIDS programmes supported by the Global Fund appear to approach advocacy as a one-off training exercise instead of providing long-term support for CSOs. "Funding is mostly short-term, making it impossible for CSOs to establish long-term strategies," the researchers wrote.

The study found that there was a relatively strong CSO advocacy environment in Ukraine, which stemmed from the fact that two large CSOs – the International HIV/AIDS Alliance and the Network of People Living with HIV/AIDS – acted as principal recipients (PRs) for the Round 6 HIV/AIDS grant. Their status as PRs raised their profile and made them a powerful voice among CSOs, resulting in a number of successful national advocacy campaigns.

A key problem described by several CSOs in these countries was the perception that challenging government policies would prejudice their chances of receiving future Global Fund grants. Small CSOs receiving single grants in Kyrgyzstan, and to some extent Georgia, felt particularly vulnerable, and were more cautious about embarking on advocacy activities, especially at the national level, than those larger, more visible CSOs that received funding from multiple sources.

In Kyrgyzstan, an additional problem stemmed from breaks in Global Fund financing to CSOs, which created fragility and jeopardised both service delivery and staff retention. This undermined advocacy efforts because CSOs were forced to concentrate on maintaining a skeleton service with limited resources.

The study says that the Global Fund is beginning to recognise the importance of CSO capacity building. It also found that an indirect effect of capacity building from Global Fund grants has been to build an enabling environment in which communities can advocate for reform of government HIV/AIDS-related policies. The study provides examples of strengthened relations between CSOs and government officials that are beginning to erode the stereotypes each sector has of the other.

The researchers concluded that "whilst advocacy may now be a higher priority for the Global Fund Secretariat, there is a sense among CSOs that this has not yet permeated fully to the Fund's country-level governance mechanisms."

The researchers said that, given the Global Fund's principle of country ownership, it is not in a position to positively discriminate against grants with an explicit advocacy component. "However," they added, "if the Global Fund is serious about strengthening communities as a way to strengthen health systems, it could positively promote advocacy as an integral component of health systems strengthening."

A copy of the journal article is available on the Aidspan website here. On this same page, GFO readers can participate in a discussion of the many issues raised by the researchers.

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2. ANALYSIS: Why All This Fuss About the New Funding Model? – A Look at the Different Perspectives

At the recent Global Fund Board meeting, considerable discussion and energy was devoted to the design of the new funding model (NFM), particularly concerning the issue of how funding would be allocated. The discussions took place during the pre-meeting (12th September) and on both days of the Board meeting itself (13th and 14th). Almost 12 hours had been set aside, and were taken, to discuss the new model. The end result was a decision that specified a pathway and the skeleton of a new model. Most observers of the process felt that while the end product is not perfect (a point nearly everyone at the meeting mentioned), it is an agreed compromise and it is progress.

Some of the details of the NFM are still under construction, so none of it is yet being implemented. And some of the concerns that have been expressed will still be around once the NFM is implemented. So it is useful to try to understand what these concerns are. To this end, this article describes the tensions between and within various groups. It is worth noting that positions taken at various times and on various aspects of the model occasionally shifted – i.e. it was not a case of the groups maintaining rigid positions.

Main concerns

The discussions centred around a paper on the NFM submitted to the Board by its Strategy, Investment and Impact Committee (SIIC). In many respects, the paper demonstrated wide agreement on what the NFM should look like. It was clear that the people who drafted the paper had listened to arguments that the NFM had to be responsive to the need for country ownership and had to provide more streamlined application and grant negotiation processes than existed previously.

Various concerns were raised by all constituencies represented at the meeting: developing and developed country NGOs, communities of people living with or affected by the diseases, implementing countries, donor countries, foundations, private sector, and multilateral organisations. The main concern centred on two questions: Should the Fund impose limits ("funding ranges" in Global Fund parlance) on how much money each country can apply for? And if so, should the country be told what its funding range is before it prepares its application?

Within the paper that went to the Board before the meeting, there were three options for how these issues should be handled. These options – referred to as A, B and C – were the focus of much of the debate.

- **Option A** – At the start of the process, before a country writes its concept note, the Global Fund should inform the country of its "indicative" (i.e. suggested) funding range, the upper end of which would be the maximum amount that the Fund was willing to provide to that country. (The concept note is the first stage in the proposed application process, and is meant to be simpler than a "proposal" in the rounds-based system. Details concerning what is to be included in a concept note have not been worked out yet.) Option A allows for "rolling submission" of applications. This means that applications can be made at any time. However, the Technical Review Panel (TRP) may review applications only at set times during the year.

This option was supported by the Secretariat, some implementing countries and most donors. They favoured it on three grounds: (1) Having a rolling submission means applicants can apply when it suits their own planning schedules; (2) The Secretariat can manage the logistics of this process more efficiently than when funding deadlines are established (such as under the rounds-based system) because having funding deadlines results in large numbers of proposals having to be reviewed at one time; and (3) Many implementing countries wanted more certainty up front.

In addition, although this was rarely, if ever, stated openly, many donors supported this option because it provides a means for keeping total funding amounts – and pressures on donors – under control. For precisely the same reason, some others at the meeting, particularly NGOs, disliked this approach. Indeed, it was the rumours of this approach that led to the protest at the International AIDS Conference (2012) against "proposals to create ceilings or envelopes that cap countries' ambitions when applying to the Global Fund." (See article in GFO 191.)

- **Option B** – Inform a country of its indicative funding range after it has submitted its concept note but before that concept note evolves into a grant agreement.

In theory, this option allows countries to develop "bold" concept notes without being constrained by externally-imposed funding limits, but in practice it might inhibit applicants as they seek to "guess" the funding they might be permitted.

This option contained elements of both Option A and Option C that no one particularly liked. Concern was expressed that under Option B, applicants would feel they ought to prepare multiple scenarios and, therefore, multiple budgets. In addition, it was pointed out that for the Secretariat to know what the funding limit was for a particular country, but not to be allowed to share that information with the country at the outset, would create ethical dilemmas.

- **Option C** – Get countries in the same band to apply simultaneously, and "compete" for the funding available for that band.

This would require deadlines for submission of grants, and would increase the uncertainty concerning what amounts countries might receive. The Secretariat felt that this option would be the most difficult to administer.

The group that supported Option C (mostly the NGO and Communities delegations, and at least one donor country) believed that because this option imposed funding limits on groups of countries but not on individual countries, it would allow individual countries to programme ambitiously and give "full expression of demand." They felt that this option would not only retain the core Global Fund principle of demand-driven grants, but would also increase the chances that countries would include a focus on most-at-risk populations (MARPs) and other hard-to-reach populations.

None of the options were acceptable to all, so a compromise was reached in which everyone yielded some ground. The compromise, a hybrid of Options A and C, was introduced by an implementing country representative at a session held in the pre-meeting that was attended by Board members and alternates only (i.e. no other delegation members and no observers were present). The compromise (which could also be called a “best of both worlds” option) consisted of creating two funding streams: (1) a regular funding stream and (2) a separate (“incentive”) funding stream that will be available to countries with high-impact, well-performing programmes. (See GFO article explaining the new funding model.)

One of the two main reasons that many participants, particularly NGOs, were so unhappy with the concept of imposing funding limits before proposals are written was that this could lead to a reduction in the involvement of NGOs as implementers of grants. It is widely believed that many CCMs are heavily dominated by the voices of government even when NGOs are present and voting. In an environment of limited funding, this dominance by government could, it was felt, reduce the chances of NGOs being able to play an effective role in (a) programmes for MARPs that governments don’t do, or don’t do well (e.g. harm reduction); (b) programmes designed to create a more supportive environment (e.g. human rights); (c) measures to strengthen the capacity of NGOs; and (d) certain prevention programmes that may be the first to go if treatment programmes cannot be fully or largely funded by Global Fund grants.

Those who argued for pre-determined funding limits either did not accept this argument or felt that by presenting no funding limits, the Global Fund would re-create many of the logistical and managerial problems – and, possibly, pressure on donors – that dogged the rounds-based system.

A further argument advanced by those who critiqued pre-determined funding limits was that setting limits up front would result in applicants not presenting proposals that reflected “a full expression of demand.” (This term was widely used. It meant, as a minimum, proposals that reflect the total of what an applicant might ask the Global Fund to finance. But, for some, the term meant more than that. It meant proposals that are very bold and cover everything that needs to be covered, including issues that governments are often reluctant to tackle.) The NGO and Communities delegations argued that limited funding could lead to sub-optimal programmes. They wanted countries to be motivated to submit comprehensive proposals designed to benefit all those at risk or infected, even if this required a queuing system where unfunded parts of proposals had to wait in line for available funding.

The compromise: The compromise centred around the inclusion of two funding streams in the model. The first (and largest) stream allows applicants to submit concept notes whenever they wish, and involves the applicants being told, before they begin writing the concept note, how much money is potentially available for their country. This is essentially Option A, so the Secretariat and others who supported this option felt they had what they wanted. The second “incentive” stream is designed to encourage the “full expression of demand” and to encourage strong programmes to do even better. While not Option C as originally proposed, this was accepted as a way to alleviate some of the NGO fears.

Other concerns

In addition to the main concern about how funding allocations were determined and communicated, some concern was expressed that grouping countries into “country bands” would reduce the chances of funding for small countries – especially those with relatively high incomes and concentrated HIV epidemics, including in the Caribbean, the Pacific Islands, much of Eastern Europe, and parts of the Middle East and Latin America. Conciliatory language was used during the discussions to reassure these countries that they would be put into a special band, or that their cases will be considered for special project or regional funding.

One problem that became apparent at the Board meeting was the limited communication between the SIIC/Secretariat and a broad spectrum of NGOs from developing countries. The SIIC has no representative from the developing country NGO delegation. In general, NGOs in developing countries felt left out of the discussions that produced the options paper that went to the Board. It was clear that mechanisms to engage many of the delegations who were not members of the SIIC had failed. This may have been due to (a) inadequate communications by the Secretariat, or (b) inadequate communications from the representatives on the SIIC to the other Board groups; or (c) both. Whatever the cause, it resulted in much scrambling before the Board meeting as people attempted to understand what was being proposed and the implications of those proposals.

A number of people, including some representatives from civil society, implementing countries and donor countries, were also concerned that despite promises that the application process under the new funding model would be much simpler than the process used in the rounds-based system, the concept note (new model) runs the risk of being every bit as complicated as the proposals (old system). The SIIC provided verbal assurances that the system was being designed to be simpler and faster, but doubts persisted. As one developing country NGO delegate put it, “Is the TRP being doubled to enable it to formally review several editions of the same proposal?”

This debate is part of a much broader conversation across the globe about the roles, responsibilities and capacities of civil society organisations in the provision of health care and the prevention of disease. The debate is also about trust between many governments and the NGO sector in their countries, which is still in somewhat short supply.

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3. NEWS: OIG Releases Reports on Audits and a Diagnostic Review in Four Countries

$3.3 million in unsupported expenditures in one country need to be repaid

PRs, CCMs are taking steps to address weaknesses identified by the OIG

Within the last month, the Office of the Inspector General (OIG) has released four reports, three on audits conducted in Angola, Mozambique and Senegal, and one on a diagnostic review undertaken in Myanmar.

In its reports, the OIG did not identify any instances of misappropriation of funds. However, in the Mozambique audit, the OIG said that some issues “call for further investigation” and are being pursued. Mozambique was the only one of the four countries where the OIG identified unsupported expenditures.

Angola

The audit in Angola covered two grants (Round 7 malaria and Round 9 TB) totalling $40 million, of which $28 million had been disbursed at the time of the audit. The principal recipient (PR) was the Ministry of Health (MOH). Because, at the time of the audit, the MOH had not yet started implementing the Round 9 grant, the audit of that grant was limited to identifying risks to which the grant was exposed.

(The Angola audit was the first one to be completed under the policy adopted by the OIG in 2011 to limit audits to grants from Round 6 or later.)

With respect to the malaria grant, the OIG noted that significant progress was made in the diagnosis and treatment of malaria in Phase 1 of the grant, which ended in January 2011. However, the OIG said that a long transition between Phase 1 and Phase 2 (17 months) contributed to shortages in medicines, diagnostic supplies and bed nets. The OIG report suggested that a high turnover in fund portfolio managers (FPMs) for Angola was a contributing factor to this delay.

The OIG said that sustainability of Global Fund programmes was jeopardised by a lack of integration of Global Fund–supported activities with the National Malaria Programme.

The OIG report identified a number of weaknesses and risks with respect to financial and procurement management. The OIG noted that stakeholders have expressed a firm commitment to take action to mitigate the risks.

The OIG identified several shortcomings in the oversight provided by the country coordinating mechanism (CCM), including the following: (1) Although the CCM had established four technical working groups, they were not yet functional and no oversight plan had been drawn up. (2) No field visits had been undertaken. In a message included in the OIG report, the CCM said that it was not in a position to comment on the audit findings because of recent elections in Angola.

The OIG noted that Grant Thornton, the local fund agent (LFA), had no permanent country presence in Angola and that this had negatively affected its performance. The OIG added that in May 2012, the Global Fund Secretariat re-tendered the Angola LFA contract.

Senegal

The audit in Angola covered eleven grants from Rounds 4–7 involving five PRs: the National AIDS Commission, the Alliance Nationale de Lutte Contre le SIDA, the National Malaria Control Programme, the National Tuberculosis Control Programme and the National AIDS Control Programme. The total value of the grants was $140 million, of which $99 million had been disbursed at the time of the audit.

The OIG said that the programmes supported by the Global Fund in Senegal were “generally well managed” and the outcomes “generally satisfactory.” The OIG identified a number of programme achievements. Nevertheless, the OIG said, there was room for improvement in financial and procurement management.

Overall, the OIG said, it "was able to give reasonable assurance … that grant funds had been used for the purpose intended and that value for money had been secured." The OIG added that where risks were identified, firm commitments had been made by stakeholders to take action to mitigate the risks.

With respect to grant oversight, the OIG lauded the fact that the CCM had undertaken field visits, had established a technical oversight committee, and was using a programme monitoring dashboard. However, the OIG identified some deficiencies among other entities involved in oversight. The OIG said that the Senegal grant portfolio has adversely been impacted by delays in the Global Fund Secretariat's grant management processes, procedures and decision-making. And the OIG observed that although the LFA, Swiss Tropical Institute, had maintained good management oversight documentation, its performance needed to be improved in several areas. One example cited by the OIG was that the inter-personal and communication styles of LFA team members were not always professional.

Mozambique

The audit in Mozambique covered several grants involving three PRs: the Ministry of Health (MOH), Fundaçao para o Desenvolvimento da Comunidade (FDC) and World Vision. The audit focused primarily on the grants administered by the MOH during the period 2008–2010.

The audit was complicated by the fact that for many years, Global Fund grants to Mozambique were included in a common pool of funding (called "PROSAUDE") along with funds from other donors.

The OIG identified $3.3 million in what it termed "unallowable" expenses. This amount consisted of $2.6 million in expenditures that the OIG said were undocumented, and $0.7 million in expenditures for which the OIG said there was insufficient documentation. According to the OIG, the PROSAUDE partners agreed with this finding and are engaging with the Ministry of Finance in Mozambique concerning how these funds will be repaid.

The OIG identified serious deficiencies in the capacity of the MOH and in the ministry's programme and financial management systems. The OIG said that the MOH did not have sufficient capacity to manage and account for grant funds. The OIG stated:

> "Many of the weaknesses in financial management were reported as early as 2006 but had not been addressed by 2012 when the OIG audit took place. In the OIG's view, the root causes were: (i) insufficient monitoring of provincial and district levels of government to ensure timely and accurate reporting; (ii) insufficient mechanisms to monitor compliance to the Ministry's policies and procedures, and (iii) a failure to act on external reviewers' recommendations."

The OIG added, however, that the Global Fund Secretariat, partner organisations and the MOH have recently taken action to address the weaknesses.

Aidspan will provide more details of the Mozambique audit in a future GFO article.

Myanmar

In Myanmar, the OIG conducted a diagnostic review, which is more limited in scope than an audit. The review covered all six active grants to Myanmar with a total value of $105 million, of which $37 million had been disbursed at the time of the review. The grants were managed by two PRs: the United Nations Office for Project Services (UNOPS) and Save the Children (STC).

The grants are fairly recent because the Global Fund was absent from Myanmar for several years due to the political situation there.

The review concluded that the grant programmes had strong leadership and many strengths, but that the grants nevertheless faced a large number of risks. The OIG said that this was not surprising given the context. The OIG put forward 61 recommendations that it categorised as “critical” and a further 75 recommendations that it labeled “important.”

The OIG said that the country stakeholders have committed to a series of actions to strengthen financial management, improve procurement processes, mitigate risks related to programme implementation and reporting, and improve oversight.

In a letter included in the report, Global Fund General Manager Gabriel Jaramillo said that he had visited Myanmar in August 2012 and had reviewed the OIG’s findings with the PRs. “I was able to satisfy myself that they are taking the recommendations seriously and are committed to having effective controls in place despite oftentimes difficult circumstances,” Mr Jaramillo said.

Copies of the audit reports for Angola, Senegal and Mozambique, and the report on the diagnostic review in Myanmar are available on the Global Fund website here.

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4. COMMENTARY: Remembering Dr Tewolde Gebremeskel, a pioneer in the fight against malaria

by Kate Macintye

I was saddened to learn that Dr Tewolde Gebremeskel, Head of the National Malaria Control Program (NMCP) in Eritrea, has died at the age of 60. His intelligence, fierce drive, transparency, work ethic and energy, supported by an able, well-organised team, have been largely responsible for Eritrea’s successful malaria control programme in the last 15 years.

After graduating from Gondar School of Public Health in Ethiopia in 1977 with a Bachelor’s degree in Public Health, Dr Tewolde served for 14 years as field surgeon and general medical practitioner on the war front in Eritrea. After Eritrea became independent, he was awarded a medical degree (MD) based on his field experience. He was selected by the Ministry of Health to study for a Masters in Public Health at the University of New South Wales, Sydney, Australia, supported by the Australian Agency for International Development (AusAID). In 1997, he became head of the NMCP.

In September 2012, he was awarded the McKay Medal by the Royal Society for Tropical Medicine and Hygiene.

After spending most of his early career in clinical medicine in challenging circumstances, Dr Tewolde quickly acquired new skills to revitalise, reorganise and implement a very successful malaria control programme. His return to Eritrea coincided with the peak of a malaria epidemic in the Horn of Africa caused by the el Nino event in the late 1997/8. Dr Tewolde took charge of the programme and mobilised international donor support without relinquishing control or oversight of the programme to outsiders.

The programme quickly achieved full national coverage through the distribution of insecticide-treated nets for all age groups, and through other control methods. It reduced malaria from the top cause of death in the late 1990s to a minimal problem today and is a model for other malaria endemic countries.

The NMCP has been the principal recipient for three Global Fund malaria grants in Eritrea with a total value of $46.5 million. In a report on its recent diagnostic review of active grants in Eritrea, the Office of the Inspector General (OIG) said that there was strong evidence of a successful national response to malaria. The OIG said that because of the malaria programme, the proportion of all health facility visits for malaria went from one-third in 1999 to less that 3% in 2010.

In 2006, Eritrea became the first African country to reach the Abuja Roll Back Malaria targets adopted at the Abuja Summit in the year 2000. It was also one of the first countries to use multiple interventions in an integrated way.

Dr Tewolde, although private, was not a shy man. He knew that communication mattered greatly in the context of malaria. He gave weekly radio interviews on the malaria programme, which earned him the nickname *Mr Malaria*. He always supported training for his staff as a prerequisite of outside support, and was instrumental in the development of a new course at the University of Asmara for public health technicians who graduated with good malaria control skills. His integrity, tenacity, willingness to learn new skills and ability to motivate others to achieve results was inspiring. These attributes, together with the desire to apply his extensive clinical medical knowledge and public health training to help his country, benefitted people of all ages.

I worked with Dr Tewolde for four years and admired his energy and enthusiasm. He loved to work hard, and at the end of the day enjoyed having coffee with friends of all ages, creeds and backgrounds. I recall sitting in a meeting that Dr Tewolde had called for donors, the Ministry of Health and technical advisors. He was telling us how he planned to sustain the gains made in malaria control. One of the advisors whispered to me: “When Dr Tewolde tells you the train is leaving the station, you better get on it. He doesn’t wait for anyone.”

His “train” has left the station but we will always remember that sense of humour and dynamism. Our sympathy goes to his family and to that wide circle of friends who benefited from knowing and appreciating the man.

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5. NEWS: Results Report Highlights Achievements of Programmes Supported by the Global Fund

The Global Fund has released its results report for 2012, entitled "Strategic Investments for Impact." The 94-page report provides comprehensive information on the achievements of programmes supported by the Global Fund through June 2012, and discusses some of the strategic issues the Fund is currently addressing.

The "big numbers" in the report, such as number of lives saved and number of people on treatment, were reported in July at the time of the International AIDS Conference in Washington, DC (see GFO article). The results report provides additional details such as the regional breakdown of the numbers and the proportion of international funding contributed by the Global Fund.

With respect to regional breakdowns, the report provides information such as the following:

- In the 18 months ending in June 2012, the largest increase in the number of people receiving antiretroviral therapy was in Latin America and the Caribbean (up by 31%).
- In that same period, more than 70% of the TB cases detected and treated by Global Fund–supported programmes were in Asia.
- Global Fund grants financed more than 80% of national insecticide-treated bed net distribution in Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Namibia and Zambia.

One chapter of the results report describes the Global Fund's contribution towards international targets for HIV, TB and malaria. The report also includes sections on grant performance; support for health and community systems; monitoring and evaluation; the use of new technologies; sources of Global Fund financing; and patterns of Fund disbursements.

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6. NEWS: Coca-Cola, Global Fund Expand Partnership to Deliver Medicines to Remote Areas

The Coca-Cola Company and the Global Fund are expanding a project which uses Coca-Cola's distribution systems and business expertise to help government and non-governmental organisations deliver critical medicines to remote parts of Africa, according to a news release issued by the Fund on 25 September.

"Project Last Mile," was established in 2010 to help the Government of Tanzania build a more efficient supply chain for medicines. The expansion announced by the Fund involves increasing coverage of the project in Tanzania (to 75% of the country) and expanding the initiative to Ghana and Mozambique. Opportunities to expand into additional countries are being explored.

According to the Global Fund, as a result of the project nearly 20 million people in Tanzania have better access to critical medicines; and lead times for medicines to be delivered to health facilities have been reduced by as much as 25 days.

Global Fund General Manager Gabriel Jaramillo said, “Unfortunately, when medicine is available, it doesn’t always reach the people who need it. Supply chains in remote parts of the world often don’t work efficiently, and that can mean that deaths that should be prevented still occur. What we noticed was that Coca-Cola’s products always seemed to get to every remote regions and we thought that if they could get their product there, with their support, maybe we could too.”

The news release from the Fund referred to a case study released on 25 September today by Yale University’s Global Health Leadership Institute that documents key lessons learned from the partnership.

The news release also said that a partnership with the US Agency for International Development (USAID) has been established “as Project Last Mile continues to expand to other regions.

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7. ANNOUNCEMENTS: New Code of Conduct for Recipients; Call for Nominations for Communities Delegation; New Report on Impact of Funding Shortfall

Global Fund releases new code of conduct for recipients

The Global Fund has introduced a new code of conduct for recipients. The purpose of the new code is to establish the principles and standards of conduct required of all recipients of Global Fund grant funds. The full recipient code of conduct is available on the Global Fund’s website here.

Communities delegation members sought

A call for nominations has been issued to fill seats on the delegation of Communities living with or affected by the diseases on the Global Fund Board. The people selected will serve from 2013 through 2015. The application deadline is 29 November 2012.

For more information, write to: gfatmcommunitiesdelegation@gmail.com with subject matter “Application for communities delegation 2013 through 2015.”

NGOs publish report on impact of funding shortfall

A new report by leading European non-governmental health organisations says that the fight against HIV and TB in Eastern Europe and Central Asia is being threatened by cuts in global health funding. The report describes how the funding shortfall at the Global Fund and changes in eligibility criteria risk undermining achievements already made. The NGOs called on the European Union to make targeted investments in the health of its neighbours where the Global Fund is unable to do so, and to ensure it honours existing pledges to the Fund.

The full report can be found here.

AVAILABLE ON GFO LIVE:

The following articles have been posted on GFO Live on the Aidspan website. Click on the article heading to view the article. These articles may or may not be reproduced in GFO Newsletter.

NEWS: Global Fund Anniversary Brochure Released

The (US-based) Friends of the Global Fight has released a brochure highlighting the achievements of the Global Fund.

NEWS: Global Fund Releases Details of Some of the Consultations on the New Funding Model Design

The Global Fund has announced some of the details concerning its consultations strategy for the work that remains to be done on the design of the new funding model. Consultations are being organised through Board delegations, including NGOs, Communities, implementing country representatives and donors.

NEWS: OIG Releases Report on Audit of Global Fund Grants in Burundi

An audit on Global Fund grants to Burundi conducted by the Office of the Inspector General revealed significant positive results in all three disease areas, but said that there was room for improvement in financial management.

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

We welcome suggestions for topics we could cover in GFO. If you have a suggestion, please send it to the Editor of GFO (see contact information below).

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GFO is currently provided in English only. It is hoped to provide it later in additional languages.

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