



Independent observer  
of the Global Fund

# Global Fund Observer

NEWSLETTER

Issue 213: 26 March 2013

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The Global Fund Board has approved Phase 2 funding for a Round 9 HIV grant in Bosnia and Hercegovina. Phase 2 will see a greater focus on high-impact interventions and most-at-risk populations, as well as on human rights activities.

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## ARTICLES:

### 1. NEWS: Harm Reduction Efforts Among People Who Inject Drugs Help to Halt Spread of HIV in Ukraine

*HIV incidence in the general population has dropped for the first time in more than a decade*

Harm reduction programmes in the Ukraine have resulted in a decrease in HIV transmission among people who inject drugs (PID) which, in turn, has helped to stabilise the HIV epidemic in that country.

This information was contained in a statement released on 6 March 2013 by the International HIV/AIDS Alliance in Ukraine. The statement provided the results of an analysis of the impact of harm reduction programmes in Ukraine.

Transmission of HIV among PID dropped from 7,127 in 2006 to 5,935 in 2012, the statement said. In addition, 20,743 individuals tested positive for HIV nationally in 2012, down 2% from 21,177 the previous year.

Ukraine has the largest HIV-prevention programme in the Eastern Europe and Central Asia (EECA) region. Implemented by Alliance Ukraine, the programme covers 302 cities, small towns and villages. Alliance Ukraine has been implementing HIV prevention programmes among vulnerable groups in the country with support from the Global Fund.

In a 2011 report, UNAIDS said that the Russian Federation and Ukraine account for almost 90% of the EECA's HIV epidemic. Injecting drug use is the leading cause of HIV infection in this region.

The analysis by the Alliance Ukraine revealed that:

- The drop in HIV transmission among PID occurred despite annual increases in the numbers of PID who go for testing.
- The number of reported HIV cases dropped 9% from 2011 to 2012.
- The drop in the number of people testing positive for HIV was the first decrease since 1999.
- In 2012, 171,958 people who use drugs had access to services such as syringe exchange, condom distribution, rapid testing and counselling for HIV and sexually transmitted infections.

Andriy Klepikov, Executive Director, International HIV/AIDS Alliance in Ukraine, thanked the Global Fund and implementing partners for mutual efforts that resulted in the positive results.

“We are looking forward to your support and wider dissemination of the lessons learned from the Ukrainian experience,” he said.

The statement drew a comparison between the Ukrainian and Russian HIV programmes. It said that while both countries have large awareness programmes and low access to antiretroviral therapy, Ukraine has extensive prevention programmes with PID and provides substitution maintenance therapy to wean individuals off illegal drugs. These differences account for the fact that HIV incidence in Russia continues to rise while incidence in Ukraine is falling, the statement said.

The statement also noted that the Ukrainian government has never allocated any funds to HIV prevention programmes.

The release of the statement elicited congratulatory messages from various people and organisations.

“These results will reinforce the collaboration between UNAIDS and Civil Society in advocating on harm reduction strategies in all the countries of the region,” said Dr Jean-Elie Malkin, from UNAIDS' Regional Support Team for Eastern Europe and Central Asia.

Karlo Boras, a member of the Developing Country NGO delegation on the Global Fund Board, observed that harm reduction remains one of the most disputed topics in Eastern countries and said that he looked forward to sharing the knowledge and learning more about the remarkable achievement.

“Let me congratulate all of you whose hard work and devotion made it possible that, for the first time since 1999, the overall number of newly registered HIV cases in Ukraine decreased,” he said.

Anna Shakarishvili, Senior Technical Adviser, UNAIDS Liaison Office in Washington, DC, described Alliance Ukraine as “true champions” not only within the region but far beyond for providing most essential and effective services to those in need and advocating for their rights.

“We look forward to hearing more good news from you all, and hope that all this evidence finds its reflection in the new national strategy and especially both national and local financial and other political decisions,” she said.

In a letter to the Eurasian Harm Reduction Network on 25 February, Global Fund Executive Director Mark Dybul said that the Fund recognises the importance of continuing to support programmes in Eastern Europe and Central Asia.

“Although our focus will be on countries with the highest disease burden and the least ability to pay, if we are to defeat AIDS, TB and malaria within a generation, we need to make sure our efforts are global and nobody is left behind,” Dr Dybul said.

*The statement by Alliance Ukraine is available on the organisation’s website [here](#). The UNAIDS report referred to in this article is the World AIDS Day Report 2011 which can be downloaded directly [here](#).*

[This article was first posted on GFO Live on 22 March 2013.]

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## **2. NEWS: Next Chair and Vice-Chair of the Global Fund Board Appointed**

*For the first time, both positions will be filled by women*

### **Appointments take effect at the end of the June Board meeting**

The Global Fund Board has appointed Dr Nafsiah Mboi, Minister of Health in Indonesia, as the next Chair of the Board. It has also appointed Mireille Guigaz as the next Vice-Chair. Ms Guigaz currently represents France on the Board. Dr Mboi does not currently sit on the Board. Both appointments are effective at the end of the 29<sup>th</sup> Board meeting in June 2013; the two terms will run until the end of the first Board meeting in 2015.

This will be the first time in the history of the Global Fund that both the Chair and the Vice-Chair of the Board are women.

Dr Mboi was nominated by the Board's implementer bloc, and Ms Guigaz by the donor bloc. Every two years, the positions are rotated. The current Chair, Simon Bland, was nominated by the donor bloc; and the current Vice-Chair, Mphu Ramatlapeng, was nominated by the implementer bloc. Both Dr Mboi and Ms Guigaz will serve in their personal capacities; they are required to be independent of any particular constituency or bloc.

When Ms Guigaz becomes Vice-Chair, France will need to appoint another person to replace her as the Board member for the France constituency. France is one of three countries that have their "own" constituency, the other two being the US and Japan.

Before becoming Minister of Health, Dr Mboi was Secretary General of the National AIDS Commission (NAC) in Indonesia, where she oversaw planning, coordination and implementation of the national response to HIV, and expanded the involvement of both government and civil society organisations. In a "letter of motivation" that she sent to indicate that she accepted the nomination by the implementer bloc, Dr Mboi said that in her position at the NAC, she was closely involved in all aspects of the planning, negotiation and implementation of successive grants. "This has given me a first-hand understanding and knowledge of the enormous potential for good of the Global Fund in fighting the three diseases but also, as implementer, of its real challenges."

Originally trained as a pediatrician, Dr Nafsiah subsequently earned an MPH degree. She served as a member of Indonesia's Parliament from 1992 to 1997. Internationally, she has served as Chair of the United Nations Committee on the Rights of the Child and also as Director of the Department of Gender and Women's Health at the World Health Organization in Geneva.

"If nominated as Board Chair of the Global Fund, my vision would be to bring the voice and perspective of the implementing bloc countries, in particular to the current process of transformation the Global Fund is conducting," Dr Mboi said.

"Nafsiah Mboi is an inspiring and highly effective leader," said Simon Bland, Chair of the Global Fund Board. "She is committed to building upon the reforms of the past two years, and she and Mireille Guigaz will make an outstanding team that can lead the Global Fund to a new level of achievement."

In addition to being the representative of France on the Global Fund Board, Ms Guigaz is the Ambassador for the fight against HIV and communicable diseases for the French Ministry of Foreign Affairs. In a career devoted to issues of global health, development and human rights, Mme Guigaz has served in numerous positions, including as France's Permanent Representative to the Food and Agriculture Organization. She earned a PhD in medical law and health care economics at the University of Lyon. She also earned a Master of law and political sciences from the Institute of Political Studies of Lyon and a Master's degree in mediation from the Kurt Bösch Institute.

In her letter of motivation, Ms Guigaz said that she will retire from her civil service position in March 2013, and will therefore be available to devote time and energy to the Global Fund. Ms Guigaz said that having served on the boards of UNITAID, UNAIDS and Roll Back Malaria, she can

bring “a cross-cutting vision” to her role as Vice-Chair of the Global Fund Board.

The Global Fund said that the handover between the outgoing and incoming chairs and vice-chairs, which will take place in May and June, will be carefully planned to ensure a smooth transition as the Fund prepares for its important fourth replenishment.

*Some of the information for this article was taken from a Global Fund [news release](#).*

[This article was first posted on GFO Live on 22 March 2013.]

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### 3. NEWS: Aidspace Launches Multilingual Website

Since the start of Aidspace eleven years ago, our website ([www.aidspace.org](http://www.aidspace.org)) has been almost exclusively in English. The website has been an important tool in our work of explaining, analysing and discussing various aspects of the Global Fund’s operations and structure.

The Global Fund operates in over 150 countries in which many languages are spoken. This means that we have not been able to reach many people who need our services since there are many who cannot read, or who struggle to read, our English-language content. This has been a major limitation in our work. Therefore, we are pleased to announce that as of 22 March 2013 Aidspace’s website is also available in French, Spanish and Russian.

Going forward, our readers will be able to access content on our website in any of the four languages. At the outset, only certain content will be available in the non-English languages. We hope that in the near future, we will be able to translate the entire content into these languages.

We also plan to begin translating all new issues of Global Fund Observer (GFO), which has a subscriber base of 10,000, into French, Spanish and Russian over the coming months. We trust that this will interest more people in our work and contribute to greater impact of the work of the Global Fund across the globe.

We welcome comments about the new language versions now on the website and suggestions as to how the translations can be improved.

*All four language versions of the Aidspace website are available via [www.aidspace.org](http://www.aidspace.org).*

[This article was first posted on GFO Live on 22 March 2013.]

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### 4. NEWS: Phase 2 Funding for Namibia Round 2 Malaria RCC Grant Approved

The Global Fund Board has approved Phase 2 funding for a Round 2 malaria rolling continuation channel grant in Namibia. The principal recipient (PR) for this grant is the National Malaria Control Programme (NMCP) in the Ministry of Health and Social Services. In approving the Phase 2 funding, the Board was acting on recommendations from the Grants Renewal Panel in the Secretariat.

The Global Fund Secretariat said that during Phase 1 of this grant, Namibia continued to experience a significant decline in malaria disease burden. Between 2010 and 2011, a decline of 36% in malaria morbidity and 20% in malaria mortality were observed.

The Grant Renewals Panel said that the NMCP is a high performing programme and a good investment and that it has achieved considerable impact. However, it said, Phase 1 of the grant was marked by difficulties mainly resulting from delays in grant signing, unmet conditions and subsequent delays in disbursements. Three-quarters of the way through Phase 1, the expenditure rate (as a proportion of the budget) was only 36%.

The Panel said that the grant's Phase 1 results were lagging behind targets. For example, activities related to prompt and accurate confirmation of diagnosis and correct treatment of confirmed malaria cases achieved only 67% of the target. In addition, the scaling up and strengthening of the epidemiological surveillance activities did not take place as planned due to a delay in the recruitment of surveillance officers.

The Panel expressed concern that the Phase 1 results might limit the country's ability to sustain gains in Phase 2.

In response to the changes in malaria epidemiology, in Phase 2 Namibia is re-focusing its malaria control activities to transition the programme to a pre-elimination phase, as recommended by the World Health Organisation.

Phase 2 will primarily target most-at-risk populations. Specifically, activities will focus on mobile populations and those living in border areas, particularly along the borders with Angola and Zambia. Using community-based interventions, the programme will also target people in some sparsely settled and remote rural northern areas where over 60% of the population has poor access to health services.

The Grant Renewals Panel acknowledged the recent historical difficulties faced by the Namibia programme, and recommended that the Country Team work closely with the PR to maintain a good working relationship in order to further improve grant management and enhance risk mitigation.

The NMCP plans to conduct a mid-term review of its programme by the end of 2013, and to develop a revised version of the National Malaria Strategic Plan. The Global Fund recommended that at that time, the PR be asked to present a revised performance framework for the grant that is aligned to the new strategic plan.

*Information for this article was taken from Board Decision B28-EDP-14 and from B28-ER-11, the Report of Secretariat Funding Recommendations for February. These documents are not available*

on the *Global Fund website*.

[This article was first posted on GFO Live on 21 March 2013.]

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## 5. NEWS: Policy Brief Raises Concerns About New Funding Model

The Eurasian Harm Reduction Network has released a policy brief on “The Global Fund’s New Funding Model: What It Might Mean for You and Your Country.” The brief is based on research in four countries in Eastern Europe and Central Asia (EECA): Armenia, Georgia, Moldova and Uzbekistan.

Although labelled a “policy brief,” the publication includes a detailed description of the new funding model (NFM). It also includes a section on the implications of the NFM for middle-income countries (MICs) and most-at-risk populations in the EECA, and a section on other concerns related to the NFM.

In its brief, the EHRN said that it appears the NFM will result in fewer and more restricted opportunities for countries and people in need in the EECA. The EHRN points out that all but two of the 18 countries in the region expected to be eligible for Global Fund support are classified as MICs and that, of these 16 countries, all but one are expected to be placed in the fourth of four country bands under the NFM system. The EHRN is worried that Band 4 will not receive a significant share of the resources. *(Editor’s Note: The Global Fund has not yet determined which countries will be allocated to which bands under the NFM, nor how available resources will be divided among the bands.)*

The policy brief described four additional concerns about the NFM:

1. There is a lack of awareness about the NFM within countries, organisations and communities that depend on Global Fund support in the EECA.
2. The NFM’s country dialogue process is unclear.
3. The NFM places ceilings on available support.
4. The Global Fund’s use of national income and disease burden as the only two main allocation criteria is a “blunt tool” that cannot truly indicate where the greatest needs are.

The policy brief includes recommendations to address the concerns described in the publication.

*English and Russian versions of the policy brief are available [here](#).*

[This article was first posted on GFO Live on 22 March 2013.]

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## **6. NEWS: Global Fund Moves to a System of Annual Disbursement Decisions and Semi-Annual Reporting for Grants**

From now on, annual disbursement decisions and semi-annual reporting will be adopted for all Global Fund grants. The only exception will be for grants whose risk profile requires shorter disbursement decisions or more frequent reporting.

These are part of the changes introduced in February 2013 as part of the Global Fund's Better Grants for Improved Impact Project.

In addition, the processes for disbursement decisions and staggered commitments of funding are being combined. The timing and amount of commitments will be determined and approved simultaneously with the annual disbursement decisions.

For small grants – i.e. those with an average annual budget of \$3 million or less – the approved annual disbursement amount may be transferred to the grant account all at once. For large grants – i.e., those with an average annual budget more than \$3 million – funds will be transferred on a phased basis. The Global Fund refers to this as a “phased cash transfer.” The Fund said that the phased cash transfers will normally be done on a quarterly or semi-annual basis.

The Global Fund said that the use of annual disbursement decisions will increase the predictability of funding and reduce the administrative burden for countries and for the Secretariat. According to the Fund, linking annual disbursement decisions with commitment decisions will greatly simplify internal processes and help ensure that only the actual funding needed is committed to the grant over its lifetime.

The Global Fund said that it is shifting from milestone-driven monitoring – i.e. review of progress during disbursements or renewals – to ongoing and continuous risk-based monitoring throughout the grant lifecycle. The Fund believes that closer and continuous monitoring through regular communication and interaction with implementers and in-country partners should minimise the review and verification required for annual disbursement decisions and cash transfers.

The above changes are described in an information note titled “Guidance for PRs on Transition to Annual Disbursement and Commitment Decisions,” which is dated 13 February 2013 and which has been sent to many principal recipients. The information note is not available on the Global Fund's website.

The Global Fund's Transition Manual for the new funding model, released on 28 February, included a reference to the change to annual disbursement decisions. Further information on this change was contained in [Issue 16](#) of the Fund's News Flash, released on 21 March.

[This article was first posted on GFO Live on 23 March 2013.]

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## **7. NEWS: Funding Approved for Phase 2 of Two HIV Grants to Pakistan**

### *Grants have been reprogrammed*

The Global Fund Board has approved Phase 2 funding for two Round 9 HIV grants in Pakistan. Funding of \$7.1 million was approved for one of the grants, for which the principal recipient (PR) is the National AIDS Control Programme. Funding of \$11.3 million was approved for the other grant, for which the PR is the Nai Zindagi Trust. In approving the Phase 2 funding, the Board was acting on recommendations from the Grants Renewal Panel in the Secretariat.

According to the Global Fund, Pakistan continues to face an expanding concentrated epidemic among people who inject drugs (PWIDs). The HIV prevalence in this population is 38% across major urban centres and up to 52% in some communities. Sexual and injection-related risk behaviours have also increased among PWIDs between 2008 and 2011. It is estimated that there are 130,000 people living with HIV in Pakistan, 31,000 new cases annually, and 4,800 deaths from AIDS in 2011. The number of people eligible for antiretroviral therapy (ART) based on the World Health Organisation 2010 guidelines is estimated to be 25,000.

The Secretariat's assessment of the first phase of both grants was that there was insufficient coverage and quality of key high impact interventions, including less than 20% of eligible people receiving ART by the end of 2011. The Secretariat noted that three-quarters of the way through Phase 1, only 47% of budgeted funds had been spent. In addition, the Secretariat said, opioid substituting therapy (OST) was not available due to legal barriers.

The Secretariat said that as a result of a comprehensive dialogue with in-country partners in provinces and at the central level, the request for continued funding reflects a reprogramming of the grants.

Phase 2 of the grants will focus on investments that can demonstrate the highest impact, including scaling up the coverage and quality of combination prevention programmes for people who inject drugs and their families. Programmes will target high-transmission urban centres – Karachi, Peshawar, Quetta and Turbat – in order to rapidly increase coverage of harm reduction services, including needle and syringe programmes and OST. In Karachi, the goal is to expand coverage of harm reduction services from 26% of PWID (currently) to more than 60%.

Phase 2 will also attempt to reduce barriers to ART for PWID, transgender people and other key affected populations. The goal is to put all PWID living with HIV and eligible for ART on OST; and to put an additional 10% of PWID living with HIV (but not eligible for ART) on OST. The programme also aims to increase ART coverage from 2,000 (currently) to 6,500 by the end of Year 5, which would constitute 26% of the people currently eligible for ART.

The Grant Renewals Panel recommended that the country team exercise vigilance to ensure that Phase 2 achieves its targets. In addition, while acknowledging that current levels of Global Fund investments in Phase 2 will not achieve optimal national coverage, the Panel said that efforts should be intensified to leverage investment by government and other partners (including the World Bank) and to remove legal barriers to OST.

The Secretariat said that given the size of the country, its administrative and political challenges, and notably the legal impediments around OST, achieving significant impact during Phase 2 will be a

challenge.

The Secretariat said that while it has confidence that the National AIDS Control Programme should be capable of handling the complex management task of devolving the programme to the provinces, it recommended that the PR be required to prepare a work and transition plan to cover this task. It also recommended that the plan include improvements in risk management and procurement capacities. The Board made the preparation of this plan a condition of its approval of Phase 2 funding.

*Information for this article was taken from Board Decision B28-EDP-14 and from B28-ER-11, the Report of Secretariat Funding Recommendations for February. These documents are not available on the Global Fund website.*

[This article was first posted on GFO Live on 21 March 2013.]

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## **8. NEWS: All Three Regional Early Applicants Are First Timers**

The three regional applicants included in the Global Fund's list of nine early applicants for the transition phase of the new funding model are all new. None of them have applied before.

One of the applicants, the Eurasian Harm Reduction Network (EHRN) is a regional organisation (RO). The EHRN HIV proposal is expected to cover nine countries in Eastern Europe and Central Asia: Azerbaijan, Belarus, Kyrgyzstan, Lithuania, Moldova, Russia, Tajikistan, Ukraine and Uzbekistan. EHRN will be able to access about \$6 million.

Another applicant, the Regional Malaria Elimination Initiative in Mesoamerica and Hispaniola, may submit as a regional coordinating mechanism (RCM), but this is not yet confirmed. If it does not submit as an RCM, it will submit as an RO. This is a new initiative of the Council of Ministers of Health from Central America and Dominican Republic (Comisca), supported by the Pan American Health Organization, the Gates Foundation and Mexico. The initiative covers seven central American countries – Panama, Nicaragua, Costa Rica, Salvador, Honduras, Guatemala and Belize – plus Dominican Republic and Haiti. The Regional Malaria Elimination Initiative will be able to access about \$10 million.

The third applicant, the Regional Artemisinin Resistance Initiative, will submit as either an RCM or an RO. This malaria initiative covers four countries in Southeast Asia: Myanmar, Vietnam, Thailand and Cambodia. The Regional Artemisinin Resistance Initiative will be able to access about \$100 million.

*The information for this article was obtained from the Global Fund Secretariat.*

[This article was first posted on GFO Live on 13 March 2013.]

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## 9. NEWS: UNDP Strengthens National Entities to Implement Global Fund Grants

*The UN body has completed its work as PR in 19 countries*

The United Nations Development Programme (UNDP) says that it plays a key role in developing the capacity of national bodies in the countries where it operates as principal recipient (PR) to enable them to implement Global Fund grants after UNDP has completed its term as PR.

As of January 2013, UNDP was PR for 50 Global Fund grants in 23 countries. UNDP prefers to call itself “interim PR” because it says that the arrangement is temporary until national entities can take over the role.

UNDP says that in almost half the countries where it serves as PR, capacity assessments have been completed and formal plans have been drawn up to strengthen the ability of local institutions to become PRs. To underscore the importance of strengthening the ability of local institutions, UNDP has introduced a policy not to sign any new Global Fund grants unless there is an adequate budget for capacity development.

The UNDP’s capacity building activities focus on strengthening, expanding or even creating national systems necessary for implementation to work. Typically, this means strengthening financial management, M&E, and procurement and supply chain management.

As of May 2012, UNDP had exited from being PR in 19 countries, with the role handed over to a government or civil society agency.

According to Fabien Lefrançois, Policy Specialist in the Partnership Unit at UNDP, it is difficult to set a quantitative target for transitioning the PR role because so much depends on the local context. Instead, he said, the UNDP uses “measurable milestones” to work towards transitioning.

UNDP said that measures to strengthen the ability of local institutions to become PRs are used to smooth the transition. These measures are partly financed out of the grants; in some cases, additional resources have been provided by UNDP or bilateral donors.

In four countries – Bolivia, El Salvador, Montenegro and Iran – UNDP is approaching the end of its PR role in the next six months or so for at least one of the grants it manages in each country. Either a transition of PR is underway, or grants in these countries will be closing shortly and the programmes will be financed by national entities.

In some countries, including those administered under the Global Fund’s Additional Safeguard Policy, UNDP may remain PR until the end of the current grants, and possibly beyond. Usually, this is because the political or humanitarian situation, or capacity weaknesses among national entities, makes transitioning too risky.

In four countries where national agencies have already taken over as PR – Armenia, Indonesia, Papua New Guinea and Cambodia – UNDP has provided significant support to those entities to

strengthen programme implementation.

UNDP has also assisted organisations in countries where it is not a PR to strengthen their ability to implement Global Fund grants. In four countries – Gabon, Burkina Faso, Togo and El Salvador – national government entities that are PRs have asked UNDP to provide technical support and capacity development.

In Indonesia, the Ministry of Health and UNDP partnered to strengthen the capacity of national PRs after a 2007 assessment found weaknesses in programme management. Capacity building measures included strengthening programme and financial management systems, procurement and supply management, and M&E systems.

*Some of the information for this article was taken from a UNDP document entitled, “UNDP and the Global Fund: Partnering to Save Lives.” The first two articles in this series are available [here](#) and [here](#).*

[This article was first posted on GFO Live on 13 March 2013.]

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## **10. NEWS: Funding Approved for Phase 2 of HIV Grant in Bosnia and Hercegovina**

*Greater focus on high-impact interventions and most-at-risk populations*

### **Increased attention to human rights issues**

The Global Fund Board has approved Phase 2 funding for a Round 9 HIV grant in Bosnia and Hercegovina in the amount of \$13.5 million. The principal recipient (PR) for the grant is the United Nations Development Programme (UNDP). UNDP is also PR for another HIV grant, which has been essentially completed, and for a TB grant in Bosnia and Hercegovina.

Phase 2 will target people who inject drugs (PWIDs), men who have sex with men (MSM), sex workers, prisoners, Roma, migrants, persons living with HIV, and young people living in institutions. The interventions include needle and syringe programmes; opioid substitution therapy; HIV testing and counselling; antiretroviral therapy; sexual and reproductive health services; behaviour change communication; vaccination, diagnosis and treatment of viral hepatitis; and services for people who are drug dependent or use drugs in prisons.

In addition, Phase 2 includes activities targeting migrant and mobile populations, and young people living in institutions. An effort will be made to ensure that the services are brought close to the beneficiaries – for example, through the establishment of mobile voluntary HIV testing and counselling.

The Bosnia and Hercegovina CCM first submitted its request for continued funding in September 2012. Through an iterative dialogue between the Secretariat and the CCM, it was decided that the CCM should resubmit its request to ensure a greater focus on high-impact interventions and most-at-

risk populations. Although the national HIV prevalence remains low (less than 0.1%), the estimated prevalence of HIV amongst PWIDs and MSM in the largest cities is over 1%; and for sex workers, it is estimated at 0.5%.

When the first request for continued funding was submitted, Phase 1 cumulative expenditures were at only 58% of what was budgeted. This is mainly explained by the late contracting of sub-recipients (SRs). Despite the late start, the programme achieved or exceeded its targets, which suggested to the Secretariat that (a) targets were underestimated in Phase 1; and (b) there was room for further efficiencies in Phase 2.

The CCM request excluded the blood safety component from the original proposal because the government will take full responsibility for those activities in Phase 2. Another element of Phase 1, TB/HIV collaborative activities, will not continue in Phase 2 because the CCM has determined that all of the necessary building blocks have already been put in place (establishment of guidelines, referral systems, etc.). The referral network, which is part of the TB/HIV collaborative activities, will continue to be monitored during Phase 2 and reported through an indicator in the performance framework.

The Global Fund said that stigma and discrimination towards most-at-risk populations and people living with HIV/AIDS persists in Bosnia and Herzegovina, and that behaviours of some of the key at-risk populations – such as drug users and sex workers – are criminalised. The funding approved for Phase 2 includes money to enable SRs to address human rights issues, policy and advocacy initiatives, and community systems strengthening; and to scale up of activities in key populations.

To maximise the impact of proposed interventions, the Secretariat will work with UNDP and the country coordinating mechanism to finalise the key population size estimates and to commission an independent programme evaluation in Year 3 of the grant.

*Information for this article was taken from Board Decision B28-EDP-14 and from B28-ER-11, the Report of Secretariat Funding Recommendations for February. These documents are not available on the Global Fund website.*

[This article was first posted on GFO Live on 22 March 2013.]

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**AVAILABLE ON [GFO LIVE](#):**

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

NEWS: [Global Fund Notifies Republic of Congo of Intent to Issue No-Go Recommendations for Two Malaria Grants](#)

The Global Fund Secretariat is intending to recommend that requests for funding for two malaria grants in the Republic of Congo not be approved. It is informing the country's CCM of its intention. The CCM will then have four weeks to comment before the Secretariat decides whether to proceed with a formal No-Go recommendation.

PROFILE: [Friends Africa Lobbies for Support for the Global Fund](#)

Friends of the Global Fund Africa lobbies, and partners with, African governments, the private sector and civil society to raise money for the Global Fund.

NEWS: [Country-to-Country Exchange Programme Enables UNDP to Improve Its Performance as PR](#)

The United Nations Development Programme uses an exchange programme involving staff of UNDP Country Offices to boost its performance as principal recipient for Global Fund grants.

NEWS: [Campaign Underway for Fourth Replenishment](#)

The Global Fund is implementing a multi-pronged strategy to maximise contributions for the Fourth Replenishment, covering the period 2014–2016.

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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).**

Author: Articles 2, 4, 5, 6, 7, 8 and 10 were written by David Garmaise ([david.garmaise@aidspan.org](mailto:david.garmaise@aidspan.org)), GFO Editor. Articles 1, 3 and 9 were written by Karanja Kinyanjui ([karanja.kinyanjui@aidspan.org](mailto:karanja.kinyanjui@aidspan.org)), Aidspace's Senior Editor.

GFO is an independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria ([www.theglobalfund.org](http://www.theglobalfund.org)). GFO is emailed to nearly 10,000 subscribers in 170 countries at least twelve times per year.

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additional languages.

GFO Editor: David Garmaise ([david.garmaise@aidspan.org](mailto:david.garmaise@aidspan.org)).

Aidspan Executive Director: Kate Macintyre ([kate.macintyre@aidspan.org](mailto:kate.macintyre@aidspan.org)).

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