



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 214: 10 April 2013

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Editor's Note: This entire issue of Global Fund Observer is devoted to the 2014–2016 replenishment of the Global Fund and to coverage of the various documents published by the Fund for its pre-replenishment meeting in Brussels, Belgium. Be sure to check the listing at the end of this newsletter for articles on other topics available on GFO Live.

[1. NEWS: Global Fund Sets Ambitious Fundraising Target of \\$15 Billion](#)

The Global Fund has set a goal of raising \$15 billion for the 2014–2016 replenishment. This is an increase of almost 50% over what was pledged for 2011–2013. The Fund says that if it can raise \$15 billion, 87% of the total need for HIV, TB and malaria for 2014–2016 could be covered. Activists say that \$15 billion is the minimum amount that should be raised.

[2. NEWS: Country Reviews Will Be Used to Evaluate Impact of Global Fund–Supported Programmes](#)

The Global Fund plans to use country reviews to measure the impact of programmes supported by the Global Fund, the Fund's contribution to the impact, and the factors that are causing the impact.

[3. NEWS: Evaluation of Transition Phase Will Inform Full Rollout of the NFM](#)

Lessons learned from a process evaluation of the transition phase of the new funding model will enable the Global Fund to make adjustments in time for the full rollout of the NFM.

[4. NEWS: Update on Pledges for 2011–2013](#)

Pledges to the Global Fund for 2011–2013 are up about 13% over the amount pledged at the replenishment conference in October 2010 in New York, according to a new report from the

Fund. The difference comes primarily from pledges announced after the conference.

[5. NEWS: New Report Published on Results and Impact](#)

The Global Fund has published an update on the results achieved by programmes supported by the Fund. It says that the rapid progress attained presents both challenges and opportunities.

[6. NEWS: Global Fund Reports Significant Progress on ART and PMTCT](#)

According to the Global Fund's "Update on Results and Impact" report, significant progress has been achieved in providing antiretroviral therapy and preventing mother-to-child transmission of HIV (PMTCT), but low antenatal care coverage and other health systems-related and gender-related challenges are hampering further progress.

[7. NEWS: Significant Declines in TB Incidence, Prevalence and Mortality, but MDR-TB Remains a Threat](#)

According to the Global Fund's "Update on Results and Impact" report, significant progress has been made against TB, but the multiple-drug-resistant form of the disease is still a significant threat.

[8. NEWS: Malaria Bednet Distribution in Sub-Saharan Africa Is About Half of What Is Needed](#)

Distribution of insecticide-treated nets in sub-Saharan Africa needs to more than double current levels, according to the Global Fund's "Update on Results and Impact" report.

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ARTICLES:

1. NEWS: Global Fund Sets Ambitious Fundraising Target of \$15 Billion

Says if target achieved, 87% of total funding needs for 2014–2016 could be covered

Target almost 50% higher than was pledged for 2011–2013

The Global Fund wants to raise \$15 billion for 2014–2016. The Fund announced the target in a [news release](#) issued on the eve of the pre-replenishment meeting in Brussels, Belgium on 9–10 April.

The \$15 billion target is an increase of almost 50% over what was pledged for 2011–2013.

"We have a choice: we can invest now or pay forever," said Mark Dybul, Executive Director of the Global Fund. "Innovations in science and implementation have given us a historic opportunity to completely control these diseases. If we do not, the long-term costs will be staggering."

Activists said that the \$15 billion is the minimum amount that should be raised. (See last section of this article.)

The Global Fund estimates that \$87 billion is required for 2014–2016 to bring the HIV, TB and malaria epidemics under control in low- and middle-income countries. This includes contributions from implementing countries, the Global Fund and other international donors.

The estimates are contained in a paper entitled “Needs Assessment” published by the Global Fund on 8 April. The Global Fund worked with UNAIDS, the World Health Organization, the Stop TB Partnership and the Roll Back Malaria Partnership to come up with its estimates.

The Global Fund estimates that of the \$87 billion required, \$37 billion (43%) could come from implementing countries and \$24 billion (27%) from donors other than the Global Fund. This leaves a gap of \$26 billion (30%). The paper says that, in theory, the Global Fund could be asked to finance all of this gap if implementing countries submitted requests to cover the full unmet need.

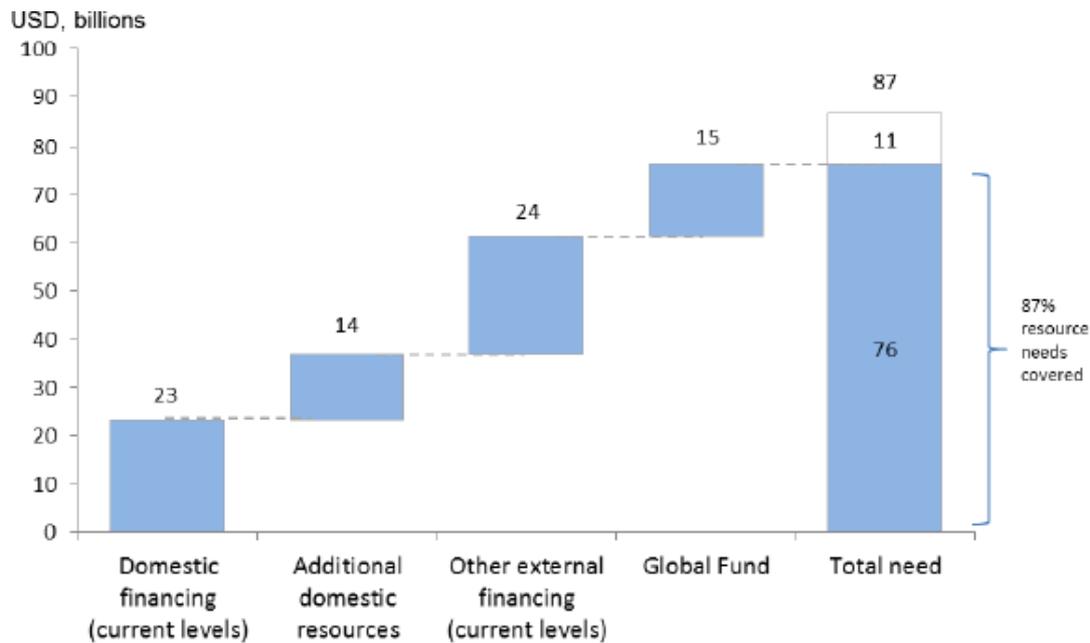
The Global Fund also says that a contribution of \$15 billion from the Fund for 2014–2016 would allow implementing countries and international donors “to cover 87% of the total funding needed to effectively fight the three diseases.”

The \$37 billion estimate for implementing countries for 2014–2016 represents what the paper calls “ambitious but realistic assumptions that countries will continue efforts to boost domestic financing” for the three diseases. The Global Fund is assuming that domestic financing will grow by almost 50% from the current level of about \$8 billion a year.

The \$24 billion estimate for donors other than the Global Fund assumes that financing from these sources will remain relatively constant at current levels. The Global Fund warns that this may be an optimistic assumption given the financial pressures currently facing many donors.

The figure below, taken from the Needs Assessment paper, explains how the Global Fund arrived at its estimate of 87% of resource needs being covered if the Global Fund can raise \$15 billion for 2014–2016.

Figure: Potential global coverage of resource needs, 2014–2016



In terms of diseases, the \$87 billion estimate breaks out as follows: HIV \$58 billion (67%), TB \$15 billion (17%) and malaria \$14 billion (16%).

The Global Fund estimates that a total of \$10.4 billion has been pledged for 2011–2013. The Resource Needs paper says that if the Global Fund were able to raise and invest \$15 billion in 2014–2016, it would result in significant gains compared to just maintaining funding at current levels. For example, 17 million TB and multi-drug-resistant TB patients would receive care in 2014–2016, compared to 14 million if funding were maintained at current levels.

According to the Fund’s news release, an investment of \$15 billion would prevent millions of new cases of malaria, and would save approximately 196,000 additional lives each year compared with current funding levels by preventing a resurgence of malaria. It would also mean preventing more than one million new infections of HIV each year – saving billions of dollars in care and treatment for the long term. Antiretroviral therapy could become available to more than 18 million people in affected countries by 2016, up from eight million in 2012.

Position of Global Fund advocates

According to the Global Fund Advocates Network (GFAN), advocates support the call for \$15 billion for the Global Fund for 2014–2016, but say that this is the minimum amount that should be raised. Advocates called for an ongoing mobilisation effort to raise the “additional” \$11 billion (i.e., the \$26 billion gap minus the \$15 billion).

GFAN made this comment in a [position paper](#) released on 8 April.

GFAN said that some of the reasons why the \$15 billion should be considered a minimum is that in the Global Fund’s resource needs paper, the assumptions concerning the level of domestic funding are “extremely ambitious” and the assumptions regarding funding from donors other than the Fund

are “very optimistic.”

GFAN said that the Needs Assessment paper rightly describes that “we are at a crossroads – facing the choice between risking the gains made against the three diseases or accelerating progress to save millions more lives and billions of dollars of additional costs over the long-term.”

This article was modified shortly after it was first posted on GFO Live in order to add comments from the Global Fund Advocates Network.

The Needs Assessment paper is available on the Global Fund website [here](#). The \$10.4 estimate for 2011–2013 comes from another paper on the same site, entitled “Outcome of the Global Fund’s Third Replenishment.”

[This article was first posted on GFO Live on 9 April 2013.]

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2. NEWS: Country Reviews Will Be Used to Evaluate Impact of Global Fund–Supported Programmes

Reviews will also assess the Fund’s contribution to impact, and “causation”

One of the components of the Global Fund’s evaluation strategy is a system of country reviews conducted with partner organisations. The reviews will assess (1) disease outcomes and impact; (2) the contribution of the Global Fund to these outcomes and impacts; and (3) what factors helped to bring about the changes in outcomes and impact. The last item is referred to by researchers as “causation.”

This information was contained in the Global Fund’s “Update on Results and Impact” report published on the eve of the Fund’s pre-replenishment meeting in Brussels, Belgium on 9–10 April.

The Global Fund has said that country reviews should assess both positive and negative impacts and outcomes, including risks in the portfolio and in individual countries.

Assessments of disease outcomes and impact will focus primarily on the following two questions:

1. Has there been a change in disease mortality and morbidity, or disease incidence and prevalence, positive or negative?
2. Has there been a change in outcomes and behaviours, positive or negative?

Assessments of contribution and causation will focus on the following seven questions:

1. Has there been an increase in coverage of key intervention services, and have these reached groups at risk?
2. Has access by age, sex, equity and quality of key intervention services improved?

3. Have finances been disbursed for key services and contributors?
4. Was there sufficient quality data to detect the effect of increase in service coverage and quality on disease burden? What were sources of bias?
5. What was the Global Fund's contribution in scale-up of resources, increased coverage of key intervention services, improvement of service quality and outcome?
6. What were the other competing explanations and hypotheses of changes in outcomes and impacts, positive and negative?
7. How can contributions of the Global Fund be improved to better influence outcomes and impact? What are the management recommendations?

The Global Fund says that it meets on a monthly basis with partners to coordinate the timing of country reviews. The aim is to cover all high impact countries and to assess 70% of the disease burden during 2012–2016.

The Global Fund said that initial country reviews have shown demonstrated impact on the burden of cases and deaths, as well as gaps. In some countries, the reviews have highlighted data-quality issues which will require investments in the capacity of countries to measure and analyse impact.

Information for this article was taken from the “Update on Results and Impact” report, released on 8 April. The report is available on the Global Fund website [here](#). The report contain a partial schedule of country reviews. GFO hopes to report on the schedule in more detail in the near future.

[This article was first posted on GFO Live on 9 April 2013.]

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3. NEWS: Evaluation of Transition Phase Will Inform Full Rollout of the NFM

The Global Fund will conduct a process evaluation of the transition phase of the new funding model (NFM) to enable the Fund to draw some conclusions and make adjustments for the full rollout of the NFM.

This information was contained in the Global Fund's “Update on Results and Impact” report published on the eve of the Fund's pre-replenishment meeting in Brussels, Belgium on 9–10 April.

The evaluation will aim to answer three broad questions:

1. What are the strengths and weaknesses of the NFM implementation?
2. How can the NFM be improved compared with the previous funding model?
3. Are the key NFM elements clearly defined in the guidance provided, and what is needed to make them work better?

Other questions that may be addressed during the evaluation are:

- What were the priority issues during the transition phase identified by countries and country teams at the Secretariat?
- How well were the NFM elements and process communicated and understood at the country level?
- What were the deviations from the defined scope of the NFM during implementation?

Data will be collected using qualitative and quantitative methods. The qualitative methods will include structured country team debriefings, feedback from stakeholders and country visits.

The Global Fund cautions that due to the limited number of early applicants and the relatively short time frame of the transition phase, there will be limitations to the extent to which the findings of the evaluation can be generalised across the entire Global Fund portfolio.

Additional evaluations are planned once the NFM is fully rolled out.

Information for this article was taken from the “Update on Results and Impact” report, released on 8 April. The report is available on the Global Fund website [here](#).

[This article was first posted on GFO Live on 9 April 2013.]

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4. NEWS: Update on Pledges for 2011–2013

As of 31 December of 2012, donors had pledged \$10.4 billion for the 2011–2013 replenishment period. This is a 13% increase over the \$9.2 billion pledged at the actual replenishment conference in October 2010.

The difference comes primarily from pledges made following the New York conference. A group of donors, including Belgium, Netherlands, Saudi Arabia and Sweden, announced their pledges after the conference.

This information is contained in a report on the outcome of the Global Fund’s third replenishment, released on the eve of the Fund’s 2014–2016 pre-replenishment meeting in Brussels, Belgium on 9–10 April.

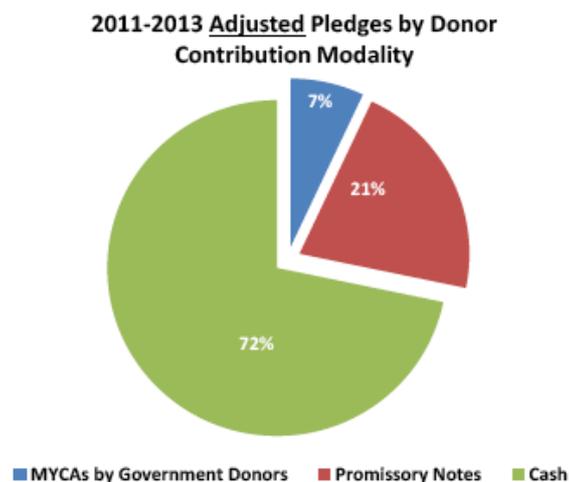
The top five donors accounted for 70% of the \$10.4 billion. (An analysis done by Aidspan in December 2012 revealed that the top five donor countries in terms of pledges were, in order, the US, France, the UK, Germany and Japan.)

As of 31 December 2012, the Global Fund Secretariat said it had received about half of the \$10.4 billion pledged, and that there are agreements in place covering another 15%. As a result, the Secretariat estimates the pledge conversion rate to be about 64%, which, it says, is roughly in the line with the time that has elapsed since the start of the 2011–2013 replenishment period.

Traditionally, the majority of donor contributions tend to be received in the second half of a given year. The report said that 2012 showed some improvement over 2010 and 2011, in that more contributions were being made earlier in the year, but not to extent seen in 2009.

The Secretariat said that it is exploring ways to limit foreign currency exposure, including the use of futures contracts (also known as hedging).

Most contributions (72%) are being paid using cash. The remainder come in the form of promissory notes and multi-year contribution agreements (MYCAs). See the figure below, taken from the report, for a breakout.



The Secretariat said that, based on recent public announcements and early discussions with selected donors, the proportion of MYCAs is expected to increase in the future.

Information for this article was taken from the “Outcome of the Global Fund’s Third Replenishment” report, released on 8 April. The report is available on the Global Fund website [here](#). The Aidsplan report, entitled “Donors to the Global Fund: Who Gives How Much,” is available [here](#). A GFO article about this report is available [here](#).

[This article was first posted on GFO Live on 9 April 2013.]

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5. NEWS: New Report Published on Results and Impact

Global Fund says that the rapid progress achieved presents challenges and opportunities

In preparation for the Fourth Replenishment meetings, the Global Fund has published an “Update on Results and Impact.” This article provides some of the highlights of the report; more details are provided in separate articles on each of the three diseases.

Some of the big numbers in the report – such as 4.2 million people receiving antiretroviral therapy (ART) as of the end of 2012 – have been published before (see [GFO article](#)). The table below, based on a table in the Global Fund’s report, provides the 2012 numbers and compares them with the numbers from one year ago and five years ago.

Table: Results from Global Fund-supported programmes at end 2012, with comparisons to 2011 and 2007 (numbers = million)

Results	End 2012	End 2011 (one year ago)	End 2007 (five years ago)
HIV- People currently on ARV therapy	4.2 m.	3.3 m.	1.4 m.
HIV – People reached with PMTCT	1.7 m.	1.3 m.	0.147 m.
HIV – People reached with HIV counselling and testing	250.0 m.	188.0 m.	34.0 m.
HIV – People receiving care and support	19.0 m.	14.0 m.	3.0 m.
HIV – Outreach to high-risk groups	29.0 m.	23.0 m.	7.0 m.
HIV/TB – Services provided	6.0 m.	4.0 m.	0.350 m.
TB - New smear-positive TB cases detected and treated	9.7 m.	8.6 m.	2.9 m.
TB – Community-based prevention activities	15.0 m.	12.0 m.	3.0 m.
TB – People treated for MDR-TB	0.069 m.	0.057 m.	0.010 m.
Malaria – ITNs and LLINs distributed	310.0 m.	230.0 m.	46.0 m.
Malaria – Cases treated	234.0 m.	187.0 m.	44.0 m.
Malaria – Indoor residual spraying	46.0 m.	43.0 m.	6.0 m.

In its paper, the Global Fund said that it has observed two important financing trends: (1) domestic financing has doubled in the last five years; and (2) declines in unit costs of commodities over the past five years, particularly first-line HIV treatment and insecticide-treated nets, have made interventions more accessible.

The Global Fund said that the continued increase in programme delivery is such that what it called “transformative improvements” in mortality and morbidity are within reach. The Fund explained that when 80% coverage for key interventions is reached in key populations, significant returns in terms of impact on incidence, morbidity and mortality are observed.

“Significant scale-up and progress have not only allowed individual countries to reach this threshold but more importantly [have] put the coverage target within reach globally,” the Fund said.

Some of the highlights of the results achieved by programmes supported by the Global Fund are as follows:

- in sub-Saharan Africa, an estimated 56% percent of people eligible for ART are receiving it, compared to less than 5% in 2000;

- of the estimated 8.7 million people who fall ill with TB, 67% are diagnosed and 85% are successfully treated, compared to 43% and 67%, respectively, in 2000; and
- in sub-Saharan Africa, 53% of households at risk of malaria are estimated to own at least one insecticide-treated net, compared to 3% in 2000.

The Global Fund said that this level of achievement in such a short space of time presents the global health community with a challenge and a major opportunity. The challenge is to maintain coverage and prevent resurgence and drug resistance.

The opportunity is that coverage can be extended towards universal access, defined as 80% coverage, through incremental investments, the Global Fund said. Countries that have extended access to this level of coverage have shown documented impact on Millennium Development Goals 4, 5 and 6 (e.g. Rwanda and Ethiopia), as well as the potential to control the HIV, TB and malaria epidemics. The Fund said that when coverage has reached this threshold, countries have also been able to address gaps in health systems, and focus on implementing high-impact interventions and accessing most-at-risk populations, “all of which can have a multiplier effect on impact.”

The Update on Results and Impact is available on the Global Fund website [here](#).

[This article was first posted on GFO Live on 9 April 2013.]

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6. NEWS: Global Fund Reports Significant Progress on ART and PMTCT

However, low antenatal care hampering further advances

Significant progress has been achieved in providing antiretroviral therapy (ART) and preventing mother-to-child transmission of HIV (PMTCT), but low antenatal care coverage and other health systems and gender-related challenges are hampering further progress on these fronts.

This is one of the observations of the Global Fund’s “Update on Results and Impact” report published on the eve of the Fund’s pre-replenishment meeting in Brussels, Belgium on 9–10 April.

“While the number of new infections remains significant, HIV incidence and mortality are declining across the world,” the report said. “More than half the countries are on track to meet internationally agreed targets.”

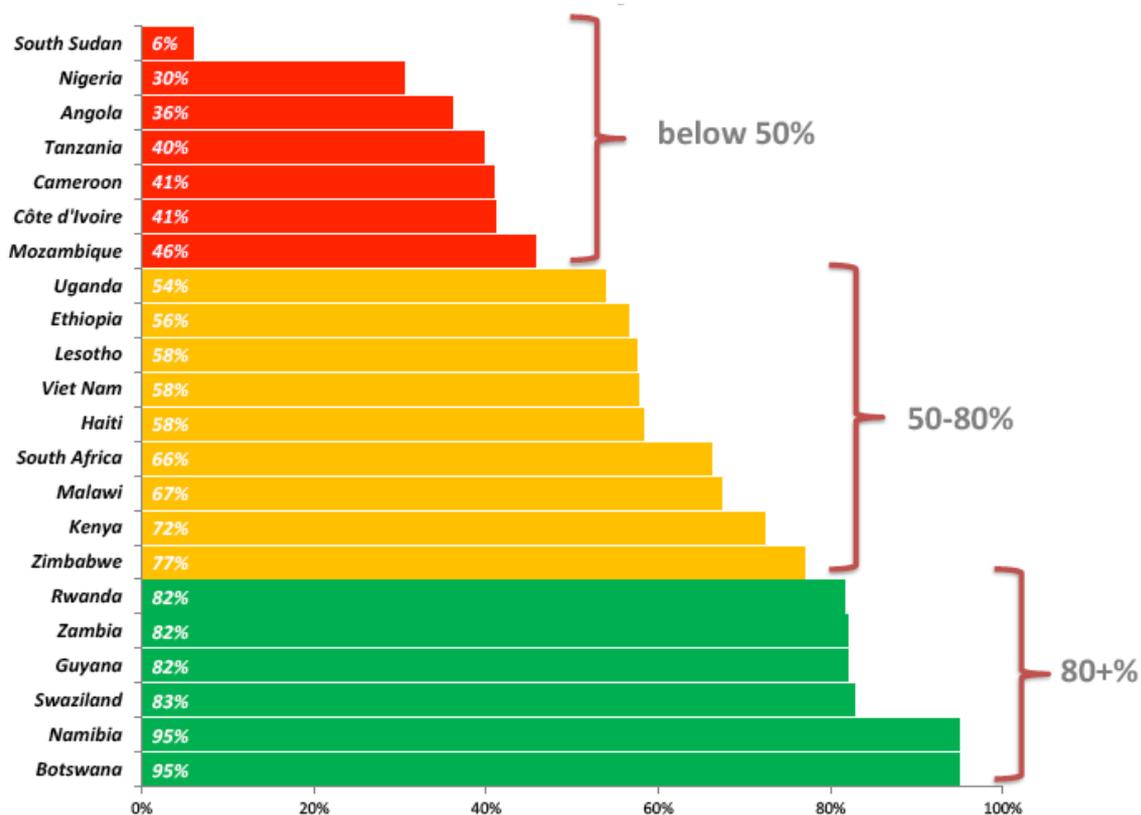
With respect to ART, the report said that among the 105 countries the Global Fund supports for which it has sufficient data, 41% have met, or are on track to meet, the international target of universal access to ART by 2015. In Ethiopia, Ghana, and Zimbabwe, the report said, ART coverage has at least doubled between 2007 and 2011. Between 2009 and 2011, average ART coverage among the Global Fund’s 20 high-impact countries rose from 39% to 56%.

So far, the report said, ten countries have reported reaching universal ART access (defined as

coverage of at least 80%). Seven of these countries experienced reductions in AIDS-related deaths of at least 50% between 2005 and 2011. Nine of these countries report ART retention rates of at least 80%; inadequate data on retention was available for the tenth country.

The figure below, taken from the report, show ART coverage in 22 high-burden countries.

Figure: Coverage of ART in high-burden countries



Source: UNAIDS, 2012

Regarding PMTCT prophylaxis, the report said, a third of the countries have met, or on track to meet, global targets by 2015. By the end of 2012, Global Fund-supported PMTCT programmes had reached 1.7 million women in 84 countries. Almost 90 percent of these women were from sub-Saharan Africa; most of them were in the 22 so-called “high-burden” countries.

The results and impact report said that four countries accounted for about 50% of the numbers of women reached with PMTCT services: Mozambique, Tanzania, Zambia and Zimbabwe. These countries reported coverage of ART for PMTCT of 51%, 74%, 86% and 54%, respectively.

As of 2011, the report said, five out of the 22 high-burden countries – Botswana, Namibia, South Africa, Swaziland and Zambia – had achieved at least 80% PMTCT coverage. Of these countries, all but South Africa had achieved 80% coverage specifically of ART for PMTCT.

Among the eight countries that underwent grant reprogramming to step up PMTCT initiatives – Chad, Ethiopia, Ghana, Nigeria, South Africa, Swaziland, Zambia and Zimbabwe – coverage of ART

for PMTCT increased by 45% from 2011 to 2011, according to the report.

To achieve universal coverage, the report argues, several health system and gender challenges need to be addressed. For example, antenatal care coverage needs to increase and needs to be combined with the delivery of PMTCT. In addition, pregnant women need greater access to HIV testing and counselling services.

The “Update on Results and Impact” report is available on the Global Fund website [here](#).

[This article was first posted on GFO Live on 9 April 2013.]

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7. NEWS: Significant Declines in TB Incidence, Prevalence and Mortality, but MDR-TB Remains a Threat

TB mortality has decreased significantly since 2000 and treatment success rates have shown steady improvement. More than half of the countries that have received Global Fund support are on track to meet the international targets for case detection, treatment success, and TB disease incidence. However, multi-drug-resistant TB (MDR-TB) remains a critical threat.

These observations were contained in the Global Fund’s “Update on Results and Impact” report published on the eve of the Fund’s pre-replenishment meeting in Brussels, Belgium on 9–10 April.

Up to the end of 2012, the Global Fund disbursed \$2.9 billion for TB diagnosis and treatment.

The report said that of the 1.1 billion new smear-positive cases reported in 2012, 83% were from 22 so-called “high-burden” countries. Since 2002, 70 percent of all cases were from the East Asia and South Asia regions. However, the report noted, the sub-Saharan African region has seen a faster rate of increase in recent years, particularly in Nigeria, the Democratic Republic of Congo, Angola, Cameroon and Mozambique. These five countries accounted for one-third of all new smear-positive cases in sub-Saharan Africa in 2012.

According to the Global Fund, global trends in TB incidence, prevalence and mortality suggest that the TB Millennium Development Goals will be achieved, and that additional investments could significantly reduce TB even further, particularly given the availability of new diagnostic tools.

The report said that TB prevalence surveys show that community DOTS (directly observed therapy, short-course) initiatives have been very successful in increasing coverage and have led to significant declines in TB prevalence.

MDR-TB still a threat

In 2012, 69,000 MDR-TB cases were treated through Global Fund-supported programmes, an increase of 22% compared to 2011. According to the Global Fund, this is insufficient to face the challenge of MDR-TB. The report estimates that 250,000 cases annually of MDR-TB are left

untreated each year. The main challenges in many countries have been inadequate funds to expand diagnosis and treatment, limited technical capacity and weak health systems.

The “Update on Results and Impact” report is available on the Global Fund website [here](#).

[This article was first posted on GFO Live on 9 April 2013.]

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8. NEWS: Malaria Bednet Distribution in Sub-Saharan Africa Is About Half of What Is Needed

Of the approximately 80 million insecticide-treated nets distributed through Global Fund–supported programmes in 2012, about 66 million (73%) went to sub-Saharan African countries. This is well below half the 150 million insecticide-treated nets that the World Health Organisation estimates are needed annually to protect all populations at risk of malaria in this region.

This information was contained in the Global Fund’s “Update on Results and Impact” report published on the eve of the Fund’s pre-replenishment meeting in Brussels, Belgium on 9–10 April.

In sub-Saharan Africa, Cameroon, Cote d’Ivoire, the Democratic Republic of the Congo, Kenya, Malawi and Nigeria were the top recipients of bednets.

The report said that coverage of insecticide-treated nets may decline in the sub-Saharan region in the near future unless there is a substantial increase in availability of nets in 2013. The report explained that insecticide-treated nets need to be replaced every three years.

Of the approximately 16 million nets that were distributed in the Asia region in 2012, the report said, half went to three countries – India, Afghanistan, and Indonesia.

According to the report, about half of the countries affected by malaria are on track to meet international targets of a 75% reduction in malaria cases by 2015. The report said that further progress depends on achieving higher coverage of prevention and treatment in high-burden countries.

The report said that 80% of malaria cases occur in just 14 countries. The list includes Nigeria and the Democratic Republic of Congo, where coverage is more limited; according to the report, this is holding back progress at global levels.

The Global Fund said that in Africa, eight countries – Swaziland, South Africa, Rwanda, Botswana, Namibia, Cape Verde, Algeria and Sao Tome and Principe – have achieved a 75% reduction in malaria cases. Eritrea is on track to achieve a 75% reduction; Madagascar and Zambia are on track to achieve a reduction of between 50% and 75%.

The Global Fund is conducting impact analyses of HIV, TB and malaria programmes in several countries. Initial findings for malaria programmes reveal a 92% reduction in malaria deaths in

Bangladesh; and an 80% drop in malaria deaths in Cambodia.

Since 2002, \$5.2 billion has been disbursed to support malaria interventions.

The “Update on Results and Impact” report is available on the Global Fund website [here](#).

[This article was first posted on GFO Live on 9 April 2013.]

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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: Irregularities in Global Fund’s Disbursement Request Process Prompted a Review and an Investigation by the OIG](#)

The Office of the Inspector General says that although the Global Fund Secretariat’s process for making disbursement requests to the World Bank, as well as its process for recording income from donors, are generally adequate, some improvements are required. The OIG launched a review of the processes after some irregularities were identified.

[ANNOUNCEMENT: Call for Nominations for Member and Alternate for Sub-Saharan Delegations to Global Fund Board](#)

The West and Central African delegation and the East and Southern African delegation on the Global Fund Board have issued calls for nominations for the positions of Board member and alternate Board member.

[NEWS: EHRN Plans Wide Consultations and Regular Updates for Its NFM Proposal](#)

One of the early applicants under the new funding model, the European Harm Reduction Network, plans to hold an open and inclusive regional dialogue for the development of its concept note.

[NEWS: Funding the Fund: Recent Developments](#)

This article provides brief summaries of recent developments concerning development aid and money for the Global Fund.

[NEWS: Government of Azerbaijan Increases Funding for HIV, TB and Malaria as Several Donors Pull Out](#)

The sustainability of HIV, TB and malaria programmes in Azerbaijan are threatened despite the fact that the Government of Azerbaijan has increased its funding for these programmes. This is one of the findings of a diagnostic review of Global Fund grants conducted by the Office of the

Inspector General.

[NEWS: Diagnostic Review of Grants to Guatemala Identifies Both Good Practices and Risks](#)

As with many other audits and reviews of Global Fund grants, the diagnostic review of grants to Guatemala has revealed both good practices that other countries may want to emulate and risks that should be addressed. The review was conducted by the Office of the Inspector General.

[NEWS: Revised Charter Clarifies That the OIG's Role Does Not Include Evaluating Programme Impact](#)

The role of the Office of the Inspector General does not include evaluating the impact of country programmes, according to the Global Fund Board. The Board has adopted changes to the charter of the OIG to make this clear.

[NEWS: New TB Activist Organisation Launched](#)

The goal of the new Global Coalition of TB Activists is to put communities affected by TB at the centre of decision making in the fight against TB.

[NEWS: Global Fund Appoints Chief of Staff](#)

Dr Marijke Wijnroks has been appointed Chief of Staff at the Secretariat, with “broad responsibility” and “a particular focus on gender and human rights.”

[NEWS: Three Persons Appointed to Fill Committee Vacancies](#)

The Global Fund Board has filled three mid-term vacancies on two of its committees.

[NEWS: Nominations Committee Formed for Recruitment of the Next Inspector General](#)

The Global Fund Board has established an Ad Hoc Nominations Committee to assist the Board with the recruitment of the next Inspector General (IG), and has appointed seven persons to serve on the committee. The goal is to enable the Board to appoint a new IG at its next meeting in June.

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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: All articles in this issue were written by David Garmaise (david.garmaise@aidspan.org), GFO Editor.

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

twelve times per year.

GFO is a free service of Aidspan (www.aidspan.org), a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, and that provides services that can benefit all countries wishing to obtain and make effective use of Global Fund financing. Aidspan finances its work through grants from foundations and bilateral donors.

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