



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 216: 8 May 2013

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The Global Fund Board has approved \$15.1 million in funding for the next implementation period of a TB grant in Nepal. The next period will provide an opportunity to scale up TB case detection and activities related to multiple-drug-resistant TB.

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We correct an error in an article posted on GFO Live on 23 March 2013 and reproduced in GFO 213 on 25 March 2013.

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ARTICLES:

1. NEWS: Pakistan Becomes the First Country to Be Awarded Money Under the New Funding Model

\$8 million will be added to an existing TB grant

Funds will be used to replenish stocks of first-line drugs

Pakistan is the first interim applicant in the transition phase of the new funding model (NFM) to be awarded money. On 3 May, the Global Fund Board approved funding in the amount of \$8 million. This is the same amount that was identified for Pakistan when the interim applicants were announced (see [GFO article](#)).

In approving the money, the Board was acting on a recommendation from the Grant Approvals Committee (GAC).

The money will be used to replenish national, provincial and district buffer stocks to prevent treatment disruptions.

The \$8 million will be added to an existing single-stream-of-funding (SSF) TB grant (PKS-T-NTP). The principal recipient is the National TB Control Programme. The PKS-T-NTP grant is a result of the consolidation of a recently approved Phase 2 of a Round 9 grant and an existing Round 8 grant. The total budget of the PKS-T-NTP grant is \$121.2 million.

The GAC said that with support from the Global Fund (Rounds 2, 3, 6, 8 and 9) and other donors, Pakistan has achieved major increases in its capacity for TB control, and has reached treatment success rates that have been consistently above 90% since 2008. However, the GAC said, the case detection rate for all forms of TB, estimated at 64%, remains very low.

According to the GAC, Pakistan faces a major crisis in funding for TB first-line drugs (FLDs). In addition, TB control in Pakistan is facing new challenges associated with the devolution of health matters to the provinces and the dismantling of the Federal Ministry of Health in July 2012. The GAC said that FLD buffer stocks at all levels (national, provincial and district) have been completely depleted. This is due to substantial differences between allocations of stocks to the provinces and TB drug requirements, and significant procurement delays on the government side. The GAC said that in the absence of buffer stocks, there is a very high risk of stockouts.

***Editor's Note:** On 6 May, The International News, a Pakistani newspaper, [reported](#) that the national government has consolidated all key health institutions and health-related functions in Pakistan under a new agency, the "National Health Services, Regulations and Coordination Division." The newspaper said that this decision is intended to "arrest the post-devolution fragmentation of health in Pakistan."*

The GAC said that the additional \$8 million is also intended to pre-empt a situation where higher case notification – resulting from strengthened TB case finding in public and private health facilities – might lead to an unplanned rise of FLD consumption.

The buffer stock, which will comprise 268,304 courses of FLD, will be ordered in 2013. Half of the buffer will be stored at central warehouses, 25% in the five provinces, and the remaining 25% in the 134 districts.

Information for this article was taken from Board Decision B28-EDP-20 and from B28-ER-15, the Report of Secretariat Funding Recommendations and Decisions for April 2013. These documents are not available on the Global Fund website.

[This article was first posted on GFO Live on 8 May 2013.]

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2. NEWS: France Undertakes an Evaluation of Its “Contribution” to the Global Fund

Evaluation will help guide France concerning how it manages its contribution

Challenges of the new funding model will also be studied

The Foreign Ministry of France is undertaking an evaluation of the French “contribution” to the Global Fund. France wants to assess the extent to which Global Fund grants promote France’s development objectives and priorities. The evaluation will also assess the challenges faced by the Global Fund in introducing its new funding model.

The Foreign Ministry published a call for proposals for the evaluation at the beginning of 2013.

France is the second largest contributor to the Global Fund, after the US. The Foreign Ministry said that the evaluation will help guide France concerning how it manages its contribution to the Fund. Currently, 5% of the French contribution is held back and used to provide technical assistance for the preparation of proposals to the Global Fund and for the implementation of grants.

The evaluation will be carried out in France, in Geneva and in four African countries: Burkina Faso, Benin, Democratic Republic of Congo – all in francophone Africa and all on France’s list of priority countries for development aid – plus Uganda. Uganda was added to provide a comparative perspective from a non-francophone country.

A team of four people from a French consultancy firm will conduct the evaluations. It is expected that the team will talk to a broad range of people inside and outside France, both supporters and critics of the Global Fund. For the in-country evaluations, the team from France will be joined by local experts in each country.

The members of the French team specialise in evaluation and public health, but are not experts in the fight against HIV, TB and malaria. The latter is seen as an advantage because the evaluation will focus on more general issues.

The team from France has already met with staff in the Global Fund Secretariat. The Secretariat has offered its full cooperation. France has invited a Secretariat representative to participate on the steering committee (an advisory body) of the evaluation.

The results of the evaluation are expected by the end of July 2013. An interim report may be available in June.

***Editor’s Note:** There has been some speculation that France may be considering reducing its contribution to the Global Fund for 2014–2016, and may be using this evaluation to justify a reduction. Aidsplan has not seen any evidence of a connection between the evaluation and the decision on how much France will contribute. We believe that the size of France’s*

contribution for 2014–2016 is being discussed now by the French government and that there will likely be a decision on this before the evaluation is completed.

An announcement concerning the call for proposals is available, in French, [here](#). The full call for proposals document is on file with the author.

[This article was first posted on GFO Live on 2 May 2013.]

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3. NEWS: New Report Describes Concerns of Civil Society Regarding the New Funding Model

Civil society organisations (CSOs) and advocates for key population endorse the basic thrust of the new funding model (NFM), but are concerned about several aspects, according to a new report from the International Council of AIDS Service Organisations (ICASO).

The [report](#), entitled “Civil Society and Key Populations: Considerations for the Global Fund’s New Funding Model,” is based on a literature review and several key informant interviews. This article summarises the main concerns expressed in the report.

Concern No. 1 – Blunt measures of “ability to pay” and “disease burden” will disadvantage middle-income countries with concentrated epidemics among key populations and small but growing epidemics.

“By focusing exclusively on national level income and disease information, much about need in a country can be missed – such as concentrated epidemics and pockets of poverty, stigma and discrimination; and human rights violations of key populations,” the report said.

The report said that harm reduction services and programmes for sexual minorities have the highest risk of being cut under the NFM, and that the Global Fund has yet to articulate a strategy for addressing this expected gap.

Concern No. 2 – There is no clear guidance concerning how the country dialogues should be conducted.

“There is no formal policy requiring civil society or key population participation, nor is there guidance on what meaningful involvement looks like,” the report said.

Although most advocates believe that the Global Fund is sincere in wanting key populations to be involved in the country dialogues, the report said, “many questions remain as to how well a vaguely defined process with no strong accountability measures can guarantee meaningful involvement.”

According to the report, it is unclear who is responsible for ensuring the participation of civil society and key populations in the country dialogues, or what the penalties will be imposed if they aren't involved. "If a country were to outright disregard civil society, or not engage key population advocates in a meaningful way, would funding be withheld or diminished?" the report asks.

Concern No. 3 – Indicative funding amounts may serve as default “ceilings” for proposals, discouraging full expressions of demand.

“This may be a casualty of ‘improved predictability,’ a core principle of the NFM,” the report said.

In addition, the report said, in countries with more generalised epidemics, CSOs are concerned that government-dominated CCMs may relegate key populations to the incentive portions of their funding. (The indicative portions will be larger and more likely to be funded.)

Concern No. 4 – Fund portfolio managers (FPMs), at least initially, may not have the experience or the qualifications to take on the civil society and human rights components of their positions.

“FPMs’ understanding of key population vulnerabilities and civil society organizations, and their sensitivity to human rights concerns, will need to be strengthened,” the report said. “FPMs will need to be held accountable for their performance in these areas.”

[This article was first posted on GFO Live on 6 May 2013.]

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4. NEWS: Communities and NGO Delegations Seek More Information on Funding Allocations for the Transition Phase of the NFM

The Communities and NGO delegations on the Global Fund Board have written to Executive Director Mark Dybul seeking clarification and additional information on how funding was allocated to early and interim applicants in the transition phase of the new funding model (NFM).

The delegations requested information on how the funding allocations were made for both the indicative and incentive funding streams. The delegations said that they had requested this information several times but that they had not received it and so are “unable to communicate to our constituencies how the Global Fund’s criteria and principles have been weighted and translated into concrete funding amounts.”

The delegations said that there is confusion concerning how the funds allocated during the transition phase relate to the funds that will be allocated for 2014–2016 under the full rollout of the NFM. The delegations said that they have received conflicting information regarding whether funding for interim applicants will be deducted from their 2014–2016 envelopes.

The delegations asked for information on the composite index of disease burden and income level used to calculate allocations for applicants in the transition phase; and on the how qualitative factors – such as minimum required level of funding, performance and willingness to pay – were used to help determine the final allocations. In addition, the delegations asked for a list of countries invited to apply during the transition phase, showing both (a) their initial allocation based solely on disease burden and income level; and (b) their final recommended allocation.

The delegations asked for more detailed information in several other areas, including how the Secretariat decided which countries would not be able to achieve rapid impact; and how the Secretariat identified which interim applicants would be told not to use their funds for scale-up.

In their letter to Dr Dybul, the delegations also asked for more information on the assumptions the Global Fund used to develop the needs assessment for 2014–2015. The needs assessment was made public at the time of the pre-replenishment meeting in Brussels on 9–10 April (see [GFO article](#)).

A copy of the letter from the Communities and NGO delegations is available on our website [here](#).

[This article was first posted on GFO Live on 6 May 2013.]

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5. NEWS: Majority of PRs Say Grant Negotiation Process Too Complex, Rating System Does Not Accurately Reflect Performance

Aidspan survey achieves 37% response rate

Most PRs are happy with the use of PU/DRs for reporting

Two-thirds of the principal recipients (PRs) that responded to an Aidspan survey consider the grant negotiation process to be complex. The same proportion said that they the grant rating system is not an accurate measure of performance.

However, 70% of the PRs said that fund portfolio managers (FPMs) respond to enquiries in a timely fashion, and almost 80% said that the PU/DRs (Progress Update / Disbursement Request) are a useful method for reporting progress on a grant.

The survey, which was completed in December 2012, asked the opinions and experiences of 315 PRs in 118 countries. A total of 115 PRs responded, a response rate of 37%. The questionnaire was sent out in English, French and Spanish. Aidspan has published a [report](#) on the survey findings. The report was written by Frank Wafula, Charles Marwa and David McCoy.

This was the first such survey conducted independently of the Global Fund.

The survey found that opinions and experiences varied, depending on whether a PR was a government or non-government organisation. Variations were also seen between PRs from sub-Saharan Africa and PRs from other regions.

Although about two-thirds of PRs that said they had good relations with the Office of the Inspector General (OIG), this was considerably fewer than the proportion of PRs that said they had good relations with fund portfolio managers (84%) and sub-recipients (93%). Non-government PRs tended to be less enthusiastic about the OIG than government PRs.

More than 70% of the PRs said they had good relations with country coordinating mechanisms (CCMs).

Over half the PRs said their organisations had experienced delays in grant implementation. “Disbursement delay” was the most common problem cited. The reasons given for delayed disbursements included: poor communication and coordination between the PR and other actors; protracted grant negotiation and signing processes; late submission of documents to the Secretariat; and delays in receiving final approval from the Secretariat.

Regarding procurement, only one in five PRs said that they had used the Global Fund’s Voluntary Pooled Procurement (VPP) mechanism for procuring commodities. Of those who had used the VPP mechanism, nearly two-thirds thought it made procurement cheaper.

However, two-thirds of PRs who had used the VPP mechanism objected to the idea of making it compulsory. Among government PRs, that number was 90%; only a little more than half of the non-government PRs were opposed to making the VPP compulsory.

More than one-third of the PRs said they needed support from the Global Fund in financial management.

The PRs advanced several recommendations to the Global Fund, including redefining the roles of CCMs and local fund agents, shortening the grant negotiation process, and modifying the grant rating system to capture the aspects of performance that cannot be measured using numbers.

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

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6. NEWS: Conflict in Syria Is Disrupting Implementation of Global Fund Grants

The PR, UNDP, has made several adjustments

The current conflict in Syria has severely affected implementation of Global Fund grants in that country. Adjustments have been made and one grant has been reprogrammed to achieve the desired

results, according to Fabien Lefrancois, a spokesman for the United Nations Development Programme (UNDP), the principal recipient (PR) for the grants.

To date, Syria has received two Global Fund grants, a Round 6 TB grant worth \$7.4 million, and a Round 10 HIV grant worth \$1.7 million.

The conflict, which has lasted for over a year, has displaced more than 2.5 million people within Syria. Nearly one million people have fled to neighbouring countries. Road and air services within

the country are either not available or dangerous. Air shipments have been diverted to Beirut airport and are then transferred by road to Damascus.

The result is more paperwork for the PR, UNDP, and more time required to clear goods through Customs.

In addition, communication services – including landlines, mobile phones and the Internet – have been disrupted, and banks are operating under international sanctions. Finally, the UN Department of Safety and Security has imposed restrictions on the movement of all UN staff within the country.

“In view of these challenges, we have set up plans to mitigate disruptions and to ensure services continue to be delivered,” Lefrancois said. “For instance, displaced patients have been referred to the health facilities nearest to their temporary residence or shelter to ensure they receive treatment. Courier mail has been used to transfer the samples of TB patients and to distribute medication to regional stores.”

“Due to the current unrest, the country coordinating mechanism has asked the Global Fund to re-programme the HIV grant to include the provision of antiretroviral treatment (ART) for close to 150 HIV patients and the provision of laboratory reagents to monitor the effects of treatment,” Mr Lefrancois said.

In addition to the two current grants, Syria is in line to receive a TB grant under the Transitional Funding Mechanism of up to \$2 million. Global Fund spokesman Andrew Hurst told GFO that the grant is being negotiated but has not yet been signed. UNDP will be the PR. .

Mr Hurst said that the Global Fund does not have a specific policy on how to implement grants in conflict situations. “Our general policies, however, provide flexibility which allows reprogramming of grants on a case by case basis like we have done in Syria,” he said.

Editor’s Note: *We have not been able to obtain comments for this article from civil society organisations in Syria, likely because of the current disruptions. If anyone reading this article can respond directly from experience in Syria, we would like to hear from them.*

[This article was first posted on GFO Live on 8 May 2013.]

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7. NEWS: Aidspan Releases Analysis of Global Fund Procurement Costs

Procurement costs for HIV, TB and malaria commodities have either come down or remained stable over the past seven years, according to an analysis conducted by Frank Wafula, Ambrose Agweyu and Kate Macintyre at Aidspan. The findings of the analysis are described in a working [paper](#) published on April 29, 2013 on the Aidspan website.

The analysis used data from the Global Fund's price and quality reporting (PQR) system. The PQR collects information for commodities procured by organisations implementing Fund grants. Although the PQR has collected data since 2005, little analysis has been published to date describing how costs vary by time and across regions.

The analysis looked at seven commodities: condoms, bednets, HIV and malaria rapid test kits, one HIV combination antiretroviral (ARV) medicine, one anti-TB medicine and one anti-malarial medicine. The data were taken from 580 grants in 126 countries, collected between 2005 and 2012.

The costs for bednets and the ARV combination therapy fell substantially during the period covered by the analysis, while those for the other five commodities remained unchanged or fell only gradually. No commodity showed an increase in cost.

Substantial regional variations were seen in the costs for bednets and test kits, but the variations were minimal for all three types of medicine.

The analysis compared PQR costs to the costs reported through the Global Fund's centralised voluntary pooled procurement (VPP) system. The VPP is designed to lower prices and make procurement easier for participating countries. VPP data are not entered into the PQR system. When compared to PQR costs, VPP costs were lower for condoms and malaria test kits, but the differences were minimal for the other five commodities.

The working paper recommends that in future costs continue to be monitored closely to ensure the best use of resources, particularly during difficult economic times.

Aidspan plans to conduct similar analyses in future looking at more commodities over longer periods of time.

[This article was first posted on GFO Live on 29 April 2013.]

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8. NEWS: Opportunity for Scale-Up in Next Implementation Period of Nepal TB Grant

Funding of \$15.1 million approved

Responsibility for procurement of health products shifts to global mechanisms, but the long-term plan is to build procurement capacity in Nepal

The Grants Renewal Panel says that overall performance of a single-stream-of-funding TB grant in Nepal has been high and that there is an opportunity for scale-up in the next implementation period.

The Global Fund Board has approved funding for the next period in the amount of \$15.1 million. The principal recipient (PR) for this grant is the Ministry of Health and Population (MOHP). In approving the funding, the Board was acting on recommendations from the panel.

The panel said that TB remains one of the most prevalent infectious diseases and significant public health problems in Nepal. With a current population of 30 million, Nepal has a TB incidence of 163 per 100,000; a TB prevalence rate of 243 per 100,000; and an MDR-TB prevalence rate of 2.6% for new cases and 17.6% for previously treated cases.

During the first implementation period, the TB grant supported 85% of national TB control activities in Nepal. This is expected to decline to 56% in the next period.

The panel said that in 2011, the TB programme had notified 35,954 patients with all forms of TB, corresponding to a case detection rate of 71%. During the period 1990–2011, tuberculosis mortality in Nepal declined by 43%, prevalence declined by 30%, and the treatment success rate was between 88% and 90%. Programme accomplishments in the first implementation period of the grant included training health care workers in TB/HIV coordination and in the management of multiple-drug-resistant TB (MDR-TB); and implementing TB health education for high-risk groups (prisoners, slum dwellers and factory workers).

Despite these gains, the panel said, the National TB Control Programme misses close to 30% of estimated cases, and there have been higher-than-expected rates of smear-negative TB. In May 2012, a team from the Green Light Committee reported that there were approximately 1,400 MDR-TB cases in Nepal. However, only 251 confirmed MDR-TB cases were started on treatment in 2012. In addition, the panel said, although a TB/HIV strategy was developed, the national programme had not implemented TB/HIV collaborative activities. Further, a TB Programme evaluation carried out for the Global Fund in March 2012 revealed that TB incidence in prisons was about four times the national average.

The panel said that the next implementation period will provide an opportunity to scale up case detection and to expand MDR-TB activities. In addition, according to the National TB Control Programme, because about half of the people infected with TB in urban areas seek treatment from

the private sector, there are opportunities for partnerships between municipalities and private providers of TB care.

In terms of interventions, the next implementation period will focus on high-risk groups, increasing community engagement and expanding the “public-private mix.” In addition, a prevalence survey and a mid-term programme review will be conducted to generate data that can be used to further focus investments on high-transmission geographic areas and at-risk populations, and to maximise impact.

The Global Fund said that to mitigate financial risk, responsibility for the procurement of drugs and health products, which represents 59% of the total budget, will be transferred from the MOHP to the Global Drug Facility and the Global Fund’s Voluntary Pooled Procurement mechanism. Despite this, the Global Fund Secretariat said that the next implementation period will include activities to build a strong logistic management division in the MOHP which will enable Nepal to eventually assume responsibility for all procurement.

Information for this article was taken from Board Decision B28-EDP-17 and from B28-ER-13, the Report of Secretariat Funding Recommendations for March 2013. These documents are not available on the Global Fund website.

[This article was first posted on GFO Live on 11 April 2013.]

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9. ERRATUM: Women in Board Leadership Positions

In an [article](#) posted on GFO Live on 23 March 2013, we said that when Dr Nafsiah Mboi and Mireille Guigaz take up their responsibilities as, respectively, Chair and Vice-Chair of the Global Fund Board this June, it will mark the first time that two women occupy the two Board leadership positions at the same time.

This was an error. Carol Jacobs (Chair) and Lieve Fransen (Vice-Chair) served concurrently for about a year, starting in 2006. Ms Fransen completed the term of Michel Kazatchkine when he resigned as Vice-Chair to become a candidate for the position of Executive Director.

[This article was first posted on GFO Live on 26 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.

[ANNOUNCEMENT: New Feature on Global Fund Website](#)

On the Global Fund website, the story of how villages in one county in South Sudan are tackling the malaria epidemic is being told using multimedia technology.

[NEWS: Global Fund Expects Improved Performance for Phase 2 of TB Grant in Haiti](#)

The Global Fund Board has approved Phase 2 funding in the amount of \$11.5 million for a Round 9 TB grant in Haiti. Phase 1 performance was hampered by the 2010 earthquake and other factors. Although the Global Fund judged Phase 1 performance “acceptable,” it expects to see improvements in Phase 2.

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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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For GFO background information and previous issues, see www.aidspan.org/page/gfo-newsletter. For information on all approved proposals submitted to the Global Fund, see www.aidspan.org/page/grants-country. People interested in writing articles for GFO are invited to email the Editor, above.

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