



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

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ARTICLES:

1. NEWS: Five Concept Notes from Early Applicants Have Been Endorsed, and Have Moved to the Grant-Making Stage

Five concept notes submitted by early applicants have been endorsed by the Grant Approvals Committee (GAC). Three of the concept notes are from the country coordinating mechanism (CCM) in Myanmar (one for each disease). The others are from CCMs in El Salvador (HIV) and Zimbabwe (HIV). This information was contained in the 15 May issue of the Global Fund's [News Flash](#).

All five proposals now move into the process of grant-making, and will be up for approval by the Global Fund Board at its meeting in June.

Before being presented to the GAC, each concept note was evaluated by the Technical Review Panel and deemed to be technically sound.

Three other early applicant CCMs – Democratic Republic of Congo (HIV), Kazakhstan (TB) and Philippines (TB) – will submit their concept notes at a later date. So will three regional early applicants – the Regional Artemisinin Resistance Initiative in Southeast Asia (malaria), the Eurasian Harm Reduction Network Initiative (HIV), and the Regional Malaria Elimination Initiative in Mesoamerica and Hispaniola.

Recently, Pakistan was the first interim applicant to be awarded funding under the new funding model (see [GFO article](#)).

[This article was first posted on GFO Live on 16 May 2013.]

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2. NEWS: How the Country Dialogue and Concept Note Process Unfolded in Three Early Applicant Countries

Some similarities in the process in Zimbabwe, Myanmar and El Salvador

The country dialogues and the process of developing concept notes in three early applicant countries shared some common characteristics, but also differed in many respects.

Country dialogues and concept note development have taken place in Myanmar, Zimbabwe and El Salvador. The Myanmar country coordinating mechanism (CCM) submitted three concept notes, one for each disease. The CCMs in Zimbabwe and El Salvador each submitted for just one disease (HIV). The concept notes have already been assessed by the Technical Review Panel (TRP) and the Grant Approvals Committee (GAC). (See [GFO Article](#).)

This is what was common in all three countries:

- There was a country dialogue process already in place before the countries were invited to participate in the transition phase of the new funding model (NFM).
- A separate country dialogue for the NFM application was overlaid on top of the country dialogue already in place.
- The country dialogue process for the NFM application and the process for developing the concept note were one and the same.
- The process was very rushed, in order to submit the concept notes by 3 April 2013, as requested by the Global Fund Secretariat. (This was to allow the TRP to review the notes in April, and to allow other grant-making steps to occur in time for approval of the grants by the Global Fund Board at its June meeting in Sri Lanka.)

The rest of this article describes the country dialogue/concept note process in each country. The information comes from the fund portfolio managers for the three countries and from other sources.

Zimbabwe (HIV)

The process in Zimbabwe started with an expanded meeting of the CCM on 6 March, which included stakeholders not represented on the CCM, where the Secretariat briefed participants on the requirements for participating in the transition.

The CCM assigned responsibility for managing the process to its HIV/AIDS Committee. The committee formed a concept note writing team composed of about 25 persons representing a wide range of stakeholders. The CCM decided that the Director of the National HIV and TB Programme, and the UNAIDS Country Coordinator, would manage the writing process.

International development partners provided support to the writing team. The principal recipient (PR), which is the United Nations Development Programme, and the Global Fund provided additional support, as needed. The writing team lined up several technical experts to serve as peer reviewers of the draft concept note.

A number of existing documents were used to help define priority areas, identify gaps and provide an evidence base for interventions to be included in the concept note. These documents included the national HIV strategy (2011–2015); survey reports, such as a 2011 modes of HIV transmission survey; and programme reviews in a number of areas, such as prevention of mother-to-child transmission of HIV.

Between 5 and 15 March, a number of consultations were held, including the following:

- a meeting with the International Nongovernmental Organisation Forum to encourage them to participate in the process;
- a consultation meeting with provincial medical directors and officials from the Ministry of Health and Child Welfare to obtain input on programme priorities; and
- a one-day stakeholder consultative workshop to identify potential gaps in HIV and TB responses and discuss priorities for the concept note.

In addition, the representatives of persons living with HIV on the writing team held consultations with representatives of key populations – including women’s groups, sex workers, and gays and lesbians.

Following the consultations, the writing team held a one-week retreat where a draft of the concept note was developed. On 25 March, the draft was circulated for comments from the CCM, technical experts and other stakeholders, and for preliminary feedback from the TRP.

The CCM met to review the draft on 27 March. The writing team incorporated feedback from that meeting, and from the TRP, stakeholders and peer reviewers, and formally submitted the concept note to the Global Fund on 3 April.

Myanmar (HIV, TB, malaria)

Myanmar was in a unique situation because the CCM had actually started working on the concept notes even before the NFM was launched. In August 2012, following a visit to Myanmar by General Manager Gabriel Jaramillo, the Global Fund invited the CCM to ask for new some money in its request for continued funding for its two HIV grants (see [GFO article](#)). The offer was later expanded to include TB and malaria. The CCM was asked to prepare concept notes describing the activities that would be implemented with this new money. When Myanmar was invited to apply for funding as an early applicant under the NFM, the original concept notes had not made it through the system yet. So, the original concept notes were simply folded into the new concept notes.

A country dialogue workshop was held on 18–19 March, with participation from the Global Fund Secretariat. On the first day of the workshop, Secretariat officials described how the NFM works; explained what Myanmar needed to do; provided an indicative ceiling for Myanmar’s application; provided a split by disease for the indicative funding; and provided the amounts of incentive funding that Myanmar could apply for (per disease).

On Day 2 of the workshop, participants split into disease groups and discussed the priorities for inclusion in the concept notes. GFO was told that having Secretariat officials present in the country to hear the discussions about priorities was very useful.

The preparation of the concept notes was coordinated by the CCM's technical strategic groups (TSGs). There was a separate TSG for each disease. The majority of participants on each TSG were not members of the CCM.

Within each TSG, lead groups were set up to do the actual writing. For TB and malaria, the process was led by representatives of the World Health Organisation; the PRs provided input and helped with the costing. (There are co-PRs for each of the Myanmar grants – Save the Children and the United Nations Office for Project Services.) For HIV, the process was a little more complicated because separate working groups were established for some of the target populations.

The Secretariat had developed online tools for use in preparing the concept notes. However, the people participating in the process in Myanmar found these tools difficult to use, for two reasons: (1) there were some problems with the way the tools were designed; and (2) there were Internet connectivity issues. (The Secretariat is using the transition to pilot the NFM process, so we can expect the Secretariat to make changes to the online tools before the full rollout of the NFM.)

The CCM had been asked to submit one concept note per disease, and to show the activities and budget for the indicative funding it was seeking separately from the activities and budget for the incentive funding. However, the CCM concluded that it was impractical to do this given the amount of work involved and the short time-frames. So, only one set of activities and one budget was prepared for each disease.

The concept notes were based on what the CCM perceived to be Myanmar's full need (as opposed to being based on the amount of funding Myanmar was told was available).

The CCM met on 3 April and endorsed the concept notes. The notes were formally submitted to the Secretariat that same day. The Secretariat provided Myanmar with comments on the concept notes; some changes were made; and the final notes were sent to the Secretariat on 11 April. Later that month, the TRP reviewed the concept notes. During its review, the TRP asked for some clarifications (via the Secretariat) and the country responded. GFO was told that it was apparent from the questions that the TRP was asking that the information requested on the concept note form was not sufficient for the TRP to fully judge the technical merit of the proposal.

When the Secretariat needed to contact someone in Myanmar, they usually went through the UNAIDS representative (for the HIV concept note) and the WHO representatives (for the TB and malaria concept notes). However, on some occasions the Secretariat contacted whoever was available that day because the process was extremely rushed. It didn't help that one of the busiest parts of the process was during the week-long New Year's water festival in Myanmar.

Once the TRP review was complete, the GAC assessed the concept notes (in the process, the GAC asked for some clarifications of its own) and decided how much funding Myanmar could access for each disease. The amounts were lower than what the CCM had requested. This information was then communicated to the CCM. The TSGs then had to decide which activities would go forward and which would be cut.

Myanmar and the Secretariat are currently in the grant-making stage for each of the three diseases. This stage includes the preparation of budgets, workplans (including a technical assistance plan) and performance frameworks. People from Myanmar are going to Geneva during the last two weeks of May to finalise the negotiations.

For Myanmar, the concept notes cover a four-year period (2013–2016). Most early applicants have been advised that they can apply for a three-year period (roughly 2014–2016), but Myanmar was considered to be a special case because it needed funding in 2013 and because Phase 2 of some of its existing HIV grants were rolled into the concept notes.

Myanmar was told by the Secretariat that the country will not be able to apply again under the NFM during 2014–2016.

El Salvador (HIV)

The country dialogue and concept note development in El Salvador built on what the country has been doing for the past few years, including the development of the national strategic plan for HIV in 2010, and work that had started in November 2012 on requests for continued funding for the country's HIV single-stream-of-funding grant.

Some roundtables were organised, including one with representatives of key affected population. Participants in the roundtables reviewed the latest epi evidence and the priorities of the national strategic plan; identified what worked well, and what didn't work so well; and came up with new ideas and strategies.

The outcome of those discussions was submitted to a proposal committee of the CCM, led by UNAIDS. The committee developed the proposal in consultation with the Global Fund. During the writing period, as a further check, field visits were conducted to groups representing transgendered persons, men who have sex with men, and sex workers.

[This article was first posted on GFO Live on 17 May 2013.]

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3. NEWS: Foreign Minister Says France's Contribution to the Global Fund Will Not Be Reduced

The Foreign Minister of France, Laurent Fabius, has told civil society representatives that France will not reduce its future contributions to the Global Fund. Mr Fabius met with representatives of AIDES, Coalition Plus, Sidaction and Act-Up Paris on 30 April.

A recent [GFO article](#) referred to speculation that France might reduce its contribution and that it might use the results of a recently announced evaluation of the French contribution to the Global Fund to justify a reduction.

Mr Fabius told the civil society representatives that France considers the Global Fund to be a priority and that measures had already been taken to ensure that the current economic crisis would not adversely impact France's contribution to the Fund.

In a [statement](#), Coalition Plus said that it has learned that President François Hollande has decided to increase the rate of France's solidarity levy on air tickets, which is expected to generate much-needed revenues.

Meanwhile, Coalition Plus said, France's financial transaction tax (FTT) is also producing revenues, some of which have been used to fund development aid. Specifically, France has decided that for 2013, 10% of the proceeds of the FTT will be allocated to mother and child health programmes, as well as to programmes designed to improve access to water in very poor countries.

Ms Fabius said that now more than ever, France needs the help of HIV/AIDS NGOs to convince other European countries to devote a portion of the proceeds from the FTT to health and development. Recently, 11 European Union countries agreed to implement the FTT (see [GFO article](#)). Under EU rules, each country is allowed to decide how the FTT proceeds will be spent. According to Mr Fabius, a majority of these countries appear to prefer to use the proceeds to reduce their deficits.

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

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4. NEWS: Major Improvements Needed in Management of Grants to India, OIG Audit Finds

Audit revealed instances of non-compliance with grant agreements

HIV programmes said to be performing generally well

Major improvements are needed in the management and implementation of Global Fund grants in India. This is the main conclusion of an audit of 10 grants to India undertaken by the Office of the

Inspector General (OIG).

The audit focused on grants implemented between 2008 and 2012 by three principal recipients (PRs): The Ministry of Finance, the Tata Institute of Social Sciences (TISS), and the India HIV AIDS Alliance (IHAA). In the case of the grants for which the Ministry of Finance was PR, management of the grants was carried out by three organisations. See Table 1 for details.

Table 1: List of PRs, implementing bodies and grants included in the audit

Principal recipient	Implementing body	Grant number	Round	Component
Ministry of Finance	National AIDS Control Organisation (NACO)	IDA-202-G02-H-00	2 RCC	HIV
		IDA-202-G06-H	4 RCC	HIV
		IDA-708-G13-H	7	HIV
	Central TB Division * (CTD)	IDA-202-G03-T-00	2 RCC	TB
		IDA-405-G08-T	4	TB
		IDA-910-G18-T	9	TB
	National Vector Borne Disease Control Programme (NVBDCP)	IDA-405-G07-M	4	Malaria
		IDA-911-G23-M	9	Malaria
Tata Institute of Social Sciences		IDA-708-G15-H	7	HIV
India HIV/AIDS Alliance		IDA-910-G20-H	9	HIV

* Also referred to in the audit report as "Revised National TB Control Programme."

The total value of the 10 grants was \$810 million, of which \$734 million had been disbursed at the time of the review. Field work for the review was conducted between 17 September and 6 December 2012. As it has done in other recent audits, the OIG applied a rating for each functional area reviewed in the audit. The OIG's ratings range from "effective" to "critical." Table 2 explains the ratings system.

Table 2: Rating system used by the OIG

Rating	Explanation
Effective	Controls evaluated were adequate, appropriate, and effective to provide reasonable assurance (that risks are being managed and the Global Fund's strategic objectives should be met).
Some improvement needed	Some specific control weaknesses were noted; generally however, controls evaluated were adequate, appropriate, and effective to provide reasonable assurance.
Major improvement needed	Numerous control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance.
Not satisfactory	Controls evaluated are not adequate, appropriate or effective to provide reasonable assurance.
Critical	An absence of or fundamental weakness in one or more key controls, or a serious non-compliance. Non-mitigation will jeopardise achievement of the Global Fund's strategic objectives. Requires urgent attention.

Table 3 shows, for each functional area, the ratings that the OIG applied to the grants it reviewed in the India audit, along summary comments from the OIG.

Table 3: OIG ratings and comments by functional area

Functional area	OIG rating	OIG comments
Oversight and governance	Some improvement needed	CCM oversight can be further strengthened to support program implementation, especially with regard to timely grant initiation and reporting to the Global Fund.
Grant management	Critical	There was non-compliance with conditions in the grant agreements, including the procurement of drugs in 2010, which did not comply with Global Fund quality assurance requirements. Accounting ledgers were not maintained by government implementers, which resulted in qualified external audit opinions for the year ended 2010½2011.
Programme implementation	Critical	Improving the quality of services in the private sector is critical to the control of multiple-drug-resistant TB (MDR-TB). There is a need to attend to the quality MDR-TB services with regard to adherence to national guidelines. Data and reporting systems were not sufficiently reliable to yield accurate information.
Procurement and supply chain management	Major improvement needed	Procurement of commodities has been outsourced to a government procurement agent to mitigate risk. There have been significant delays in procurement which have resulted in stock outs. Procurement delays are due to administrative bottlenecks. Drugs selected for tuberculosis treatment did not always comply with WHO guidance.

The audit identified \$1.139 million in ineligible expenditures not approved by the Global Fund. Most of this amount – about \$1.0 million – involved staff salaries in grants administered by NACO; it appears from comments in the report by NACO and the Global Fund Secretariat that the Secretariat is reviewing the precise amount involved and that the final amount will be deducted from NACO’s next disbursement request.

The remaining expenditures identified as ineligible – \$110,081 – involved the renovation of government medical store depots in the grants administered by CTD. Apparently, the cost of the renovation, an activity in the Round 4 TB grant, was incorrectly charged to the Round 2 RCC TB grant.

Oversight and governance

The OIG noted that oversight of grants in India is complicated by the large size of the country and the decentralisation of health services to the state level.

The OIG said that India’s country coordinating mechanism (CCM) has done a good job with respect to developing proposals and nominating PRs. However, the OIG said, the CCM had not operationalised its oversight plan. A plan was approved in May 2011 and an oversight committee was established in February 2012. The OIG said that aside from the fact that one meeting of the

committee was held in April 2012, “planned oversight activities did not take place.” The OIG attributed this to insufficient funding for the CCM.

The OIG also said that the CCM could have done more to support PRs to address implementation challenges, including delays in submitting progress reports.

The CCM responded that the CCM is in the process of reconstituting the members of its oversight committee as a result of the fact that membership of the CCM itself was recently reconstituted.

The CCM also said that it had experienced delays in obtaining additional funding for the CCM from the Global Fund Secretariat. The Global Fund Secretariat responded that further CCM funding is dependent on the removal of the CCM secretariat from NACO, a grant implementer. (The Global Fund Secretariat considers this to be a major conflict of interest.)

Comments on the OIG’s findings from the CCM, the PRs and the Secretariat were included in the audit report. In addition, when this article was being prepared, the CCM informed GFO that a 10-member oversight committee has been formed and that the committee held its first meeting on 30 April. The CCM said that the committee will finalise its work plan this month (May 2013).

Regarding the OIG’s comment that the CCM should do more to help PRs address problems such as delays in filing progress reports, the CCM told GFO that it “finds no role to play in grant signings and delays.” The CCM said that the Global Fund contracts with the PRs, and deals directly with the PRs on such matters. The CCM added that the Global Fund should more actively involve the CCM in this process.

Regarding the Global Fund Secretariat’s comment that further funding for CCM operations is dependent on the removal of the CCM secretariat from NACO, the CCM told GFO that it does not see any conflict of interest in housing the secretariat in NACO. The CCM said that “the principle of country ownership should not be violated and it is for the CCM to decide where the CCM Secretariat should be located.” The CCM also pointed out that in its audit the OIG did not identify the location of the CCM secretariat as a conflict of interest.

Grant management

The OIG noted that external audit reports for three implementers – NACO, NVBDCP and CTD – for the year ending 31 March 2011 were qualified on three grounds: (1) ineligible expenses related to advances to the procurement agent; (2) use of grant funds to pay taxes; and (3) differences between statements of expenditure and the PRs’ books of accounts. The OIG added that the recommendations of external auditors have not always been implemented by PRs.

With respect to the differences between statements of expenditure and the PRs’ books of accounts, NVBDCP told GFO that the differences are due to taxes and duties which the PRs must pay, but which are not charged to the Global Fund.

Programme implementation

The OIG said that at none of the sites it visited were there any mechanisms to actively monitor progress of MDR-TB patients during treatment. NVBDCP told GFO that records are kept of drugs

issued to patients, and that health providers have been trained on record-keeping. The NVBDCP added that refresher training will be conducted.

The OIG said that the national TB programme faces serious challenges in ensuring that private sector providers adhere to national TB guidelines in the diagnosis, treatment and follow-up of patients.

The OIG noted good practices in the malaria programme, including (a) a well-organised and documented process for the distributing long-lasting insecticide-treated bednets; and (b) appropriate behaviour change communication to promote their proper use. However, the OIG also observed a number of problems, including the following:

- malaria treatment records are not well-maintained;
- rapid diagnostic testing kits were not available at three of the five treatment sites visited by the OIG; and
- three sites visited by the OIG had no artemisinin combination therapy medicines in stock.

The OIG said that the HIV programmes were generally performing well, but that the HIV and TB programmes should be better integrated. NACO told GFO that several steps have been taken to ensure better integration. These include ensuring that drug-resistant TB/HIV activities are closely monitored by all drug-resistant TB (DR-TB) centres and by staff at ART centres; and the appointment by CTD of a DR-TB/HIV supervisor in each of its districts to ensure strong linkages.

Procurement and supply chain management

The OIG observed that the average procurement cycle lasted 190 days and that there were no guidelines concerning how much time each step of the procurement process should take. NVBDCP told GFO that the procurement is done as per the standards of the Government of India.

The OIG's report on its audit of grants to India is available on the Global Fund website [here](#).

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

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5. NEWS: Funding for Phase 2 of TB Grant in Guinea-Bissau Approved, Despite Weak Performance in Phase 1

UNDP nominated to become PR for Phase 2

***Editor's Note:** Guinea-Bissau was one of seven applicants for which the Global Fund recently approved renewal funding. Articles on each of the other six renewals are available on GFO Live. Go to www.aidspace.org/page/gfo-live or follow the links for each article in the "Available on GFO Live" section of this newsletter, immediately below this article.*

Despite a sub-par performance in Phase 1 of a Round 9 TB grant to Guinea-Bissau, the Global Fund Board has approved funding for Phase 2 in the amount of \$6.0 million, but with certain conditions

attached. One of the conditions is that there be a change of principal recipient (PR). The PR in Phase 1 was the Ministry of Health (MOH).

In approving the funding, the Board was acting on recommendations from the Grant Approvals Committee (GAC).

Guinea-Bissau has the population of 1.5 million, with high TB prevalence and incidence rates. Since 1990, the TB prevalence rate has remained steady. The incidence rate, however, has been steadily increasing. The GAC said that the treatment success rate for smear-positive TB patients, at 73%, is low; and that the treatment success rate for other patients, at about 55%, is very low. The case detection rate for all forms of TB, estimated at 56%, has been steadily declining since it reached a high of 71% in 2006. In the opinion of the GAC, this indicates a decline in programmatic performance.

The financial absorption rate during Phase 1 was only 25%, due to the non-payment of performance-based incentives and severe delays encountered by the MOH in undertaking infrastructure renovations and procurement.

The GAC said that its review of Phase 1 revealed a number of programmatic challenges. The implementation of basic directly observed therapy, short course (DOTS) was weak, with low case detection and high default rates. There was no strategy or guidelines for TB/HIV co-infection activities despite a high co-infection rate. The design of the community component was weak. Stock-outs occurred and some drugs passed their expiry date while still in storage.

The GAC said that financial irregularities were uncovered in 2011, and that the 2012 coup d'état compounded an already fragile situation. As a consequence, then Global Fund General Manager Gabriel Jaramillo evoked the Additional Safeguard Policy in August 2012 and a fiscal agent was put in place.

The GAC said that despite the difficulties encountered in Phase 1, the Global Fund must continue to be a major source of funding for the TB programme in Phase 2. The focus in Phase 2 will be on strengthening basic DOTS, responding adequately to TB/HIV co-infection and other challenges, improving health care systems, and strengthening the community component of the programme.

The GAC said that antiretroviral therapy access for co-infected patients needs to improve in Phase 2. Guinea-Bissau hopes that by the end of Phase 2, the treatment success rate will increase to 85% from 73% currently, the number of MDR-TB patients treated annually will reach 20, and HIV testing will be provided to all TB patients.

The GAC said that in the original proposal approved by the Global Fund, a significant amount of money was identified to implement PAL (Practical Approach to Lung Health). However, the TB technical partners on the GAC pointed out that PAL was designed for middle-income countries. They said that investments in PAL would not achieve significant impact on the TB epidemic in Guinea-Bissau. (Technical partners are non-voting members of the GAC.)

The GAC said that savings arising from efficiencies and the elimination of activities with low returns, including PAL, should be used to fund TB/HIV collaborative activities and much needed

technical assistance.

The GAC said, and the Board agreed, that a change in PR was required because of the many management issues encountered in Phase 1. The CCM has nominated UNDP to be the new PR. The Global Fund is also requiring that a programme review be conducted as soon as possible, followed by further revision or validation of the most recent draft national strategic plan (2013–2015).

Information for this article was taken from Board Decision B28-EDP-19 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 14 May 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: Phase 2 of HSS Grant in Ethiopia Will Focus on Strengthening the Health Workforce](#)

The Global Fund Board has approved funding for Phase 2 of a Round 9 health systems strengthening grant to Ethiopia.

[NEWS: Global Fund Approves Phase 2 of Regional HIV Grant in LAC on Condition that the Grant is Completely Rewritten](#)

The Global Fund has approved Phase 2 funding for a regional HIV grant in Latin America and the Caribbean. In Phase 2, the focus will shift from activities related to police and the military to activities to reduce stigma and discrimination affecting populations such as sex workers, men who have sex with men (MSM) and transgendered people.

[NEWS: Global Fund Approves Funding for Phase 2 of Two Malaria Grants to Ghana](#)

The Global Fund Board has approved funding in the amount of \$90.6 million for Phase 2 of a malaria grant managed by Anglo Gold Ashanti; and in the amount of \$55.8 million for Phase 2 of a malaria grant administered by the National Malaria Control Programme. Both grants are in Ghana.

[NEWS: Funding Approved for Next Period of Malaria SSF Grant to Tanzania](#)

The Global Fund Board has approved funding in the amount of \$63.2 million for the next implementation period of a single-stream-of-funding malaria grant to Tanzania.

[NEWS: Phase 2 of HIV Grant in Columbia to Focus More on Populations with Higher Prevalence](#)

The Global Fund Board has approved funding for Phase 2 of a Round 4 HIV grant to Colombia. The grant will be reprogrammed to focus more on populations where the rate of HIV is highest.

[NEWS: Fund Proposes a Mission to Ukraine to Discuss Concerns About TB Programme, Health Systems](#)

The Grant Approval Committee recommends that a high-level delegation from the Global Fund and its partners visit Ukraine to discuss deficiencies in the design and management of the TB programme and the related health systems. The Global Fund Board has approved funding for Phase 2 of a TB grant to Ukraine.

[NEWS: Switzerland Announces Large Increase in Its 2013 Pledge to the Global Fund](#)

Switzerland has raised its pledge to the Global Fund for 2013 from about \$7.5 million to about \$10.6 million, an increase of more than 40%.

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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: 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.

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

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

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

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