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of the Global Fund

## Global Fund Observer

NEWSLETTER

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### **1. NEWS: New TERG review offers window into challenges inhibiting impact in world's most fragile states**

Lauren Gelfand

16 July 2014

*Recommendations include wider collaboration, greater flexibility and easing of the co-financing requirements*

The Global Fund's technical evaluation reference group (TERG) has endorsed recommendations contained in a thematic review of engagement in fragile states as the basis for a new framework for a flexible, country-by-country approach to providing support for the fight against AIDS, TB and malaria.

Some \$1.4 billion in Global Fund support was disbursed in 2010 to 47 countries categorized as fragile, according to the Organization for Economic Cooperation and Development. However,

grants in fragile states perform universally less well than grants in other countries in the same region, giving impetus to the need to improve performance in the fragile states in order to achieve the Fund's goals.

Aggregated data show a clear correlation between state fragility and health service coverage, with fragile states performing less well on access to treatment with antiretroviral therapies and diagnostic and detection services for TB. Equally, the global malaria burden is increasingly concentrated in fragile states.

The report, which included case studies from nine countries where the Fund supports program implementation, referred to the "constraints associated with the Global Fund model"; the Fund's initial neglect of state fragility; and the attendant weaknesses of health systems in fragile countries.

Among the constraints enumerated by the report's authors are a limited ability to analyze and monitor changing contexts on the ground due to a shortage of country-based staff and limited travel by country teams; heavy requirements for low-capacity CCMs; and a limited ability to adapt existing grants to changing circumstances.

The report identified other hurdles confronting the Global Fund and its implementing partners, including:

- Monitoring and evaluation: there is a "lack of evidence on the effectiveness of the various approaches" to operating in fragile environments, necessitating a more systematic adoption of "on-going learning" and better reporting
- Migration: the Fund's model was not set up to respond to acute emergency situations with cross-border migration and does not take full advantage of the experience of some of its key partners in responding to such situations
- Reliance on governments and NGOs as principal recipients: multilaterals in fragile states typically demonstrate better performance as PRs
- Counterpart financing: in countries in crisis, finding budgets to even sustain existing primary health systems for basic health service delivery is difficult
- Operational risk management: need for a wider adoption of the existing qualitative risk assessment, action planning and tracking (QUART) tool, which considers fiduciary,

programmatic, governance and health service risks

"International experience of engaging in fragile states suggests that a 'one size fits all' response is inappropriate," the report concluded. "Responses need to be tailored, taking into consideration the politics, economics, partners, history and capacity of systems in those countries."

One recommendation for the Fund is to consider adopting new terminology when developing strategies for operations in fragile states.

Using the term *challenging operating environment (COE)* will allow the Fund to develop a flexible approach to those countries that present operational challenges and risks that can contribute to poorer grant performance.

The report suggests that a country be considered to be in a COE if it manifests at least two of the following conditions:

- Weak governance (typically including state failure, weak institutions, low capacity, low will and high corruption, violations and uneven protection of human rights)
- Poor access to health services and weak health systems
- Higher than average portfolio burden of disease
- Complex emergency (conflict)
- Humanitarian crisis (acute or chronic)

Using this approach, the Global Fund has identified 19 COE countries, the majority of which are classified as Very High Alert or High Alert by the [fragile states index](#) due to their emergence from, or ongoing, acute crisis. (See the table below for a list of countries.)

Countries identified as Challenging Operating Environments (COE)	
<b>1. Chronic instability with weak systems</b>	Afghanistan, Central African Republic, Chad, Democratic Republic of the Congo, Guinea, Guinea Bissau, Haiti, Somalia, South Sudan
<b>2. Chronic instability with stronger systems</b>	Côte d'Ivoire, Iraq, Nigeria, Pakistan, Sudan, Yemen, Zimbabwe
<b>3. Acute instability</b>	Egypt, Mali, Syria

The new funding model (NFM) has shown itself initially adaptable to operations in chronically

unstable environments as it builds in a degree of flexibility to tailor support and management arrangements. Other elements of flexibility that have been applied under the NFM include a suspension of counterpart financing responsibilities for countries in crisis.

These flexibilities have already been applied to some degree in the new disposition of the Fund to support humanitarian situations. The current crisis in Central African Republic (see articles [here](#) and [here](#)) is one such example of a flexible approach, tailored to the deteriorating situation on the ground and reflecting the realities of those leading operations in the health sector.

Lessons learned from the CAR scenario can be applied to other COE countries, including assurances that grants are designed simply and flexibly, to be implemented by partners who are competent without any need for capacity building to meet minimum standards. A flexible procurement process with an iterative supply chain will also help to ensure that commodities reach the right places at the right time.

The report also included an assessment of the experience of Chad: one of four francophone countries included as case studies along with CAR, Côte d'Ivoire and Democratic Republic of Congo. All of the case studies emphasized the vital need for Global Fund documents -- including contracts -- to be made available in French as well as English. Placing the Chad program under the Fund's [additional safeguard policy](#) has helped to mitigate severe performance concerns, high fiduciary risk and challenges to financial tracking and audit.

Also included as case studies were Myanmar, Pakistan, South Sudan, Syria and Yemen.

The thematic review was presented to the strategy, investment and impact committee (SIIC) during its June meetings with an endorsement from the TERG that the recommendations contained within be adopted. The TERG is also endorsing more strategic targeting of resources to fragile states to ensure that successful program implementation is possible, even in the most fragile of states.

[This article was first posted on GFO Live on 16 July 2014.]

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## 2. NEWS: Gaps mark several of the NFM's first concept note submissions

David Garmaise

15 July 2014

### *CCMs given new guidance by Secretariat after technical review panel asks for stronger submissions*

The technical review panel (TRP) has sent five of the first ten concept notes to be submitted under the new funding model (NFM) back for review, asking for better priority-setting based on epidemiological data and a more integrated approach to health systems strengthening.

Ten concept notes were submitted in the first applications window for the NFM: the new allocations methodology aiming to target the greatest number of resources to the countries with the least ability to pay. An additional 24 concept notes were submitted in June, and two other windows -- in August and October -- remain in 2014.

The first 10 concept notes revolved primarily around funding for malaria programs.

**Table 1: Concept notes submitted by eligible applicants under the NFM by June 15, 2014**

HIV	TB-HIV	TB	Malaria	HSS
Moldova (Republic)	Haiti		Congo (Democratic Republic) Indonesia Papua New Guinea Philippines Timor-Leste Uganda Zambia Zimbabwe	

According to the Global Fund's July [News Flash](#), countries will have the opportunity to revise and re-submit their application.

A series of guidance materials has also been prepared by the Secretariat for CCMs whose concept notes are in process, or who are preparing to begin the process. The materials include a letter that was sent to CCMs and a slide presentation that fund portfolio managers (FPMs) can use when meeting with CCM representatives. It is hoped that the materials will improve the quality of future submissions, including the 23 concept notes sent to the Fund for the June 15 window.

The TRP identified a number of areas where countries needed to strengthen their concept notes. These areas were:

### **Prioritization**

Some applicants failed to adequately prioritize interventions in their concept notes. Priority-setting should be based on sound epidemiological data and emphasize activities targeting key populations for each of the disease components: HIV, TB and malaria. Strategic choices must be made to "maximize the impact of Global Fund investments" and those strategic choices must be founded on sound evidence.

According to the letter sent to CCMs, one of the major reasons the TRP requested a second iteration of a concept note was the lack of an "evidence-based prioritization" for the allocation amount, derived from sub-national and sub-population epidemiological data. Costed interventions that target specific demographics -- either behavior-based or geographically -- were more favorably reviewed by the TRP than generalized concept notes.

### **Separation of allocation from above-allocation request**

Countries that failed to adequately distinguish between interventions to be covered by the base allocation -- the envelope announced on 12 March by the Fund -- were asked to resubmit a more nuanced concept note. Critical program components -- such as commodity purchase and distribution -- must be included in any allocation request, if the allocation is large enough to cover them. Not to do so, according to the TRP, "is inappropriate and risky because incentive funding is not guaranteed".

The point, Aidsplan understands from the Secretariat, is that all forecasted activities must have a dollar amount attached to them, and prioritized to ensure the highest possible impact and maximized investment.

Incentive funding -- the above allocation portion that some components [assigned to bands 1-3](#) are eligible for -- should be reserved for "additional interventions beyond the minimum level,

such as expanding geographic coverage or scaling up services,” the Secretariat said.

Within the above-allocation request, the letter from the Secretariat noted, there needs to be a costed prioritization of activities so that the TRP can make recommendations for incentive funding that distribute those resources as strategically as possible.

### **Health systems strengthening**

In general, the Secretariat said, there was insufficient focus on cross-cutting HSS initiatives in the concept notes, even though it was clearly stated in the allocation letters received by countries in March that HSS funds would be incorporated into each of the disease components. The TRP recommended that where there is a need to strengthen HSS, countries should set aside funding for this during the program split discussions which precede the submission of the concept notes. The TRP said that the cross-cutting HSS modules in concept notes should explain how these interventions will help to maximize the impact of the investments in the three diseases.

If health systems are weak in a country, and there are no cross-cutting HSS interventions included in the concept note, or if there is no clear explanation of how these interventions will support the disease programs, the Secretariat said, “the TRP may question whether investments in treatments and prevention will have an impact.... If concept notes don’t include requests for HSS from the Global Fund, then applicants need to explain how HSS is otherwise being addressed.”

### **Lessons from past experience**

The TRP advised countries to include historical information about past Global Fund investments into the various disease programs, specifically related to the impact of those past investments.

These lessons learned should feed the narrative of the concept note, demonstrating that the allocation will not represent business as usual but an innovative case of investment for impact.

"Programs should be adjusted to focus more strongly on the most effective approaches used in the past," the letter to the CCMs advised.

### **Duration of concept notes**

The Secretariat said that barring exceptional circumstances, all concept notes should cover the period at least through the end of 2017 due to the anticipated 12 months countries will be devoting to the development and review of concept notes and the grant-making process.

Although the allocation period was announced as 2014-2016, the implementation period will now run through 2017. Some countries appeared not to understand this requirement, which led to them submitting a two-year concept note rather than a three-year one.

[This article was first posted on GFO Live on 15 July 2014.]

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### 3. NEWS: Kazakhstan preparing for innovative approach to TB management

Tinatin Zardiashvili

17 July 2014

*The country is embarking on an ambitious reform plan for its TB program, spurred on by support from international partners including the Global Fund*

Kazakhstan is embarking on an ambitious overhaul of its tuberculosis management program, shifting its emphasis away from in-patient to out-patient treatment, drawing on a wide network of technical support from partners including the Global Fund.

Although Kazakhstan is an upper middle income country, it has a considerable burden of multi-drug resistant TB, even though its indicators for TB are declining. One in three new cases of TB and one in two of the retreated cases diagnosed in the Central Asian nation are MDR-TB: partially attributable to the high rate of regional migration, co-infection with HIV and a substantial caseload among current and former prisoners.

But the high rate of MDR-TB, according to international as well as certain Kazakh medical experts, is also a function of the management system that has been in place since the Soviet era that requires between several months of in-patient treatment in designated TB wards at hospitals nationwide.

It was this high burden of drug-resistant disease and the country's ambitions to reform its management program that drove the Global Fund's decision to invite Kazakhstan to participate in the new funding model as an early applicant.

Kazakhstan's progress towards system-wide reform began in 2012 with new recommendations from the World Health Organization (WHO) about more effective, and cost-efficient TB

management. The country's program commands a domestic approximate budget of \$250 million annually, mainly calculated on a formula derived decades earlier during the Soviet era about the number of beds in each facility for TB patients.

The \$39 million that Kazakhstan may access from the Global Fund over the allocation period through 2017 will help pilot an ambitious and innovative management of MDR-TB in four regions, shifting the burden of care away from the facility model towards a home-based, out-patient model. This will also widen the circle of stakeholders involved in TB management beyond government-employed health professionals to include the fledgling civil society actors in TB as well as international technical partners -- the Fund, as well as WHO and the World Bank.

Aidsplan understands that while the Global Fund's financial contribution to Kazakh TB management is modest compared to the national budget, it is helping to trigger the reforms and assist the country in staying the course on its ambitious national agenda, informed by a national strategic plan developed in 2013.

The NSP had its genesis during a stakeholders meeting in May 2013 convened by the Global Fund. Also agreed during that meeting was a commitment to engage with civil society in order to ensure that the needs of vulnerable and key populations -- including former prisoners, and drug and alcohol abusers -- were addressed. A commitment for Kazakhstan to engage in cross-border control of TB in Central Asia was also extracted, as along with Russia it is the only country with the means to lead a regional initiative.

Eight months of country dialogue ensued and the NSP was submitted to government in December 2013: around the same time that the concept note for the Global Fund was submitted for review by the Fund's technical review panel (TRP). Official approval of the NSP was given in May 2014.

The result of these efforts, according to Mira Sauranbayeva, country director for Population Services International (PSI) in Kazakhstan, is the foundation for a new way of working. Rather than keeping TB patients confined to hospital for treatment, contributing to stigmatization and reluctance to adhere to treatment, an ambulatory response, allowing people to continue with their daily lives, will be promoted. Significant investment in the GeneXpert platform for rapid diagnosis of MDR-TB is also anticipated.

“The Global Fund program will help our country to pilot those innovative approaches in several regions and help to ensure that once donor support is phased-out, that government is ready to

take over the responsibility to manage and sustain it,” she told Aidspan.

The new approach will produce cost savings because it will reduce extensive, and expensive hospital stays for TB patients. There will, however, be a need to ensure that these savings are reinvested in the fight against TB (laboratory, infection control, support to civil society and patients) and to develop a comprehensive training program for medical staff, who will now be conducting follow-up care at the community level and be engaged in community outreach.

[This article was first posted on GFO Live on 17 July 2014.]

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#### **4. NEWS: Global Fund releases mid-year results**

Lauren Gelfand

17 July 2014

##### *Gains included increased number of people on ARVs and under bednets*

Programs supported by Global Fund grants are providing anti-retroviral treatment to 6.6 million people worldwide, according to mid-year results released on 17 July.

The number of people on ARVs paid for by Global Fund grants rose 8% over year-end results from 2013, attributable primarily to strong gains in Nigeria, India, Uganda and Mozambique, where nearly 100,000 people began treatment for HIV since early 2014.

The results also showed an increase of 14% in the number of bednets distributed by Fund-supported programs, bringing the cumulative total to 410 million long-lasting insecticide treated nets distributed.

Global Fund support has also enabled diagnostic testing and treatment for 11.9 million people worldwide, an increase of 6% over year-end 2013 figures of 11.2 million.

The mid-year results reflect sustained support by the Global Fund to national strategic objectives from eligible implementing countries. As the Fund and its implementing partners continue the transition to the new funding model and a more evidence-based, impact-driven approach to the three diseases, it will be interesting to see how this is reflected in the metrics to measure the

extent of Global Fund support to national programs.

[This article was first posted on GFO Live on 17 July 2014.]

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## 5. NEWS: NFM-related training initiatives are in full swing

David Garmaise

09 July 2014

*The initiatives include online e-learning courses available to anyone*

The Global Fund is offering a series of training initiatives including e-learning courses available online to accompany the launch of the new funding model (NFM).

Lindsay Smith, the Secretariat's communication and training specialist for the access to funding unit, told Aidspan that these courses are responding to "a huge hunger for information" among applicants and other stakeholders. "The Global Fund is committed to making its processes as transparent and accessible as possible," she said.

Smith said that as of the end of June, the e-learning courses have been taken 879 times online and have been downloaded for off-line use 516 times; and that the NFM overview video has been viewed 2,357 times.

The e-learning courses are geared mainly towards in-country stakeholders but they can be taken by anyone who wants to improve their knowledge of how the NFM works. Other courses have been developed for the Global Fund's country teams and for technical partners.

In addition, the Global Fund has organized several regional information sessions and has participated in regional meetings convened by partner organizations.

There are six e-learning courses [online](#) on the following topics:

- Understanding counterpart financing and willingness to pay
- Understanding the program split
- Achieving inclusive country dialogue

- Community engagement
- Eligibility requirements for CCMs
- Understanding regional applications

All of the courses are currently available in English; some are available in other languages. Eventually, all of the courses will also be available in French, Spanish and Russian.

Eight other e-learning courses should be available in the next few months. The topics include concept note development, full expression of demand, grant-making, technical assistance, the review process and implementation mapping, as well as the use of the programmatic gap table, and the modular template.

The Global Fund has also developed an [NFM overview video](#).

People who complete the online courses are invited to provide feedback via an online survey; Smith says that the feedback has been overwhelmingly positive. She said that all users have said that they would recommend the courses to a colleague and that the level of detail is “just right.”

Before taking the courses, Smith said, 50% of users who took the survey reported having a “good” level of knowledge of the topics, while 17% percent said they had a “poor” level of knowledge. None of the users reported having an “excellent” level. After taking the courses, 95% percent reported having a “good” or “excellent” level of knowledge. No one said they had a “poor” level of knowledge.

Smith said that a broad range of respondents -- including donors, implementers and local fund agents -- have provided feedback.

### **Training for country teams**

Full-day training courses have been implemented for country teams on the following topics: country dialogue, investing for impact, and core tools: a topic that includes the concept note, the programmatic gap table, the modular template, financial gap analysis and the counterpart financing table, implementation mapping and capacity assessment.

Training has also been conducted on the Global Fund’s new grant management platform; more training is planned on the platform as it continues to be developed.

Smith told Aidspace that following each training, the Secretariat prepared a deck of presentation slides with corresponding exercises for country teams to use to train their CCMs.

An additional module on grant-making training is in development.

### **Regional meetings**

In March and April, the Secretariat organized regional meetings on the NFM in the following locations:

- Jordan (for the Middle East and North Africa)
- Ecuador (for Spanish-speaking countries in Latin America and the Caribbean)
- Senegal (for Western and Central Africa)
- Namibia (for Southern Africa)
- Jamaica (for English- and French-speaking countries in LAC)

More recently, in June, the Secretariat organized a regional meeting in Cambodia (for Asia). Collectively, these meetings involved 840 participants from 66 countries. Although the meetings were primarily information sessions, they also included some formal training.

With respect to regional meetings convened by partner organizations, Smith said that the Secretariat has sent tailored materials and/or presenters and facilitators to more than 50 events in 2014 alone.

### **Other initiatives**

Smith said that the Secretariat is responding to a steady stream of requests from individuals and partners. For example, she said, she recently participated on a Skype call with two other Secretariat staff to “train” youth activists on engaging with the Global Fund.

[This article was first posted on GFO Live on 09 July 2014.]

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## 6. NEWS: In Malawi, trying to reach deaf and blind community with HIV messaging

Owen Nyaka

15 July 2014

### *Tailoring outreach to people with disabilities a goal for advocates under NFM*

HIV activists in Malawi are beginning a new collaboration with advocates for people with disabilities to ensure that HIV prevention messages are reaching even those who cannot see or hear.

According to World Health Organization (WHO) estimates, around 1% of most African country's populations are deaf or blind. In Malawi, this amounts to roughly 25,000 people who are active members of their communities, engaging in the same kinds of behaviors that can increase the risk of HIV infection.

The president of the African Federation of the Deaf-Blind, Ezekiel Kumwenda, told Aidspace that HIV prevention efforts have until now failed to integrate messaging specifically targeting the blind or deaf.

“This gap therefore creates an unfortunate window within our communities through which the country may find that the gains in HIV and AIDS interventions are getting reversed,” Kumwenda said.

With a recorded prevalence rate of 10.8 percent for adults aged 15-49, and 50,000 new cases of HIV registered annually, Malawi is considered a high-burden country by the Global Fund. The National AIDS Commission has never recorded prevalence among the population of people with disabilities, but according to Kunwenda, HIV prevalence is higher, at 14%, than among the general population.

This can be attributed to a wholesale lack of understanding and awareness about HIV within the population because it has never been packaged in a way that is easily accessible, he said.

“Don't leave the disabled behind. How can condoms be used effectively by people who cannot see or hear?” he asked. “If someone can read instructions for you, then it means you have no privacy. Why don't manufacturers put expiry dates in Braille in condom packets?”

Other challenges include the difficulty of accessing HIV and AIDS service centres, while noting

that there are few counselors who are fluent in sign language who can reach deaf clients.

According to the 2009 Malawi National Association of the Deaf (MANAD) Baseline Survey, about 47 percent of the respondents revealed that they have never been reached with any message about HIV and AIDS.

MANAD executive director Byson Chimenya told Aidspan that though Malawi has had some success in reducing its prevalence rate due to targeted interventions for youth, married couples and other key populations, the deaf community has been left behind.

“This has been aggravated due to lack of appropriate forms of information dissemination for deaf people. Most service providers do not have requisite communication skills to liaise with the deaf,” Chimenya said through a sign-language interpreter.

Reaching people with disabilities is not a problem unique to Malawi, Chimenya said, noting that a comprehensive initiative developing messaging in Braille for behavior change and advocacy campaigns, and supporting training in sign language for voluntary counseling and testing (VCT) counselors would be useful the world over.

Conducting HIV and AIDS awareness through focus group discussions among deaf people, training deaf people to become VCT counselors and finding effective ways to promote condom use for people who cannot see or hear will require resources, innovative approaches and a global commitment to including all people in prevention and safer sex messaging.

MANAD has been a sub-recipient of Global Fund grant money since June 2013. Chimenya said that he is working closely with the NAC and other HIV stakeholders to ensure that the country's concept note for allocations available under the new funding model (NFM) includes provisions for activities targeting people with disabilities.

One activity that could potentially find support is a project proposed in early 2014 that was shelved for want of funds. The project would target five districts in Malawi with a prevention campaign specifically designed to reach deaf and blind populations with condom promotion and distribution, and counseling services that accommodate their disabilities.

The project, with a price tag of roughly \$65,000 would also train existing VCT counselors in international sign language in the five districts so that the hearing impaired and the deaf could access VCT services through public facilities.

*Owen Nyaka lives in Malawi and is a member of the [Key Correspondents network](#) which focuses on*

*marginalized groups affected by HIV, to report the health and human rights stories that matter to them. The network is supported by the [International HIV/AIDS Alliance](#).*

[This article was first posted on GFO Live on 15 July 2014.]

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