



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 251: 18 September 2014

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Russia's opposition to some of the tried and tested activities to promote harm reduction among people who inject drugs coupled with its changing relationship with the Global Fund threaten to undo even modest progress in controlling the spread of HIV within this key population.

[2. COMMENTARY: Hard choices in Russia as the final HIV grant proposal is submitted](#)

Hard choices accompanied the submission of Russia's first HIV concept note under the NGO rule: should the priority be service delivery (including harm reduction and prevention services) or advocacy to change restrictive policies on harm reduction? Country dialogue exposed the fault lines between the two camps as the clock winds down on Russia's time as

a Global Fund recipient.

[3. NEWS: On the border between Côte d'Ivoire and Liberia, a challenge in supporting HIV-positive women](#)

Ten years of armed conflict and perpetual insecurity have driven HIV prevalence in Côte d'Ivoire higher -- especially among women in the western zone on the Liberian border. Many of these women were infected as a result of sexual violence perpetuated by one or another of the marauding armed groups that terrorized the region for over a decade; others were infected after turning to prostitution to escape extreme poverty. Since 2012, the Global Fund has supported activities in the west to reach these women.

[4. NEWS: APCOM prepares briefing documents for key populations in Asia Pacific](#)

A new series of briefing documents prepared by the Asia Pacific Coalition on Male Sexual Health has been shared with 17 countries that are eligible for Global Fund support for HIV programming. The documents aim to provide key populations with the information they need to get involved at all stages of the new funding model process.

[5. NEWS: New policy for emergency personnel hailed as triumph for Georgian Harm Reduction Network](#)

The Georgian Harm Reduction Network is hailing a new law that overturns the requirement for emergency personnel to notify police when responding to possible drug overdose: a step they consider crucial towards decriminalizing drug use in the country.

[6. NEWS: Aidsplan conducts survey of East African sub- and sub-sub recipients of Global Fund grants](#)

Sub-recipients and sub-sub recipients of Global Fund grants are critical to the Fund's implementation model as they engage directly and consistently with populations and beneficiaries. Little research has been done to understand their experiences and document how they consider Global Fund operations could be improved. Aidsplan surveyed SRs across four countries in the High Impact Africa I region: Kenya, Uganda, Tanzania, Rwanda. While the response rate was low, the survey reported a highly diverse set of experiences with principal recipients and Global Fund processes.

See [section](#) near the end of this newsletter listing additional articles available on GFO

Live.

ARTICLES:

1. NEWS: Russia's harm reduction programs threatened by want of funds

Allison Quinn 16 September 2014

Smaller Global Fund grants force changes to program priorities

For activists who hand out clean syringes and HIV tests outside a shop in northern Moscow, the reaction from some of the area's users of injected drugs has become routine: they avert their eyes, either in fear or shame, and quicken their steps to get out of sight.

“They're afraid, they think it's a trap and we're going to call the police or something,” says Maria Preobrazhenskaya, an activist with the Moscow-based Andrey Rylkov Foundation, whose harm reduction activities targeting vulnerable populations do not receive Global Fund support.

The foundation is one of only a handful of groups still able to implement outreach activities as the Russian government has shown itself increasingly unwilling -- or unable -- to shoulder costs for harm reduction, a decision that has carried considerable consequence.

In 2013, Russia's health watchdog Rospotrebnadzor recorded nearly 78,000 new cases of HIV infection: a steady increase from 2011 over the 62,000 cases recorded then. Activists fear that due to new ceilings on the size of their grants from the Global Fund, which has been the main source of funding for harm reduction in the absence of government funds, those numbers could drive higher.

Pavel Aksenov, director of the non-profit partnership Esvero, responsible for harm reduction activities in more than 30 Russian cities, told Aidspace that the government ignores drug users at its peril.

"Right now the government is covering almost the entire spectrum of preventative measures — except for measures among the population most vulnerable to catching the disease. And the one and only source of financing for preventative measures among members of this group is the Global Fund," he said.

Russia began to transition away from being a recipient of Global Fund support in 2010, and disbanded its country coordination mechanism (CCM) in 2013. Since then, activities in Russia

that are supported by the Fund have operated through non-governmental organizations.

The Fund's transition away from the earlier rounds-based approach to the new funding model, (NFM) which emphasizes high burden, lower income countries in its allocation of resources means that there will ultimately be less money available for wealthier countries, who should ostensibly be able to fill the gaps in donor support.

This is contributing to what Harm Reduction International warns is a “global funding crisis” driven by “donor retreat and government neglect”.

To see the consequences of a withdrawal of support by donors for harm reduction, one must look only to Romania, which became ineligible for Global Fund support through the regular channels in 2012. Romania, like Russia, remains eligible for HIV support under the NGO rule, but only if NGOs can demonstrate that there are political barriers to providing key services (see article [here](#)).

In the absence of Global Fund support for prevention activities, however, Romanian NGOs were unable to sustain them, which contributed to a subsequent rise in HIV infection in the country, a [report](#) from Harm Reduction International found.

“Everything depends on preventative measures. Treatment of the disease is a fairly structured process; its effectiveness hinges on how well it was planned for and how accurately it was predicted,” Aksenov of Esvero said.

Ilya Lapin, an activist who works with intravenous drug users in Tver, echoed that sentiment.

“To say that Russia will be able to stop the epidemic, I think that's a very strong statement. Because if we don't work on these three areas — preventative measures among drug users, among homosexual men, among sex workers — Russia will remain at the forefront of the HIV epidemic,” he said.

In a minor victory for those trying to stem the spread of the epidemic, Russia's Justice Ministry in mid-August ruled that several NGOs working to fight HIV did not fall into the category of “foreign agents” according to the country's controversial 2012 law on NGOs receiving foreign funding.

Russia was allocated \$15.7 million for HIV under the NFM, about 25% of which was already committed to existing grants. This has left some \$11.9 million for Fund-supported HIV programming from 2015-2017; country dialogue to develop an NGO-led concept note has

concluded with the submission on 8 September of an HIV concept note.

The concept note submitted in September followed a review of an earlier proposal that earned strong objections from among several civil society groups worried that it de-emphasized service delivery in certain key regions in favor of a nationwide advocacy campaign to encourage the federal government to assume a greater share of the costs for prevention programs. In a Russia where some harm reduction activities such as opioid substitution therapy (OST) are not only discouraged but also illegal, there were those who felt that this was not the most effective allocation of limited resources.

However, Aidspan understands that there was an overwhelming consensus behind the transition to a new advocacy focus for the Global Fund grant. The hope is that by using what is likely to be Russia's last HIV grant from the Fund to make a compelling, financially sound case for the effectiveness of HIV prevention programs targeting key populations -- including people who inject drugs -- there will be enough time to develop a financial and political reservoir of support in the country for such programs to continue beyond 2017.

Under the concept note submitted to the Fund, which will be considered in coming weeks by the Technical Review Panel, the proposed breakdown of the funds is roughly as follows: 63% for HIV prevention activities within key populations; 8% to support a legal defense fund; 7% for community system strengthening; 4% for data analysis, monitoring and evaluation; and 18% for program management.

Mikhail Golichenko, a senior policy analyst at the Canadian AIDS Legal Network who leads the organization's research and advocacy work in Russian-speaking countries, said the "meager sum" allocated by the Fund will probably do nothing to improve the battle against HIV -- but it may force the state to engage in a more serious dialogue about national harm-reduction programs.

"In the new model, emphasis is placed on engaging members of the key population in the work of state programs. Thus the key groups are no longer viewed as an object of preventative measures, but as full-fledged participants in the programs and also full-fledged participants in the dialogue with the state," he said. "If the programs are conducted properly, it is precisely the development of the vulnerable groups' potential that will provide the opportunity to ensure the stability of these programs in the future; it is these key, vulnerable groups acting as catalysts for change."

But in practical terms, according to Esvero's Askenov, this means that in addition to layoffs of outreach workers, the proposal would mean an end to assistance for more than 40,000 injected

drug users who are current beneficiaries of Global Fund-supported programs.

Among them are people like Nastya, a young HIV-positive drug user who has turned to prostitution to support her habit even as her body deteriorates. Bad experiences with government doctors, who dismissed her without trying to help her, have left her without any consistent access to health care -- beyond limited outreach efforts.

When offered condoms, she demurred, saying her clients "usually don't care" that she is HIV positive.

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

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2. COMMENTARY: Hard choices in Russia as the final HIV grant proposal is submitted

Tinatin Zardiashvili and Lauren Gelfand 18 September 2014

Stakeholders grappling with priorities: services or advocacy?

The concept note [delivered on 8 September](#) for Russia's last HIV grant from the Global Fund was a perfect illustration of the conundrum facing a growing number of Eastern European/Central Asian countries: how to do more with less to fight a widening HIV epidemic.

As more countries from the region 'graduate' from Global Fund eligibility due to their income classification, the funds that they could once count on to support prevention, harm reduction and other programs targeting vulnerable populations are disappearing. And there is little evidence that most national budgets are prepared or able to fill the vacuum.

In Russia, the situation is complicated by the decision by government to dismantle the country coordination mechanism and to restrict operations by foreign non-governmental organizations. The application of the NGO rule by the Global Fund is a way to operate within these restricted parameters, but the \$11.9 million allocated for HIV through 2017 will represent the last-ever Global Fund grant to the country -- even as HIV infection rates continue to rise.

All-too-aware of the implications of this scenario, Russian NGOs set themselves to work, holding a country dialogue session on the margins of the June 2014 EECA AIDS conference. Despite the decision to boycott the meeting by a number of NGOs, more than 100 representatives of local organizations attended the session in order to prioritize the most cost-effective and highest-impact interventions and activities.

Those who attended the meeting told Aidsplan that there were two distinct camps stumping for two different sets of priorities: those who considered it critical to maintain the level of service delivery, including treatment of those infected and the provision of harm reduction materials such as safe needle and condom distribution, and those who wanted to invest in advocacy to try and change national policies on harm reduction and prevention.

The decision to shift the emphasis away from service delivery towards advocacy followed a candid and lengthy discussion about the effectiveness of past programs. Many of those who participated in the country dialogue, including principal recipient Open Health Institute, avowed that needle exchange programs, counselling and other activities carried out since 2006 did not quite have the impact they had hoped for. And with a declining budget, it was perhaps time to try something innovative: a new program that combined service delivery with advocacy campaigns to overcome legal barriers to wider, government-supported harm reduction.

Those in the other camp lined up behind the non-profit partnership known as Esvero: a group responsible for doing the harm reduction activities since 2006. If services targeting people who inject drugs are suspended, the group argued, the risk of increased transmission of HIV is even higher.

How Russian implementers adapt their programming to the constrained resource environment should serve as a model for other countries. It also provides a window of opportunity to develop a credible and comprehensive evidence base for future operations: something that was at the heart of the concept note submitted by the Russian NGOs in early September.

As donors draw down their assistance in the region, public health leaders need to create effective, and cost-efficient models that are sustainable beyond the three- to four-year lifespan of donor-assisted projects. This places a greater financial and operational burden on governments -- but also gives them the time to do it, and to develop and nurture collaborations with NGOs to assist in carrying out work at the community level.

According to OHI, this will also give community organizations the tools they need to empower key populations to, in the future, protect their own rights -- to transform from beneficiaries into

partners.

But Esvero's executive director Pavel Aksenov, considers this to be a risky choice, this trading of services for advocacy and the possibility that no matter how much time, energy and money are invested in transforming the policy environment, there could be insurmountable opposition from the state, never a great friend to junkies. And then the trade-offs will have come with a heavy price: a failure to stem the epidemic and a yawning gap that there is no one to close.

Nailya Vinogradova, of OHI, is aware of the risks of doing something different -- but she is also aware of the risks that accompany a less-than-effective status quo. All eyes will now be on Russia to see if the trade-off was the right one.

[This article was first posted on GFO Live on 18 September 2014.]

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3. NEWS: On the border between Côte d'Ivoire and Liberia, a challenge in supporting HIV-positive women

Aurelie Fontaine 18 September 2014

Armed conflict, extreme poverty and a porous border have contributed to high HIV prevalence rates

Ten years of armed conflict and perpetual insecurity have driven HIV prevalence in Côte d'Ivoire higher -- especially among women in the western zone on the Liberian border. Many of these women were infected as a result of sexual violence perpetuated by one or another of the marauding armed groups that terrorized the region for over a decade; others were infected after turning to prostitution to escape extreme poverty.

Lost to follow-up, lost from sight

In the crisis that followed the 2010 elections, more than 100,000 people fleeing fighting in the west escaped across the border into Liberia, itself only barely emerged from 14 years of civil war. More than half of them remain, according to the UN High Commissioner for Refugees,

making periodic trips back into Côte d'Ivoire but too anxious to return permanently.

"So we give [anti-retrovirals] to women for a month, and then they go back to Liberia for two or three months and we lose them and they stop taking the drugs," said Dr Jonas Akafou, who runs the public clinic in Djouroutou: a tiny and isolated village that is right on the border.

Other women who contract the virus feel too much shame and stigma to seek treatment, because their secrets would be revealed: they engage in occasional transactional sex in order to pay for life's necessities and keep them from complete destitution, said Paulin Gbahi, a nurse at the health clinic in Tai, another border town.

"This population movement really makes it easy to spread HIV; young girls are in Liberia, then in Côte d'Ivoire, then back in Liberia. In the village it's not that there is a lot of prostitution per se, but it's often that, say, if a woman rents a room in her house, she will also make it known that she is available," said Gbahi.

The problem stems from a massive lack of awareness and an ignorance of testing and diagnosis. Dramane Cissé, who works at the testing center in the public hospital in Duékoué, one of the main western Ivorian cities and one of the hardest hit by the civil war, says that only about 18% of Ivoirians know their status.

The rest, especially in his area, have had little exposure to messaging about the importance of safer sex, about reducing the risk of transmission and about getting tested -- especially the young former fighters, many of whom were initiated into their armed groups with forced sexual interactions with local women.

"Prevalence rates in Duékoué are already above the national levels (5.25% compared to the national rate of 3.7%) and that's only among those who were tested [before the district-level survey was conducted in 2013]," said Cissé. "And of course that was recorded only among people who were tested, so the real infection rate is much, much higher".

Stigma, fear and ignorance: a ruinous combination

Fatoumata (not her real name) is in a relationship with a former fighter. She was tested and diagnosed as HIV positive at the Duékoué hospital, where she enrolled in a treatment program.

"I am faithful to him, because I am infected and I don't want to transmit the virus," she told Aidspace. "In the beginning, I hid it from him but now he knows, and we use condoms that the

hospital gave us. But I don't think he is faithful to me."

Fatoumata is one of the lucky ones, mostly because she presented herself for treatment. Others, worried about being judged, worried about cost, or distance, or any number of other concerns, or just unaware of the implications of a positive diagnosis, go without.

Interventions coming too little, too late

Since 2012, the Global Fund has supported programs that are trying to stem the tide of the epidemic, focusing their efforts on the commercial sex workers who ply their trade in the border zone. Côte d'Ivoire joins Ghana, Benin, Togo and Nigeria in the regional Organization of the Corridor Abidjan-Lagos (OCAL) grant for targeted prevention interventions for mobile populations crossing borders, but that does not specifically address the issues in the west.

Data collection on key populations is also being supported by the Global Fund, including bio-behavioral surveys on commercial sex workers and men who have sex with men.

"A study [conducted in 2011] showed that the epidemic is mostly concentrated in the country's west, where there is a lot of population movement, so that's where the Global Fund is supporting programs," said Venance Kouakou, director of the Ivorian country office for Heartland Alliance International, a sub-recipient of a Global Fund grant administered by the International HIV/AIDS Alliance country program.

Since September 2012, some \$475,000 has been spent on outreach programs about prevention and effective condom use; an additional \$1.4 million will be programmed through the end of 2016.

Flavienne Ouelle, who runs the outreach programs for Heartland Alliance said that night clinics have also been opened in 13 district and 15 localities around the west. Each clinic is open twice a month, providing voluntary testing and counselling to the sex workers who operate in the area. The clinics, though staffed by doctors and nurses, do not dispense ARVs.

They do, however, a greater degree of confidentiality and discretion than the typical public dispensary, noted Dr Camille Anoma, director of the local NGO Espace Confiance (Safe Space): another Global Fund sub-recipient, which does similar work along the eastern border with Ghana.

"It's a much better strategy because it offers more accessible services, rather than waiting until beneficiaries go for treatment at the health centers," Dr Anoma said. "Before, the strategy was to

refer men who have sex with men and sex workers to the public facilities, but I have always been wary that this method is not the most efficient, because how can you track whether they have been seen [by health professionals]. And it does not even begin to address the prejudice and stigma that are so strong against sex work and homosexuality, even among health professionals."

In Abidjan, the economic capital, another way to encourage people to adhere to HIV treatment is being piloted. HIV-positive women are now being provided with a condensed medical file so that they can carry it with them wherever they go, and maintain their treatment regimen irrespective of where they go to be seen. Further financial support for the program, the piloting of which was concluded in June, is being requested as part of the \$112.9 million being allocated to Côte d'Ivoire for HIV under the new funding model (NFM).

[This article was first posted on GFO Live on 18 September 2014.]

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4. NEWS: APCOM prepares briefing documents for key populations in Asia Pacific

Mary Lloyd 17 September 2014

The briefs are aimed to provide key populations with the information they need to be active participants in country dialogue

Communication between the Global Fund and organizations working on male sexual health issues in the Asia-Pacific is the biggest obstacle keeping at-risk populations from joining the conversation on how to respond to HIV, according to the Asia Pacific Coalition on Male Sexual Health (APCOM).

To overcome these communications challenges, APCOM has developed a series of briefing documents to arm at-risk populations with the most complete information possible about Global Fund processes, and how to be engaged and active participants in ongoing country dialogue.

The fact sheets, developed in collaboration with a team from the Global Fund Secretariat, provide details about how advocacy groups for men who have sex with men and transgender

populations can engage in the new funding model (NFM) processes.

The guidance documents detail the various stages of the NFM process. They and are intended to explain when and how organizations can get involved in each step, from country dialogue to grant implementation, according to Inad Rendon, an advocacy officer with APCOM: the leading regional advocacy group for HIV issues and how they affect the MSM and transgender communities.

The Global Fund is using the NFM as a lever to encourage wider civil society participation in its processes; a decision that APCOM's executive director, Midnight Poonkasetwattana, endorsed as a way to ensure that the NFM process is 'robust and inclusive'.

“For the community to understand and strategise their collective priorities effectively, consultation at the community-level prior to national dialogue process is very important,” Poonkasetwattana said.

“The community should be given the space and funding to hold their own dialogues to feed into the national processes.”

Yet the documents, which were reviewed by Aidsplan, do not contain any advice or language specific to the needs and risks confronting MSM or transgender organizations, to help support the need for these groups to be included in the decision-making processes. This is because there is no language or information specific to the needs of MSM or transgender communities in documentation provided by the Fund, Rendon said.

Nor are they differentiated for each country, beyond the provision of contact details for organizations or networks, meaning that rather than providing a tailored, country-specific approach, the briefing documents are very basic and one-size-fits all.

Poonkasetwattana said the contact details were provided to help communities participate better in national processes, and added that it would appear that APCOM is the only network to have produced briefing notes in this way for their national partners.

Rendon said that when producing the documents, APCOM tried not to deviate from what the original documents tried to convey to their target readers. APCOM plans to follow up with further details for MSM and transgender groups to be available on the organization's website, he added.

The fact sheets were developed with the support of Australia's Department of Foreign Affairs

and Trade as part of APCOM's Headlight Series project in which they packaged and distributed information relevant to MSM and Transgender groups around the region.

Poonkasetwattana said that current documents are not in languages that the majority of the people working on the ground understand and hence their participation is "minimal and tokenistic".

Yet the documents have been produced in English and have not yet been translated into any other languages. Poonkasetwattana said APCOM is planning to work with groups in its network to translate the documents.

Rendon said that on past projects, the translation process itself has posed significant challenges because some of the jargon used in advocacy work is not easily translated. He said translating a document can take up to five months to complete.

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

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5. NEWS: New policy for emergency personnel hailed as triumph for Georgian Harm Reduction Network

Tinatin Zardiashvili 17 September 2014

Police will no longer have to be notified in the event of a possible drug overdose

Georgian Harm Reduction Network (GHRN) advocates are hailing the decision by government to overturn a requirement that ambulance and emergency personnel notify police when they respond to a possible drug overdose.

The decision, taken in August, means that people who inject drugs can access the care they may need without fear of persecution -- or prosecution.

Stigma and fear remain considerable barriers to service use, according to surveys conducted by local NGOs with support from the Global Fund. A survey conducted by GHRN in early 2014 found that more than one in four drug users aged 30-35 had overdosed at least once in the six

months prior. Tellingly, although nearly half of the survey respondents also reported witnessing a drug overdose during the same period, only 15.8% called an ambulance.

The policy change was driven by both street- and high-level advocacy campaigns supporting the slogan "our repression is your regression" and was led by GHRN in partnership with the Georgian Network of People who use Drugs (GeNPUD). Some of the funding for the advocacy campaign was provided by the Global Fund under a Round 10 grant.

The lifting of the requirement for emergency personnel is just one step in a long process to change the highly contentious criminalization of drug use in Georgia, and one step towards mitigating the consequences of those drug policies on public health.

HIV infection rates are growing faster among people who inject drugs than any other population in the country; of the 4,463 people estimated to be living with HIV in Georgia, more than half have self-identified as injected drug users.

"Georgia is among the countries with a currently low HIV prevalence rate but high potential for developing a widespread epidemic," Global Fund-supported research conducted by a local NGO in 2012 concluded.

This has prompted the need of a strategic refocusing of priorities under the national strategic plan (NSP) for HIV to develop a more coherent approach to harm reduction and prevention specifically targeting people who inject drugs.

The problem, according to Konstantine Labartkava, board director of GeNPUD, is that although the state funds harm reduction and provides hospital resources for detox programs, these public health initiatives are superseded by the punitive legal environment that applies harsher sentences for drug use than for homicide.

GHRN is hoping that the \$33.9 million allocated to Georgia under the new funding model (NFM) will include some funding for advocacy work to overturn some of the more repressive drug policies in the country. A package of policy changes has been developed and presented to parliament but the recommendations have not gone far due to significant resistance from a core bloc of legislators keen to hold the line against liberalization.

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

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6. NEWS: Aidspan conducts survey of East African sub- and sub-sub recipients of Global Fund grants

Cleopatra Mugenyi 18 September 2014

Despite a low response rate, the survey showed a diverse mix of experiences with Fund processes and principal recipients

Aidspan has released a [brief analysis](#) of a survey conducted of sub- and sub-sub recipients of Global Fund grants in four East Africa countries: Kenya, Rwanda, Tanzania and Uganda. All four countries are classified by the Grants Management unit as High Impact Africa 1 countries.

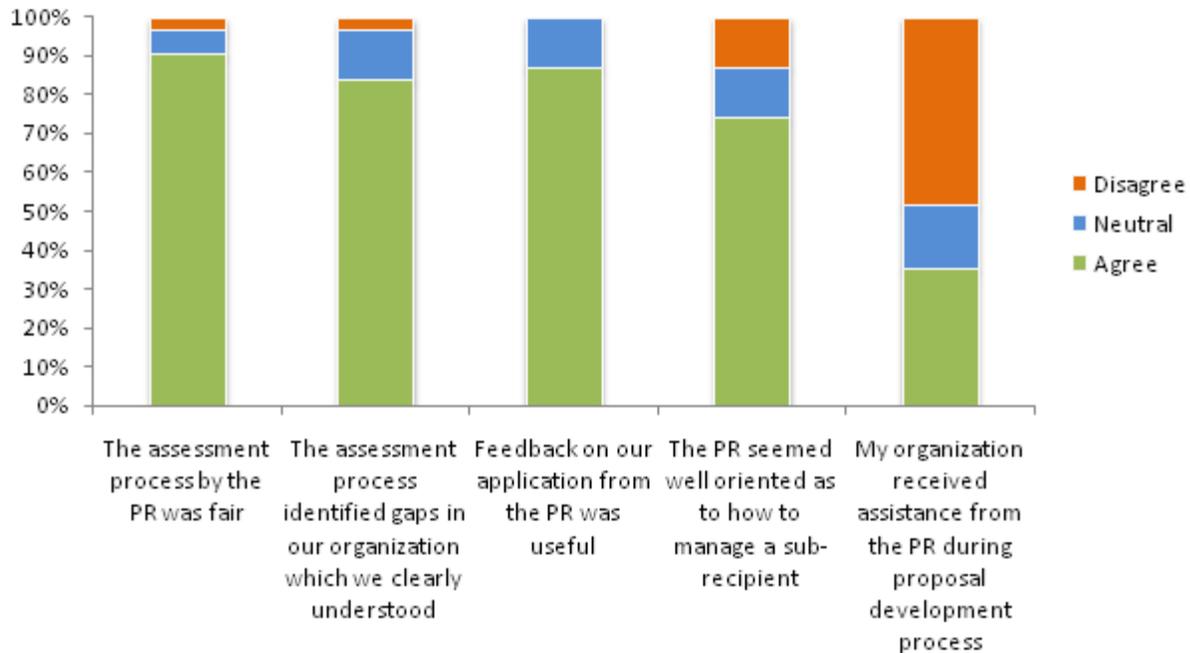
The survey follows a [2012 study](#) that assessed the opinions expressed by PRs drawing from their experience with a number of Global Fund processes.

The SR survey gathered information on the following topics:

- Opinions about their organizational capacity to implement Global Fund programs
- Experiences of SRs in management of SSRs
- Relationships and communication with PRs
- PR support in program implementation
- Opinions of and experiences with local fund agents (LFAs)
- Interactions with country coordinating mechanisms (CCMs)
- Experiences with funding disbursements

The online survey was sent to representatives of 318 SR organizations, and garnered 42 responses (13.2%). Most responses were from Kenya (47.6%) followed by Rwanda (33.3%) and Uganda (19%). No responses were received from Tanzania. Over two thirds (67.6%) of the respondents were from SR organizations that had been Global Fund grant recipients for one to four years. Although most respondents (68.8%) felt that the PR selection process was straightforward, comments made by respondents indicated a need for clearer communication, wider stakeholder involvement and more transparency. Most respondents did not feel that their organization received assistance from the PR during the proposal development process.

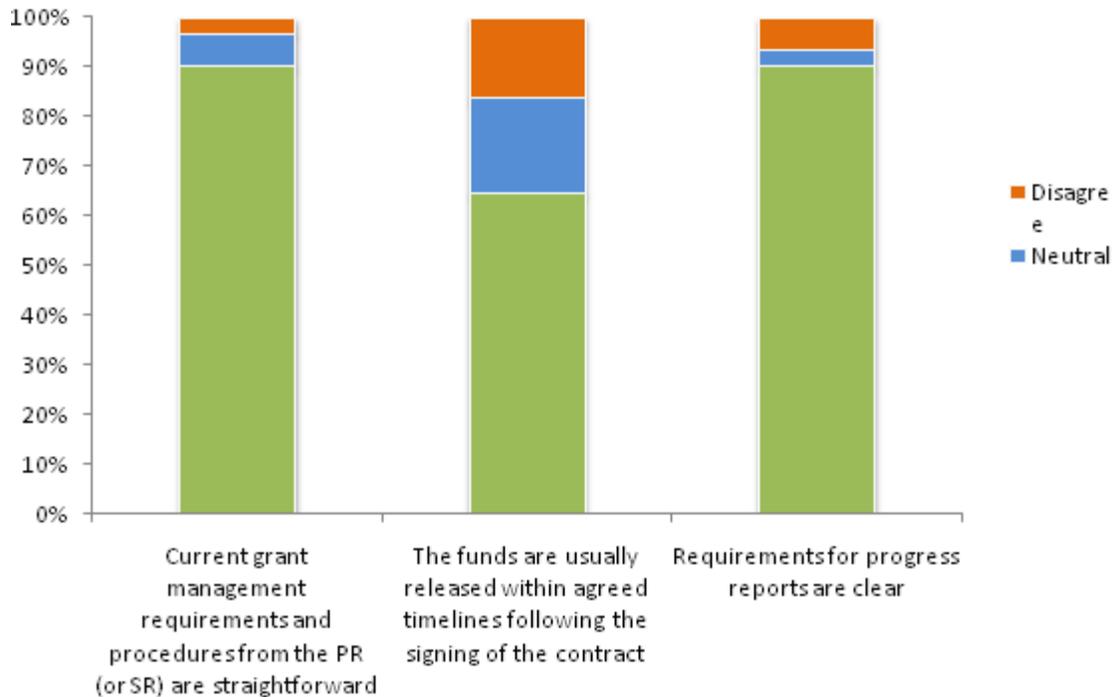
Opinions on processes involving the Principal Recipients



More than half of respondents (51.6%) indicated that there had been program delays due to external factors. Delays in disbursements, health worker strikes, holidays, and elections were some of the reasons mentioned. The most common complaint was a delay in disbursements by PRs.

Recommendations for improvement of Global Fund processes tended to be focused around disbursements. As many SRs may be working under tighter funding constraints than the PRs, quarterly disbursements of funds from PRs were suggested. Consultative budget processes at the proposal development stage between the PRs and SRs is another area that could be improved.

Opinions on the Global fund grant management systems



A mixed picture emerged of opinions and experiences with PRs and Global Fund processes. Most SRs/SSRs were happy with the content and timeliness of communication with their PRs. Half of the respondents disagreed with the statement that their organization received assistance from their PR during proposal development, and most respondents felt that their organization needed technical assistance in financial management and program implementation. Some concerns were raised with regards to specific processes such as the timeliness of disbursements and the technical capacity of PRs. Many respondents reported their interactions with LFAs as positive.

The major limitation of this survey was the low response rate. This makes it difficult to generalize the results across all SRs in the region. While every attempt was made to improve the participation of SRs and SSRs in this survey, the low response rate could be attributed to a number of issues. The survey coincided with the launch of the NFM, and many agencies were learning about changes in roles and responsibilities and in the grant application process during this period.

It may also be true that some SRs were not comfortable responding to a survey that could have been interpreted as having a potential influence on their funding. While SRs (and SSRs) are the front line of the Global Fund ecology, they may perceive changing or improving Global Fund

processes to be outside of their influence. This small sample has provided information that may be useful for improving communication between PRs and SRs. Hopefully with higher participation, the next SR survey will be able to provide more evidence and recommendations to the Global Fund on the improvement of processes involving SRs and SSRs.

[This article was first posted on GFO Live on 18 September 2014.]

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NEWS : [Search for new Inspector General begins](#)

The Global Fund board on 9 September gave formal approval for a search to find a successor to Martin O'Malley, who announced in August that he would resign his position as Inspector General.

This is issue 251 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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