



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

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Country coordination mechanisms are facing challenges integrating the new requirements for performance improvement. Just four of the 84 CCMs that have completed performance assessments are fully compliant with minimum requirements. Of 80 performance improvement plans in development, only 10 are on track. These shortcomings appear to be of little consequence, however, as most CCMs are still being allowed to submit concept notes since 'sufficient progress' towards

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Malawi is looking to put a financial scandal at the National AIDS Commission behind it and move into the next phase of its HIV response. But the country faces other challenges, amid complaints from civil society that they are under-represented in activities foreseen in a new grant proposal to the Global Fund for \$574 million.

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Nigeria is watching as President Goodluck Jonathan considers whether to sign a groundbreaking anti-discrimination bill that would impose harsh punishment on those who would erect barriers to access to services for the country's 3.1 million people living with HIV.

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An investigation by the Office of the Inspector General into the procurement activities in grants to Kazakhstan has found evidence of systematic collusion, fraud and corruption that compromised 76 contracts worth \$16.5 million. A separate investigation into a grant in Yemen revealed similar problems on a smaller scale.

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1. NEWS: Global Fund offers look back on 2014 in final NFM progress update

Lauren Gelfand 12 February 2015

Just under half of the expected 260 concept notes under NFM submitted in 2014, representing

58% of allocation funding

In its first update on the new funding model (NFM) for 2015, and ultimately the last stand-alone update it will provide, the Global Fund offered a look back at the roll-out of the mechanism aiming to direct the greatest resources to those countries with the highest disease burden and least ability to pay.

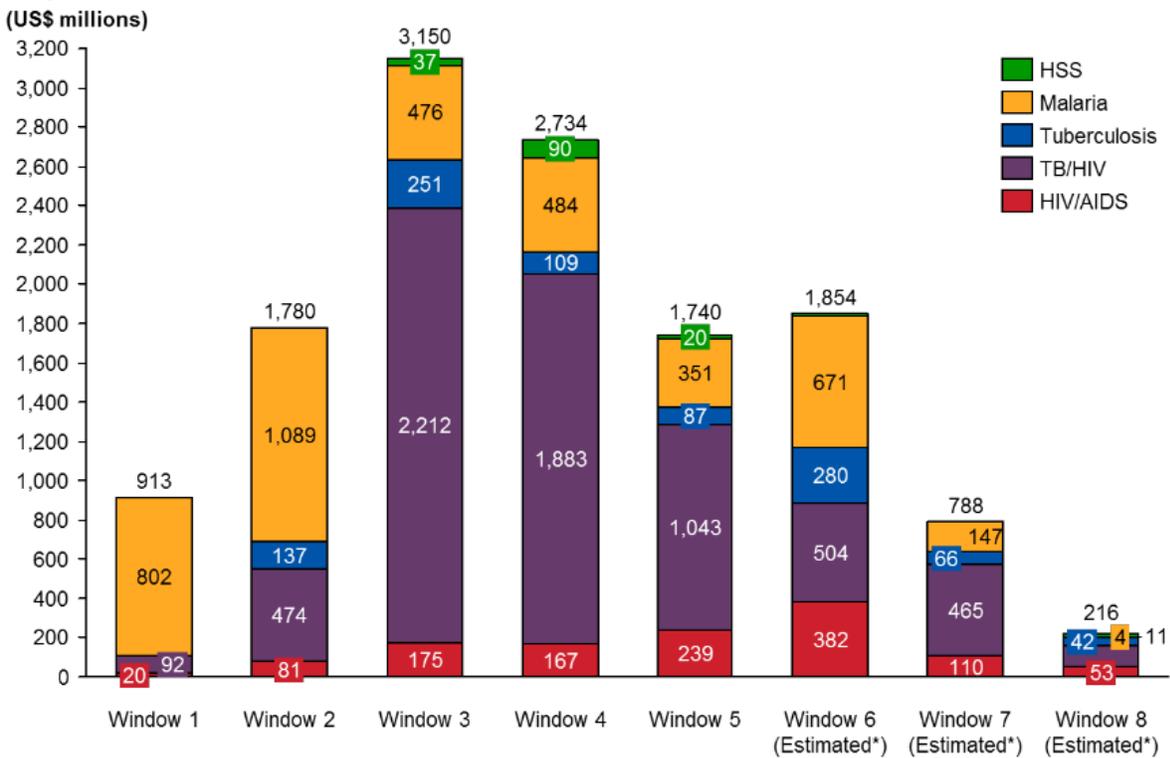
By the end of 2014, a total 111 concept notes were submitted for review by the Technical Review Panel across all three disease components. These notes represent 58% of the funds allocated under the NFM through 2017 -- or some \$8.58 billion in investment in AIDS, TB and malaria responses. Incentive funding worth another \$525 million was also awarded.

Of those 111 concept notes, 33 grant agreements were approved. Since the beginning of 2015, another six agreements were signed: two for Bangladesh, and one each in the Philippines, Cameroon, Nigeria and Rwanda.

As of early February, 65 of 71 program splits that were reviewed for changes were approved.

Figure 1 captures the value of the concept notes by disease component submitted for review by the TRP and the Grants Approval Committee. It does not distinguish between those notes submitted and those that have proceeded to grantmaking.

Figure 1: Value of concept notes by component by 2014-2015 window as of early February



(source: Global Fund. GF/B32/ER08)

More learning, more training

The roll-out of the NFM was accompanied by an intensified push to improve communication about policies and procedures at the Global Fund. Some 846 days of training on core tools of the funding model were carried out by country teams, and 18 updates were made to guidelines and policies in the Operational Policy manual. The greater number of visits to implementing states would appear to be part of the strategy by the Global Fund to mitigate the impact of not having a full-time country presence.

Training and technical assistance was also carried out by Global Fund partners, on topics including concept note development, country dialogue and inclusion of key populations in both of those areas.

A costed technical partnership agreement with the World Health Organization also contributed to a higher degree of technical acumen among the country coordinating mechanisms that prepared concept notes in 2014. WHO received a \$29 million contract to carry out TA; 73 countries thus far have approached the organization for help in developing concept notes.

Specialty areas were also given a technical boost. Community, rights and gender specialists traveled to 70 countries and also worked with regional applicants, spending \$4 million of the \$15 million allocated to

technical assistance in these areas by the Board during its 31st annual meeting in Jakarta in 2014. Of the technical assistance provided in this area, 40% went to Africa -- further elaboration of what that meant, in terms of number of countries, visits or people reached was not available.

Technical assistance does not always lead to technical skill

However, for all of the support, there were still a number of tests that countries failed to overcome, particularly with respect to two of the minimum requirements for CCMs. (For more on CCM minimum requirements, see [this article](#).)

Countries continued to struggle with the first two minimum requirements: coordination of country dialogue and the development of concept notes, in particular integrating a variety of stakeholder voices including those of key populations; and the transparent selection of principal recipients (PR) for grants.

These challenges were the subject of an analysis by the Access to Funding department which will inform a series of recommendations and lessons learned to be shared with countries going forward into the next year of the NFM. According to the update, "this analysis specifically focused on the documentation provided in the concept notes to show compliance with the first and second eligibility requirements." The analysis will emphasize lessons learned over the entire process, in a bid to provide those countries submitting in later windows insight into the experience of their predecessors.

New reporting, more transparency?

The update also provided a window into some of the inner workings of the Secretariat, primarily focused on reporting and improving transparency while providing a "more holistic view by providing updates on the implementation of the wider Global Fund strategy".

This evolution in focus and quantity of information means that no more progress updates will be published; instead, the information will be included in other reports to the Board, Board committees, partners, applicants and stakeholders.

In service to transparency, copies of concept notes and grant agreements -- once they are approved and signed -- will now be made available online. This is an important development, and one that Aidspan among many others has been waiting for.

[This article was first posted on GFO Live on 12 February 2015.]

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2. NEWS: Most CCMs that have submitted concept notes are not fully compliant with minimum requirements

David Garmaise 12 February 2015

Performance assessment data show that just 10 of 80 plans to improve CCM performance are on track

Country coordination mechanisms are facing challenges integrating the new requirements for performance improvement. Just four of the 84 CCMs that have completed performance assessments are fully compliant with minimum requirements. Of 80 performance improvement plans in development, only 10 are on track. These shortcomings appear to be of little consequence, however, as most CCMs are still being allowed to submit concept notes since 'sufficient progress' towards implementation is being made.

According to the [CCM performance assessment spreadsheet](#), which is regularly updated on the Global Fund's website, the four minimum requirements included in the assessments were:

- Oversight planning and implementation (Requirement 3)
- Membership of affected communities (Requirement 4)
- Process for electing non-government CCM members (Requirement 5)
- Management of conflict of interest (Requirement 6)

(There are two additional CCM minimum requirements which are assessed when the concept notes are submitted.)

Each requirement contains several elements, and in each element, CCMs are rated 'fully compliant' or 'working towards compliance'. Then an overall rating is given.

El Salvador, Haiti, Moldova and Mozambique were, as of 6 February when the data for this article were pulled, the only CCMs rated fully compliant for all four requirements. Mozambique's full compliance was assessed at the end of 2014, almost two months after it submitted its concept note.

Working towards compliance across all four requirements were 37 CCMs: Afghanistan, Albania, Angola, Azerbaijan, Belarus, Bolivia, Botswana, Burkina Faso, Cape Verde, Chad, Democratic Republic of Congo, Republic of Congo, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kyrgyzstan, Liberia, Mauritius,

Namibia, Niger, Nigeria, Papua New Guinea, Paraguay, Peru, Romania, Rwanda, Sao Tome and Principe, Sierra Leone, South Sudan, Tanzania, Thailand, Timor Leste, Togo, Vietnam and Yemen.

The remaining 43 CCMs were compliant in one or more of the four areas. See the table below for details.

Table 1: Number of CCMs that were fully compliant, by requirement

Requirement	Number of CCMs fully compliant
Requirement #3: Oversight planning and implementation	12
Requirement #4: Membership of affected communities	33
Requirement #5: Process for electing non-government CCM members	23
Requirement #6: Management of conflict of interest	17

All 80 CCMs working towards full compliance across the four minimum requirements have submitted improvement plans containing actions and timelines. Yet just 10 of them are on track, with the remaining 70 CCMs reporting that implementation is at least three months behind schedule for one activity or more.

The problems described above are not new. Even under the rounds-based system, many CCMs struggled to meet the minimum requirements, including in the later rounds when the enforcement of the requirements became more stringent.

Link between performance assessments and submission of concept notes

Under the NFM, as was the case under the rounds-based system, CCMs have to meet minimum requirements to be eligible to submit a concept note. This meant that CCMs had to complete performance appraisals prior to submitting their concept notes.

CCMs that were fully compliant with the requirements, or that were not fully compliant but were making good progress in the implementation of their improvement plans, were allowed to submit their concept notes.

Deciding whether a CCM not already fully compliant was deemed to be making good progress in implementing their improvement plans required a judgment call on the part of the Secretariat. In the final analysis, almost all CCMs in Windows 1-4 were given the green light to submit their concept notes.

René-Frédéric Plain, head of the Global Fund's CCM Unit, told Aidsplan that CCMs whose implementation plans were shown as being delayed if just one action being behind schedule were usually considered to be making good progress. He also said that contextual factors were taken into account. For example, a CCM

from a country experiencing a civil war or an Ebola outbreak might be allowed to submit its concept notes even if several aspects of its improvement plan were behind schedule.

Around 10 improvement plans that were proposed were rejected as insufficient, said Plain. Massive reforms were undertaken by some CCMs as a result. Others pushed back against the Secretariat's decision. It is not known which countries were involved.

Monitoring of the improvement plans is an ongoing process, with some CCMs found wanting having to delay submission of concept notes for additional disease components while they get their plans on track.

Universally, improvement plans are stalling, according to the Secretariat, and speeding up implementation has been identified as a priority for country teams in 2015. The plans usually cover a period of one year. But, on average, after six months, only 20% of the actions in the plans have been completed.

[This article was first posted on GFO Live on 12 February 2015.]

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3. NEWS: Global Fund urges passage of emergency resolution to support drug shipments into eastern Ukraine

Tinatin Zardiashvili 03 February 2015

Approval of the resolution to send OST, ARV and other critical medicines is being held up in the cabinet of ministers

The Global Fund is urging Ukraine's government to approve a resolution paving the way for emergency deliveries of critical medicines and other health commodities into the country's restive east, part of which is currently controlled by pro- Russian troops.

In a letter to Vice Prime Minister Vyacheslav Kyrylenko, dated 29 January, the Fund's manager for EECA, Nicolas Cantau, said that stocks of some of the medicines needed to help keep people who inject drugs enrolled in harm-reduction therapies would be depleted within a week.

“We are gravely concerned about the impending risk of treatment interruptions with regard to HIV, TB and opiate substitution therapy (OST) in the conflict-affected areas,” according to the letter, a copy of which was

shared with Aidspace.

The letter was part of an intensive lobbying effort begun in late 2014 and spearheaded by Fund principal recipient International HIV/AIDS Alliance in Ukraine, alongside other civil society and technical stakeholders to organize a safe corridor to deliver medicines. The International Committee of the Red Cross (ICRC), Médecins Sans Frontières and other approved international humanitarian organizations would assume responsibility for the deliveries, should the resolution be passed.

A rapid assessment conducted by the Ministry of Health estimates that some 14,000 people living with HIV are residing in the area currently beyond government control. More than one-third have already begun ARV treatment; it is not known how many were preparing to enrol in treatment. There are also more than 2,000 people with active TB: one in four of them with MDR-TB.

While stocks of ARVs and TB drugs are forecast to last until end of March 2015, it is the OST that is of greatest concern. Stockouts of OST drugs (buprenorphine and methadone) have occurred since December 2014, forcing as many as 400 people off treatment. Another 450 more are at risk of discontinuation if stocks are not replenished before the end of February, according to the letter.

Ukraine is in the process of signing an agreement with the Fund for a joint HIV/TB grant worth nearly \$134 million; activities under the grant include treatment and prevention interventions in the eastern region. Meanwhile, Alliance Ukraine has sent a separate request to the Global Fund to use cost savings to relocate patients from the conflict zone in order to continue their OST treatment, the group's executive director Andrey Klepikov told Aidspace.

[This article was first posted on GFO Live on 03 February 2015.]

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4. NEWS: While turning the page on a financial scandal, Malawi still confronting challenges in prioritizing HIV interventions

Owen Nyaka 03 February 2015

Civil society flags major imbalance in activities outlined in just-submitted concept note

Seeking to turn the page on a financial scandal involving the National AIDS Commission, Malawi has

appointed new principal recipients to administer the \$574 million it was allocated to fight HIV.

The country submitted its note on 30 January, in time for the fifth window of submission in the new funding model. International NGOs ActionAID and WorldVision, as well as the Ministry of Health (MoH), were chosen as the new PRs, replacing the National AIDS Commission, which has been embroiled in a financial scandal since its former executive director was found to have misappropriated hundreds of thousands of dollars.

Sources within the country coordinating mechanism (CCM) told Aidspace that during a recent visit, a Global Fund delegation expressed continued concerns about the financial management at the Ministry of Health, but kept the state body as PR because it is the only agency with the facilities to handle the biomedical component of interventions. The choice of MoH, WorldVision and ActionAID as PRs preceded the visit by the Fund delegation.

These concerns echoed a March 2014 letter from the Fund Secretariat, in which it was announced that "the overall performance of the current PRs have been downgraded to B2 'inadequate' due mainly to weaknesses in financial management, which led to ineligible or unsupported expenditures and delays in external audit".

External audits conducted for 2011-2012 found some \$1.4 million in ineligible or unsupported expenditures. An audit report for 2012-2013 has yet to be completed; there has been no indication of when an audit for financial year 2013-2014 will even be initiated.

Malawi has, however, begun to implement public financial management reforms as well as measures to strengthen its procurement and supply chain management systems, as well as installing a fiscal agent at the MoH.

Still, there are other challenges beyond financial management. Civil society representatives meeting with the Fund delegation raised a number of concerns about how they were not adequately represented in the country dialogue or in the development of the HIV/TB concept note, and the impact that has had in the note submitted in late January.

Representatives from key population groups also noted that there was little attention in the concept note to addressing the legal and policy environment in which they are operating. Stigma and discrimination have become institutionalized in Malawi, one of 34 countries in sub-Saharan Africa with legislation that makes it a crime to be gay. There are also no anti-discrimination laws in place that offer redress for people living with HIV to report those who would bar them from accessing services.

Budgets allocated to various activities were profoundly imbalanced, they said, with most of the funds going to treatment and very little set aside for prevention and critical enablers: those activities that help ensure that

programs actually work effectively. Both prevention and critical enablers are typically the purview of civil society, while government is generally responsible for treatment activities.

Nor does the concept note invest enough resources in community systems strengthening, according to conversations Aidsplan had with representatives of civil society, slashing the size of the CSS budget from \$8 million under the Round 8 grant to \$1 million over the NFM allocation period from 2015-2017. An increase of \$30 million in domestic financing over the next three years could address these gaps.

The Global Fund team, during its visit, encouraged more work on the note to respond to these concerns, but very little was done to modify the note that was submitted in time for Window 5. It is likely that these areas of consideration will be flagged during the review, expected in March, by the Technical Review Panel.

Owen Nyaka is a member of the International HIV/AIDS Alliance's network of key correspondents.

[This article was first posted on GFO Live on 03 February 2015.]

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5. NEWS: Nigeria awaits enshrining of anti-discrimination bill into law

Tunde Akpeji 03 February 2015

The bill would impose stiff penalties on anyone found to be depriving HIV-positive people access to services

Nigeria is watching as President Goodluck Jonathan considers whether to sign a groundbreaking anti-discrimination bill that would impose harsh punishment on those who would erect barriers to access to services for the country's 3.5 million people living with HIV.

The bill passed the National Assembly in April 2014 but has been stalled awaiting the executive signature that would make it a crime punishable with a fine or imprisonment to turn away anyone seeking treatment for HIV or AIDS. The bill aims to reduce stigma and discrimination levelled against people living with HIV, so that they can declare their status, access counselling [Anchor] and treatment, and reduce the risk of transition.

The law would also forbid any individual or organization from disclosing the HIV status of someone else,

and prevents employers, institutions or individuals from requiring an HIV test as condition for employment or access to services.

The bill will have the greatest impact at state level and in rural areas, said Nigeria country coordinating mechanism (CCM) spokesman Emmanuel Abi Couson, where rampant discrimination means many refuse to even get tested to know their status. The federal law could also pave the way for state-level legislation enshrining a more tolerant approach to HIV in a country with the second-largest disease burden in the world.

Passage of the bill into law has been accompanied by wide debate over a vaccine purported by its creator to be able to cure AIDS. Dr Jeremiah Abalaka developed the vaccine in the late 1980s but it has been banned from use in Nigeria since 1990. Now, a court ruling has overturned the ban, paving the way for Dr Abalaka to resume administering the vaccine, over fierce objections by civil society HIV activists.

The concern, according to the Network of People Living with HIV/AIDS (NEPWHAN), is that people will turn to the relatively affordable vaccine rather than continuing to follow the approved treatment regimen of ARV, which as of late 2014 require patients to pay a small sum out of pocket.

“In the last four months user-fees have been re-introduced. Those who are unable to pay for these services are left without treatment, or even seeking traditional, spiritual and other forms of treatment for HIV,” NEPWHAN co-coordinator Edward Ogenyi said.

User-fees include registration for people signing up to ARV treatment, diagnostic costs and, in some cases, the cost of the drugs themselves. That there is no formal or systematic application of the user fees has also caused problems in some communities, although Couson told Aidsplan that getting evidence -- even receipts for fees for service -- to back the anecdotal complaints has been challenging.

“What we know is that anything related to drugs from the Global Fund should be free,” he said. “If people come and say they are being charged, but without evidence, we have no way to act.”

The National Agency for Control of AIDS (NACA) has also rejected the vaccine as unapproved and ineffective, but its director-general, Professor John Idoko, has failed to come out strongly against the ruling.

Idoko has also acknowledged the inequalities inherent in the user-fee protocols, noting in remarks to Aidsplan that “those who receive drugs through the US government have been asked to pay for certain tests, but for those who receive from the Global Fund and the Government of Nigeria it is completely free. And we are working with the Minister of Health to see how we can resolve that.”

[This article was first posted on GFO Live on 03 February 2015.]

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6. NEWS: OIG investigation uncovers evidence of collusion, fraud and corruption in procurement activities in Kazakhstan

David Garmaise 02 February 2015

Contracts worth \$16.5 million were compromised; OIG recommends that at least \$5.4 million in over-payments be recovered

An investigation by the Office of the Inspector General (OIG) into procurement in HIV and TB grants to Kazakhstan found evidence of systematic collusion, fraud and corruption by local vendors and other parties that compromised 76 contracts worth \$16.5 million. Separately, similar problems on a smaller scale were uncovered in Yemen.

A [report](#) on the Kazakhstan investigation was published in January. The investigation was sparked by a [country audit](#) conducted by the OIG in 2011 that found indications of possible misappropriation of grant funds (see [GFO article](#)).

The investigation covered the period December 2003 - October 2012. PRs for the grants were the Republican Center for Prophylactics and Control of AIDS (RCAIDS) and the National Center of Tuberculosis Problems (NCTP).

A number of previous and current RCAIDS and NCTP employees were found to have been fully or partially aware of the practices of the local vendors and did not disclose them to the Global Fund, or were involved in some of the irregularities directly. Over-pricing totalled at least \$5.4 million, which the OIG recommended be recovered.

In 46 of the 76 contracts, the OIG said four individuals orchestrated a systematic bid rigging scheme in which they either (a) submitted bids themselves on behalf of more than one vendor; or (b) coordinated with other vendors to submit fake bids to simulate competition; or (c) exerted pressure to have the contracts awarded on a single-source basis.

The OIG said that some or all of these practices were known to two ex-directors of RCAIDS, who held office between 2006 and 2010; the current director of NCTP; and other former PR staff. It said that the staff members were also responsible for a number of irregularities, including making false statements to the OIG, under-advertising tenders, attempting to alter procurement files, and basing procurement decisions on

fabricated product sample testing documents.

Other factors that may have contributed to the scale of the procurement irregularities:

- the procurement procedures of both PRs did not include sufficient guidance;
- the conditions in the grant agreement did not include sufficient measures to mitigate procurement risks;
- there was no formal process of due diligence by the PRs concerning its suppliers; and
- oversight by the Secretariat was limited.

The OIG reported that since 2012, the Secretariat has implemented several measures to mitigate procurement-related risk in the Kazakhstan grant portfolio. First, it has introduced a new oversight strategy, which includes regular in-depth reviews by both the country team and the local fund agent (LFA) before and after the awarding of contracts. Second, the prices being paid by the Global Drug Facility for second-line TB drugs and the Fund's pooled procurement mechanism are being used as benchmarks for selected procurements. Finally, a procurement agent has been appointed for NCTP and one will be appointed shortly for RCAIDS.

The procurement agents will be responsible for most purchasing. The PRs will retain responsibility for certain low-value or low-risk procurements, under the oversight of the LFA and the country team.

As a result of the OIG report, the Secretariat has agreed to implement further actions. These include addressing the suppliers' misconduct, in line with the Secretariat's policies in this area, including referring the cases to the Sanctions Panel. The Secretariat will also (with assistance from the OIG) draft guiding principles for PRs on how to assess the legitimacy, financial security and capacity of suppliers.

The current grant agreement with NCTP will be extended until 30 June 2015, but no new grants to Kazakhstan will be approved until all agreed management actions in the OIG report have been implemented.

According to the OIG, the Secretariat believes that continued funding to RCAIDS and NCTP is appropriate, given their critical role in leading the national HIV and TB response, and given the measures that have been and are being taken to reduce procurement risk. Both PRs have undergone significant reforms and many of the individuals involved in collusive and fraudulent procurements have been removed from their posts.

There is nothing in the OIG report about the oversight, or lack of oversight, by the LFA or the country coordinating mechanism.

The PRs were provided an opportunity to respond to the OIG's findings. Their responses are included in a 10-page annex to the report, along with rebuttal comments from the OIG. For the most part, the OIG did not

identify anything in the PRs' responses that caused it to alter its findings.

The report on the investigation comes just 13 months after the OIG issued another [report](#) involving allegations of attempted misappropriation and ultimate misuse of Global Fund monies by RCAIDS amounting to \$105,227. That investigation was also related to procurement activities. (See [GFO article](#))

Yemen

An OIG investigation into a Round 4 TB grant in Yemen found that the PR, the National Tuberculosis Control Program (NTCP), conspired with a supplier to steer sole source procurement contracts to the supplier. The OIG also found that inappropriate gratuities were paid in relation to the awarding of contracts. As a result, contracts worth \$664,365 were deemed to be non-compliant with the grant agreement.

The OIG said that the sole-sourced contracts resulted in NTCP over-paying for goods by \$15,712 and it recommended that the Global Fund recover this amount.

A [report](#) on the investigation was released in January.

The grant ran from 2005 to 2010. Since 2011, the security situation in Yemen has created a challenging operating environment for grant oversight and implementation. This has led to Yemen joining the Fund's pooled procurement mechanism or having procurement done through UN agencies. The Fund has also expanded the scope of the LFA and has invoked the Additional Safeguards Policy, which permits it to nominate new PRs and to directly contract external auditors.

[This article was first posted on GFO Live on 02 February 2015.]

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