Global Fund Observer

NEWSLETTER

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Independent observer of the Global Fund

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5. COMMENTARY: From having a voice to being heard: the case for professionalizing key population representatives

In response to recent reports on the participation of key populations in CCMs, the authors call for a genuine effort to build the capacity of their representatives to fully engage in the governance of Global Fund grants. Giving them a voice, they argue, is only a first step. Training them in a formal and structured way as they make their first steps in the complexities of Global Fund is the necessary condition to achieve the vision of eliminating HIV, TB and malaria as public health threats by 2030.

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1. NEWS: At first Global Fund partnership forum, a chance to hear Africa's voice

Angela Kageni 27 May 2015

The Global Fund convened the first in a series of partnership forums in the Ethiopian capital Addis Ababa on 7-8 May, seeking input from both donors and implementers into the next

operational strategy for 2017-2021.

The new strategy is expected to improve the mechanics of the Fund's disbursement of some $4 billion annually, which resulted in the 2013 iterative roll-out of the new funding model. In the first year of full NFM implementation, a total 146 concept notes have been submitted, with another 92 expected before mid-2016.

This new strategy is also likely to highlight improved or new approaches used by the Fund and its partners to address key issues raised by both implementers and donors, related to sustainability beyond the lifecycle of a Global Fund grant; integration of human rights monitoring and measurement; better targeting of women and girls with focused interventions; and how to ensure that communities are as engaged in the implementation and monitoring of programs as they are in advocacy.

The goal of the new strategy is, ultimately, to accelerate the end of the three epidemics and help with the proactive identification of, and support for, programs that respect and promote key affected populations (KAPs) and human rights. Its aim is also to help build resilient health and community systems, promote innovative strategies for measuring results, and encourage improved domestic financing to help sustain gains in the fight against AIDS, TB and malaria.

This forum, the first to convene as part of the strategic consultations initiated by the Fund beyond the constituencies to the Board, was an attempt to solicit and cultivate a stronger voice and wider engagement by African stakeholders in the goings-on at the Global Fund.

Global Fund investment to sub-Saharan Africa represents 65% of all disbursements annually.

Below are some of the main themes that emerged as Africa's priorities.

Sustainability means stronger systems

Health care costs are among the major shocks that push people in Africa below the poverty line, requiring them to pay for services that should be free or heavily subsidized. Delegates to the Forum urged more clarity in health system strengthening and better attention to community system strengthening in order to improve the quality and extent of public services available, including better access to medicines and data.

“Investment in health systems emerges as the most critical aspect requiring more focus and planning for sustainability by the Global Fund in its new strategy,” said Dr. Kebede Worku, the

minister of health for Ethiopia.

Priorities should include building national health information systems with clear policy frameworks, with relevant indicators for measuring and comparing performance by demographic, district and disease burden, as well as systems that allow for the reporting of community-level data.

Equally, community-based work should receive more support -- both technical and financial -- to ensure greater success. Whether this means more flexibility in the kind of programming they can implement, or better technical assistance to set up the right kind of management structures, more emphasis on communities can ensure their ability to work as effectively as is potentially possible.

Flexibility and adaptability in changing contexts and funding environments

Flexibility was also identified as a priority for programming and investment. New Board chair Norbert Hauser told the more than 130 assembled delegates that the Fund itself needed to evolve and invest more strategically, in line with the post-2015 development agenda but also reflecting an individual country's strengths and shortcomings.

This includes countries now classified as 'challenging operating environments' where acute or chronic conflict, or infectious disease outbreaks like Ebola, have prevented real and lasting impact on service provision and has destroyed health infrastructure.

“These countries bear 17% of disease burden under Global Fund support”, noted Harley Feldbaum, who leads the Strategy and Policy division at the Secretariat.

Countries that are transitioning economically from lower income to middle income also need specialized attention, Feldbaum said, as disease burden is concentrated in middle-income countries. This echoed concerns expressed by many delegates at the Forum about the need to help shepherd countries through transitions that on paper look positive but that can put into sharp relief the inequities that could leave a vacuum in services available to the poor. Just because a country is surging economically and may not globally be eligible for, or requiring of, foreign assistance, it does not mean that all of its citizens are enjoying improved prosperity. A better approach, they suggested, would be investment in health programs that follow a human rights approach.

Human rights and key affected populations

A country's disease burden declines when those who are afflicted with the disease receive the right kind of prevention, treatment and care, delegates reminded the Fund's representatives in Addis. So targeted programming that reaches vulnerable populations is crucial to fight disease.

Most at-risk populations face a prevalence rate multiple times above the national average although data quality on specific populations remains poor, said Feldbaum.

Identifying those populations requires better data and a stronger evidence base that marries epidemiological evidence with qualitative information about human rights and barriers to access. Without them, countries risk incoherence in their policies and gaps in the services they can provide, reducing the impact of both domestic and foreign investment in the disease response.

"A lack of consistency and focus at country level on [key affected populations], gender and human rights from concept note development to grant implementation results in great ideas that wane into simple but not useful programs," said Nana Gleeson, a member of the Botswana country coordinating mechanism.

How to improve the interaction between the CCM and representatives of key populations is a difficult and sensitive topic but should not be abandoned in favor of expediency. One way to boost those relationships could come from allowing organizations to stand in for individuals, whether it is in development of concept notes or in representation on the CCM.

In countries where certain key populations risk criminal prosecution for being who they are -- as in, for example the 34 countries in sub-Saharan Africa where it is a crime to be gay-- this could also be a safety mechanism, noted Vulindela Musibi of the CCM in Swaziland.

The Fund's human rights complaints procedure launched in April 2015 could assist somewhat in this regard, but behavior change takes time.

It's about women, and girls

Advocates promoted the Women4GlobalFund (W4GF) platform as a viable approach to strengthen implementation of the Fund's 2008 Gender Equality Strategy (GES), its Action Plan (2014 – 2016) and the 2009 strategy on Sexual Orientation and Gender Identities (SOGI).

Noting that concerns about targeted interventions for women and girls was one of the more common refrains from the Technical Review Panel following concept note review, the advocates recommended that the Fund's 2017-2021 strategy emphasize differentiated

approaches to case management to reflect gender inequality.

This can include structural barriers to services, including specific community, rights and gender interventions that address gender-based violence and stigma faced by women living with HIV and/or tuberculosis. They advised stricter tracking of the quality and extent of country-level engagement and representation of women and girls in decision-making bodies, particularly of sex workers, transgender women and women who use drugs.

Stronger linkage to sexual and reproductive health programs was also advised, with improved indicators, and the collection of sex- and age-disaggregated data as well as results tracking.

Increasing domestic investments in health

The success of the 2016 Global Fund replenishment will rely on the extent of domestic co-financing commitments from eligible countries. Even in sub-Saharan Africa, which has the largest proportion of lower-income nations of any region, there is a need to see governments contributing their share. African nations excluding Morocco pledged in 2001 to commit to a 15% share of national resources to finance public health by 2015. As of 2012, only six of 43 countries for which data are available, have achieved this goal (2014 Data report).

“Countries need to increase domestic financing to sustain gains made by Global Fund support,” said Ethiopia's Minister Worku.

[This article was first posted on GFO Live on 27 May 2015.]

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2. NEWS: From Africa, with one voice

Angela Kageni 18 May 2015

As the continent receiving the lion's share of Global Fund investments in the fight against AIDS, TB and malaria, Africa must do more to ensure its voices are heard in decision-making and strategy development: this was the clarion call made in Addis Ababa on 5 May at the first official meeting of the Africa Bureau.

“African countries are the highest recipients of Global Fund support, but also the quietest,” noted Mark Edington, who leads the Fund's Grant Management Division.

The two-day meeting that preceded the Fund's Partnership Forum was a pan-African consultation to set priorities, develop a strategy and plot the way forward to bolster participation by the two African constituencies to the Global Fund Board in the strategy development underway for the period 2017-2021. All 46 of sub-Saharan Africa's countries were represented (North African nations sit in the Eastern Mediterranean constituency to the Board).

There was historical precedent for the meeting, linked to the inauguration of the Africa Bureau (www.africabureau.org. It was conceived to be a clearinghouse for information, policy analysis, communication and harmonization for the African constituencies who have long been underrepresented in discussions at the highest level of Global Fund deliberations.

“Board members representing these constituencies need robust technical support to enable them effectively lead the implementation of a proactive response to the diseases," said Anita Asiimwe, a former Rwandan minister of state in the health ministry, and vice chair of the Board's Strategy, Investment and Impact Committee (SIIC). "The Africa bureau was established to primarily serve that purpose.”

Information will be made available in three of the most widely spoken languages on the continent -- English, French and Portuguese -- to help members communicate with one another about how to advance the agenda of cross-cutting priorities that affect all countries in the region despite their different disease profiles.

The idea of the Africa Bureau was first floated in 2012 at a meeting in Angola where goverment representatives committed to a governance framework and vowed to find a seat for the office. Ethiopia has since been selected as the host.

Nele Djalo, who leads the country coordinating mechanism in Niger, said the Bureau represents an important opportunity for strategic African engagement in the mechanisms of the Global Fund.

“We support [the Africa Bureau] because it will give African countries a chance to speak with one stronger voice," she said.

The meeting in Addis was an opportunity to not only share experiences and frustrations as the chief implementers of Global Fund grants but also to ensure that the voices of implementers

carried the same weight as those of donors when new policies were under development.

Technical support for review and information-sharing will in the interim be provided by the African Population and Health Research Center (APHRC) and Ethiopian Public Health Association (EPHA). The Global Fund, Grant Management Solutions and the Bill and Melinda Gates Foundation are also supporting its establishment. Funds to staff, run and maintain the bureau will be solicited both from participating countries and partners.

Setting the agenda for strategy discussions

As their first official task under the aegis of the Africa Bureau, the country representatives gathered in Addis identified their top seven priorities to feed into strategy discussions with the wider Global Fund Board:

- Wider examination of health systems strengthening, both in terms of assigning funds to HSS activities and in defining what HSS activities look like. This will include the development of better impact indicators and clearer delineation of HSS activities within grant proposals
- Improved support for activities that target women and girls, including interventions that address structural barriers to access to services
- Better clarity on what constitutes a challenging operating environment and how to operate within those contexts without compromising service delivery; development of operational and institutional frameworks to improve and better-coordinate engagement in these challenging environments; setting-aside of a fund to specifically respond to new emergencies
- Improved domestic resource mobilization, supported by better and more targeted advocacy to ensure that African governments make good on their commitments to spend more on health
- A holistic review of the funding model allocation methodology that emphasizes disease burden and unmet need rather than gross national income (GNI); and that assesses whether to fold incentive funding into the allocations envelopes available to eligible countries
- A holistic review of the concept note development process to simplify it further while improving integration with national strategic plans
- Improved flexibility in management of countries whose income classifications change in a way that could affect their eligibility for Global Fund support, in order to ensure sustainability and efficiency in activities and interventions to reduce disease burden.

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[This article was first posted on GFO Live on 18 May 2015.]

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3. NEWS: Mozambique's drive to control malaria puts collaboration at its core

Owen Nyaka 27 May 2015

Mozambique, where malaria is nationally endemic and still a major driver of mortality especially among children, is a good example of how collaboration between government, civil society and the private sector can contribute to an effective response to the disease.

Mozambique was allocated $144.8 million under the new funding model through 2017, to contribute to the national response to the disease that is still responsible for roughly 45% of all hospital visits in the country of 26 million. The problem is particularly acute in rural areas among children under five, where prevalence is some 46.3%. The overarching goal of the national campaign is to halve the malaria burden in the country by 2017, one in a series of steps that could eventually lead to Mozambique being on the road to elimination.

The Global Fund's support to Mozambique includes an additional $10 million contributed WHEN by BHP Billiton Sustainable Communities: a registered charity established by the multinational that is the world's largest mining company, and a majority stakeholder in the Mozal Aluminium smelter in Boane in the country's south.

World Vision is one of the principal recipients in Mozambique for malaria, and engaged community-based volunteer workers to mobilize populations and distribute 5.2 million nets in selected districts in eight provinces in the north-central regions of the country: the more rugged and remote regions where access to facilities is lower and malaria endemicity is higher. The distribution campaign, begun in October 2014, is expected to finish in the final three districts by mid-June 2015.

According to Chandana Mendis, director of the Global Fund project for World Vision, targeting this region makes sense because most of the malaria burden comes from these areas .

Still, despite the collaboration, gaps remain. The current budget for net distribution reflects only about 60% of the need, requiring a more innovative approach to finding resources. The net distribution campaign, expected to begin WHEN, could draw in support from other partners including UNICEF, the World Bank and USAID, Mendis said.

The country must also look to its own indigenous resource base to find more funding for the malaria campaign. Mozambique, a low-income country with a GNI per capita of just $610 annually, has fallen well-short of the commitments under the 2001 Abuja declaration for African countries to commit 15% of their annual budgets to health. The 2015 budget shows just a 6.4% allocation to the public health sector.

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4. NEWS: In incentive funding request, Zimbabwe prioritizes young people

Gemma Oberth 27 May 2015

Most of the $40.2 million request focuses on people under age 24

New funding model early applicant Zimbabwe submitted a $40.2 million request for incentive funding on 18 May, seeking additional financial support for interventions that specifically target people under age 24: the fastest growing demographic group in sub-Saharan Africa for new HIV infections.

Zimbabwe will receive some $437.2 million from the Global Fund through 2016 for its HIV response; this incentive funding request -- which is not guaranteed -- will supplement that sum. A concept note submitted in April 2013 for the total $311.2 million also included a request for additional support with $274.4 million that was not fulfilled. Grant implementation began in January 2014, and continued throughout the year with interventions focusing on treatment monitoring, prevention of vertical transmission and recruitment and retention of health workers. An additional $126.1 million was awarded to Zimbabwe in 2015, after the Global Fund's country allocation methodology was updated. This top-up went towards expanding existing Global Fund-supported interventions, especially HIV testing and counseling and storage

capacity for medicines at facility level.

The additional incentive funding request is arranged along four strategic areas. Table 1 shows the financial breakdown of the additional request.

Table 1: Overview of Zimbabwe's HIV Incentive Funding Request

Strategic Area	Amount Requested
Laboratory and Pharmaceuticals	$19.5 million
Youth and Adolescents	$10.0 million
Community and Key Populations	$2.9 million
Monitoring and Evaluation	$4.2 million
Grant Management	$3.6 million
TOTAL	**$40.2 million**

The additional money for laboratory and pharmaceuticals would specifically work to improve pediatric HIV diagnosis and care. In Zimbabwe, treatment coverage is much lower among children (46.1%) than it is among adults (76.9%), according to the country's 2014 Global AIDS Response Progress Report.

The second strategic area is youth and adolescents, which includes activities such as girls' mentoring clubs, based on the UNFPA's Sista2Sista program, and peer counselors, based on the success of the Zvandiri Model. Recent evidence from Zimbabwe (Mavhu et al.; Dunbar et al.) suggests that interventions that incorporate gender-focused HIV education, guidance counselling and integrated psychosocial support can reduce risky transactional sex, increase condom use, and improve treatment adherence among young people.

"The youth programs that ended up being part of the incentive funding proposal are programs that have already been rolled out, and have been documented to be impactful," said Definate Nhamo, an advocacy and evaluation specialist for adolescent sexual and reproductive health at

Pangaea Global AIDS.

The third strategic area is community and key populations, with core activities such as community ART refill groups. These groups develop a rotating schedule for members to travel to facilities to collect prescriptions, a way to ensure adherence to the drug regimen and address some of the reasons people with HIV may default on treatment.

Activities envisioned in this area also include skills training for healthcare workers on how to respond to the particular needs of people with disabilities. A national disability survey revealed that people with disabilities are twice as likely to self-report having HIV compared to those without disabilities, and have lower levels of HIV knowledge.

The concept note also provides for an overarching emphasis on monitoring and evaluation. This area includes interventions to develop and launch a new HIV data warehouse, link community information systems with the *HMIS*, and conduct an in-depth assessment on adolescents.

With Zimbabwe's current Global Fund grant cycle ending in 2016, the development of the country's next HIV concept note is on the horizon for early next year. In light of this timeline, the CCM regards the incentive funding request as a forward-looking process. If priorities in the incentive funding concept note are not funded, they will likely be carried over into the next application.

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5. COMMENTARY: From having a voice to being heard: the case for professionalizing key population representatives

Helene Rossert and Robert Bourgoing 27 May 2015

Among the recommendations of a recent report on the Representation and Participation of Key Populations on Country Coordinating Mechanisms (CCMs) in six African countries, Aidspan underlines the need to professionalize key population representatives (KPRs). It notes that "just

because one is vocal does not necessarily translate into meaningful engagement", that KPRs "have often in the past been seen as somewhat token CCM members" and that "their ability to contribute, and the quality of their participation in the processes of these bodies [is] unclear".

We believe indeed that building the capacity of KPRs to contribute their indispensable share to the governance of Global Fund-supported programs is a central condition for achieving the vision of ending HIV, tuberculosis and malaria as public health threats by 2030.

Women and girls, men who have sex with men, people who inject drugs, transgender people, sex workers, prisoners, refugees and migrants, people living with HIV, adolescents and young people, orphans and vulnerable children… Giving those groups a voice by opening the doors of CCMs to their representatives is a major step in the right direction. But to unleash their potential to make a real difference, to be heard and become a trusted force for change, they need help to build essential skills and competencies.

A steep learning curve

The Global Fund and its success against AIDS, tuberculosis and malaria owe a lot to the extraordinary contributions of civil society representatives worldwide. Thanks to their relentless efforts in extremely difficult environments, those pioneers have reshaped international public health while putting people living with disease at the center of healthcare systems.

With the new rules of engagement in the Global Fund governance systems, those highly educated activists are now making room to a new generation of civil society representatives whose level of preparedness varies considerably, as Aidspan's report highlights. These new arrivals must absorb a tremendous volume of information and data that is made available, at an increasing speed, about the Fund, its partners and health-related issues.

A variety of toolkits, manuals, guidelines, tutorials and training workshops has already been produced around Global Fund policies and processes. But these good initiatives are scattered, developed separately, written primarily in English, sometimes in French and Spanish, and generally not designed with a focus on the specific needs of low-educated or extremely marginalized groups. Let's face it: how many KPRs have been efficiently trained through sporadic two or three-day workshops? How many have excelled basing their knowledge and understanding of program implementation through Global Fund orientation sessions? Self-education and workshops cannot by themselves be substitutes for a better structured and adapted training curriculum for KPRs.

As was recently noted by the Board's Communities Delegation in a study on the engagement in the funding model of key populations from 11 countries, "*In cases where community representatives had received capacity building over the longer term, KPs were empowered to engage, raise concerns, challenge existing power structures and decision making processes and influence final outcomes. In cases where capacity building was lacking, KP representatives were engaged only in a tokenistic way and faced stigma during the process, labelled as incompetent and seemingly reinforcing negative preconceptions about key affected communities*".

What we suggest

KPRs are grounded in the daily reality of the people they represent. They have access to extended networks and an intimate knowledge of the needs and priorities of some of the most hard-to-reach communities. They bring a unique expertise that other CCM members, be they doctors, academics, government representatives or other high-level officials don't have. But to make the most of it, to enter CCM discussions confidently and influence public health decision-making in a credible way, they must learn to speak the language spoken at CCM meetings and in public health circles. They need to master the technical complexities of Global Fund procedures, to become fluent in the jargon of decision makers and fully at ease with using it to properly represent the interests of their groups. This can only happen with long-term capacity building.

We see **four main components** for such a curriculum, which could be conceived as a training-of-trainers program to reach out to members of marginalized communities in their own languages.

Program management, from design to evaluation, is an area where KPRs and communities can bring true innovation, especially in monitoring and qualitative program evaluation. **Good governance** of their own community organizations is another essential component of their credibility. **Advocacy** is a third area that requires special skills, especially in the context of a complex international multistakeholder partnership. To develop and implement effective strategies that attract attention to their cause or to play constructive watchdog functions, KPRs must be able to conduct data-driven needs assessments and evaluations of service delivery systems, notably public ones.

Underlying those three areas, the importance of **information literacy** cannot be overstated. To keep learning, KPRs must develop essential skills to navigate their way through a vast and expanding array of information resources (websites, social media channels, mailing lists, databases, etc.). This is critical to building their networks, understanding where their priorities

fit in the bigger picture, and keeping a strategic watch over the most relevant developments in their field of interest while avoiding information overload.

How it can be done

Where should we start from? When the needs are so vast, the target groups so dispersed around the world, speaking so many different languages, enjoying widely varying levels of education and understanding of Global Fund policies and processes, living in diverse epidemiological and cultural contexts, training KPRs may seem like a formidable challenge. Moreover, because of past abuses, the Global Fund and other international funders are understandably reluctant to support any more training initiatives.

The good news is that we don't have to re-invent the wheel. An important part of the solution lies in today's Internet which offers cheap and reliable channels to deliver certified courses in multiple languages at no cost to participants. Those services, called massive open online courses ('MOOC'), have proven their worth to connect to a global and diverse audience, providing the most flexible way to reach out to distant individuals at their own pace, with the additional incentive of offering a space for networking with their peers around the globe. In our global context, although face to face training will remain indispensable to provide more targeted support, open online courses offer an extraordinary channel to deliver the same formal training to very large groups, to monitor its results and to address the concerns over fake, ineffective and costly training. The KPRs' skills and knowledge gaps, as well as the technology to deliver a program that addresses them, can quite easily be figured out. For the Global Fund and its partners, it is mostly a matter of making this a priority and investing in the design and development of a curriculum for maximum impact, in a coordinated way.

Community leaders and KPRs represent the untapped 'human resources' of current and future public health efforts. By pooling together different capacity building initiatives and internet possibilities, public health training for KPRs is at our grasp. Let's not stop half-way through and offer them support to build their capacity to be heard if we really hope to win the fight against disease.

Hélène Rossert, a Global Fund advocate since its inception and former Vice Chair of the Board (2004-2005), has been an HIV/AIDS community organizer for more than two decades and currently provides technical support to CCMs. She can be joined at hrbconsult@gmail.com. Robert Bourgoing, a former Online Communications Manager at the Global Fund, is an aid transparency advocate, trainer, journalist, blogger and trained lawyer. He can be reached at robert@bourgoing.com. All opinions contained in this commentary are

theirs alone.

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6. COMMENTARY: Making Global Fund money work for young people in the HIV response

Gaj Gurung and Ricardo Baruch 12 May 2015

In many parts of the world, the HIV epidemic has a new face: the face of a young person. The promise of the next generation could be dramatically restricted without smart, targeted investments in reaching these young people, particularly adolescent girls and young key populations. While the Global Fund has made young people a priority in its narrative, this has yet to translate into meaningful engagement at the country level. Those limits were very much on display at the recent, 33rd meeting of the Global Fund Board: almost no young person was present, even on the margins of the two-day encounter.

The limited engagement of young people in Global Fund decision-making processes extends to the country level. Only a handful of country coordinating mechanisms have youth representation and there are only a few youth-led organizations engaged as sub- or sub-sub-recipients of Global Fund grant money.

So how do we turn the Global Fund into a youth-accessible, youth-inclusive organization, mindful of the complexities in the mechanism and the entrenched constituencies keen to retain their seats at the table? To reach young people, it's not just about social media, or celebrities, or catchy memes and gifs. It's about opening up dialogue to people who may not be able to leverage years of training to solve problems but who can trade on their experiences here, and now.

In 2014, The PACT (a coalition of 25 youth organizations from all over the world), in collaboration with UNAIDS and The Global Fund Secretariat launched the toolkit “Making the money work for young people”. The toolkit aims to inform young activists working on HIV issues, members of country coordinating mechanisms (CCMs) and other key stakeholders about the importance of involving young people in decision-making -- as well as targeting them with

the right kind of activities -- within the Global Fund ecology.

The toolkits were piloted at workshops in Honduras, Nepal and Zimbabwe by Youth LEAD with support from NORAD, and thus far have had just the kind of impact we were hoping for: young people who are already involved in their country's response to AIDS now have a better sense of how the Global Fund works at country and can get more involved in decision-making, M&E and advocacy in general.

If knowledge is power, giving young people the tools they need to understand the Global Fund will be transformative. At each of the three workshops we saw a deepening understanding not just of the $4 billion spent annually by the Global Fund but where the gaps were, and where young people needed to get involved to fill those gaps.

The Global Fund is on the right track, coordinating a youth-focused session during the recent Board meeting and helping to facilitate relationships between young civil society activists, donors and government officials. Now it's time to turn those relationships and discussions into action, and transform the participation by young people into something real, meaningful and long-lasting.

We are the future, both of the epidemic and of the response. Challenge us. Teach us. Engage us.

Gaj Gurung is a member of Youth LEAD and Ricardo Baruch is a member of the PACT. The opinions in this commentary are their own.

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

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Newsletter.

NEWS : Global Fund seeks to recover $116,000 from Tajikistan after procurement fraud

> Tajikistan will be asked to repay more than $116,000 after an Office of the Inspector General investigation that found irregularities in procurement carried out by a government sub-recipient of an HIV grant managed by the UN Development Program.

NEWS : Stakeholder workshop in Russia develops path to grant implementation

> In a two-day workshop, Russia's coordination committee discussed the foundations for oversight and implementation of an HIV grant: the first to be implemented under the Global Fund's NGO rule.

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