



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 270: 09 September 2015

GFO is an independent newsletter about the Global Fund.

[GFO Live >>](#)

[Aidspace Website >>](#)

[Contact GFO >>](#)

CONTENTS OF THIS ISSUE:

1. [NEWS: Thirteen regional concept notes have progressed to the grant-making stage](#)

Thirteen of the 15 regional concept notes submitted to the Global Fund have completed the review by the Technical Review Panel and the first of two reviews by the Grant Approvals Committee. They are now in the grant-making stage. Funding approval will likely follow in the coming weeks or months.

2. [NEWS: Global Fund commits half of \\$15 million budget for CRG special initiative](#)

The Global Fund has committed approximately \$7 million from the budget for its Community Rights and Gender Special Initiative. At a meeting of the initiative's partners, held in August, some critical issues were raised.

3. [NEWS AND ANALYSIS: Vancouver Consensus calls for significant scale-up of HIV treatment and prevention](#)

Implementing the scale-up for HIV treatment and prevention called for in the Vancouver Consensus will be very costly. It is obvious that the estimated resource needs for the next Global Fund replenishment for HIV, TB and malaria will be much higher than the \$87 billion that was estimated for the last replenishment in 2013. The Fund will release its resource needs estimate for the next replenishment before the end of this year.

4. [NEWS: OIG identifies some irregularities involving a conflict of interest in an internal bidding process managed by Alliance Ukraine](#)

An investigation by the Office of the Inspector General found some irregularities in a grant managed by the International HIV/AIDS Alliance Ukraine. Incorrect procedures were followed concerning a conflict of interest in an internal bidding process involving a contract with a supplier. However, no funds were misappropriated and no monies have to be paid back to the Global Fund. Alliance Ukraine took strong actions to address the conflict of interest situation.

5. [NEWS: OIG audit of grants to Kenya raises issues related to sustainability and grant effectiveness](#)

An audit of grants to Kenya carried out by the Office of the Inspector General describes challenges created by the decision to devolve health budgets and services to the county level. The audit also expressed concerns that grant performance is measured using national targets rather than grant-specific targets.

6. [NEWS: Funding of \\$320 million approved for 11 grants in six countries](#)

In July 2015, the Board approved \$320 million in funding, including \$25 million in incentive funding. The Democratic Republic of Congo received \$223 million for five grants. Interventions worth \$17.1 million were placed in the registry of unfunded quality demand.

7. [NEWS: ECOM is invited to submit a concept note targeting MSM and TG communities in the EECA](#)

The Eurasian Coalition on Male Health will submit a concept note targeting MSM and transgender communities in Eastern Europe and Central Asia. The concept note will have a strong focus on advocacy and human rights.

8. [ANNOUNCEMENTS: Support for TB CN development; Stop TB seeks TA consultants; Lessons learned from regional CNs](#)

The Stop TB Partnership has issued two announcements: one about the availability of funding to support concept note development, and the other about seeking consultants to provide technical assistance. Also, a report on lessons learned in the first wave of regional concept notes is released.

9. [ERRATUM: Funding for watchdogs can be included in grants](#)

We correct an error in a recent article on local watchdogs.

ARTICLES:

1. NEWS: Thirteen regional concept notes have progressed to the grant-making stage

Funding approval likely to follow

David Garmaise

8 September 2015

Thirteen regional concept notes were approved to move to the grant-making stage, the Secretariat has informed Aidsplan. That means that they have been reviewed by the Technical Review Panel and have completed the first of two reviews by the Grant Approvals Committee. It also means that the concept notes are almost certain to be funded.

Once grant-making is completed, the GAC conducts a final review of the grants emanating from the concept notes and then recommends to the Global Fund Board how much funding should be approved.

Two grants are expected to be recommended for funding in September. This means that these grants have completed or almost completed the grant-making stage.

A total of \$120 million was set aside for this wave of regional concept notes. Another \$80 million will be available for the second wave in 2016.

The TRP reviewed 15 concept notes in the first wave. Two were not recommended to proceed to grant-making. The applicants involved have submitted new expressions of interest for these initiatives for the second wave.

(Regional proposals follow a two-step process. Applicants first submit an expression of interest. Then, a portion of these applicants are invited to submit a concept note.)

Of the 13 concept notes that progressed to grant-making, eight are from Africa, two from Eastern Europe and Central Asia, two from Latin America and the Caribbean, and one from Asia. In terms of components, nine concept notes were for HIV, three for TB and one for malaria. See the table for details.

Table: Regional concept notes approved to proceed to grant-making

Applicant	Component	Region
African Network for the Care of Children Affected by HIV/AIDS (ANECCA)	HIV	Africa
Asia Pacific Network of People Living with HIV (APN+)	HIV	Asia
AIDS and Rights Alliance for Southern Africa (ARASA)	HIV	Africa
East, Central and Southern Africa Health Community (ECSA)	TB	Africa
East Europe and Central Asia Union of People Living with HIV (ECUO)	HIV	EECA
Elimination 8 (E8)	Malaria	Africa
Humanist Institute for Cooperation with Developing Countries, Southern Africa (HIVOS)	HIV	Africa
ICW Latina	HIV	LAC
Kenya AIDS NGOs Consortium (KANCO)	HIV	Africa
Abidjan-Lagos Corridor Organization (OCAL)	HIV	Africa
Center for Health Policies and Studies (PAS Center)	TB	EECA
Latin America and Caribbean Network of Transgender People (REDLACTRANS)	HIV	LAC
Southern Africa Regional Coordinating Mechanism (SARCM)	TB	Africa

Although the Secretariat has released the names of the applicants whose concept notes have moved to the grant-making stage, it has not provided summaries of the programs that the applicants are proposing to implement. Aidspan has the applicants themselves for summaries; in the near future, GFO will publish the summaries that we receive.

Once the grants are considered disbursement-ready and approved by the Board, the concept notes and documents related to the signing of the grants are expected to be posted on the Global Fund website.

TRP comments

In a report on lessons learned from its review of the regional expressions of interest and concept notes in 2015, the TRP identified some strengths and weaknesses. It said that the stronger notes included new activities beyond the “business as usual” approach of training and workshops, and that they presented strong evidence to support the activities they were proposing. Weaker concept notes, on the other hand, failed to demonstrate an understanding of challenges or present a roadmap on how they could achieve desired outcomes.

The TRP said that strong concept notes identified new programming areas not usually covered by national programs, while weaker notes failed to articulate how a regional approach would effectively achieve change.

The TRP recommended that future applicants explain how the proposed activities will eventually be integrated into national programs. “This is especially critical for ... programs proposing to bridge implementation gaps not effectively covered by national programs, for example, reaching under-served populations (including migrants, transport corridor, or cross-border populations) with services that should otherwise be within the scope of respective national strategies and national health systems,” the TRP said.

The TRP made a number of additional observations. The report should be available shortly on the Global Fund website [here](#); look for “Regional Applications Lessons Learned 2015.”

Thirty-five expressions of interest for the second tranche were submitted earlier this year. The GAC will decide at its next meeting in mid-September how many applicants will be invited to submit concept notes. Funding for the second tranche will be awarded after the concept notes and grants are reviewed in 2016.

[TOP](#)

2. NEWS: Global Fund commits half of \$15 million budget for CRG special initiative

Partners raise critical questions about the initiative

Gemma Oberth

6 September 2015

The Global Fund has committed approximately \$7 million of the \$15 million budget for its Community Rights and Gender (CRG) Special Initiative. Each of the initiative’s three arms – technical assistance (TA) provision, key populations network strengthening, and regional communication and coordination platforms – have received relatively equal amounts.

The initiative runs until the end of 2016.

On the TA arm, 40 applicants for technical assistance, spanning 22 countries, have received nearly \$2 million in funding. [Thirty-four TA providers](#) have been identified and 65 TA requests have been received to date. This is one example of the progress made since Aidsplan [last reported](#) on the initiative.

Another example of momentum is the selection of eight grantees for long-term capacity building support, in partnership with the Robert Carr Network Fund (RCNF):

- Asia Pacific Transgender Network (APTN)
- Global Forum on MSM & HIV (MSMGF)
- Global Network of Sex Workers Project (NSWP)
- International Network of People Who Use Drugs (INPUD)/Asia Network of People Who Use Drugs (ANPUD)
- AIDS Rights Alliance of Southern Africa (ARASA)/International Treatment Preparedness Coalition (ITPC)
- The International Community of Women with HIV/AIDS (ICW)
- Positive Network Consortium (PNC+)
- YouthLEAD

These grantees have received disbursements totalling \$2.6 million for 2015 activities as part of the initiative’s key populations network strengthening arm.

Progress is also evident in the third arm of the special initiative, as hosts for the regional platforms have been established (see table).

Table: Regional communication and coordination platform hosts for the CRG special initiative

Region	Host of Regional Platform
Anglophone Africa	Eastern Africa National Networks of AIDS Service Organizations (EANNASO)
Francophone Africa	Réseau Accès aux Médicaments Essentiels (RAME)
Middle East and North Africa	ITPC MENA
Eastern Europe and Central Asia	EECA Consortium*
Asia Pacific	Asia Pacific Council of AIDS Service Organisations (APCASO)
Latin America and the Caribbean	CRAT: Alliance Regional Technical Hub Support Hub

* The consortium includes: the Eurasian Harm Reduction Network (EHRN), the Alliance Regional Technical Support Hub for Eastern Europe and Central Asia (EECA HUB), the Eurasian Coalition on Male Health (ECOM), INPUD, the Eastern Europe and Central Asian Union of People Living with HIV (ECUO), and a regional TB network.

The purpose of the regional platforms is closely linked to the TA provision and the network strengthening arms of the special initiative. The platforms are intended to enhance understanding of community TA needs and coordinate with other TA initiatives, as well as support civil society and community knowledge and capacity development related to the Global Fund. The expected allocation for the platforms is \$4 million. To date, \$2.6 million has been committed, though not yet dispersed, to four of the six platforms.

As all three arms get off the ground, the Fund held its first partners meeting for the CRG special initiative from 18-20 August 2015 in Bangkok, Thailand. The meeting brought together TA providers, RCNF grantees and regional platform hosts to connect relevant actors and activities, identify lessons learned, and consider future directions after the two-year initiative ends.

At the meeting, partners flagged several emerging challenges. Participants raised the issue of demand creation for TA and the inherent conflict of interest providers may face in generating demand for their own services. One option suggested was that the regional platforms play a larger role in generating demand for TA.

Another issue was the high number of requests that have been received for TA which the special initiative does not fund. Participants discussed the need for greater clarity around the CRG initiative's funding mandate so that applicants do not waste time and effort requesting TA that is beyond its scope.

Participants also called for greater transparency concerning how the Fund pairs eligible TA requests with providers; half of TA providers have been given assignments so far – some as many as three – while the other half has yet to be matched with any.

Further, participants were critical of the fact that TA provision through the special initiative ends after the grant-making phase instead of continuing on during grant implementation so that principal recipients could be held accountable throughout the grant lifecycle.

The Fund acknowledged that one of the limitations of the special initiative was that the selected RCNF grantees are highly HIV-focused, with just one of the eight networks expanding its scope to include TB. In addition, despite the fact that the eight networks cover 50 countries, none of these countries is in the EECA region. It was suggested that the EECA regional platform might be able to fill this gap, but it was not clear how realistic this suggestion is because some fundamental concerns regarding the platforms were identified.

Participants said that it is unclear how the platforms will coordinate with regional Global Fund grants, many of which aim to achieve similar objectives. Critical questions were also posed concerning how the platforms would measure their success.

Olive Mumba, Interim Executive Director of EANNASO (regional platform host for Anglophone Africa), emphasized that the platforms must support the inclusion and participation of communities in a very deliberate way. “The regional platforms will have to develop toolkits, methodologies and systematic approaches that promote community engagement but also quantitatively measure their own impact,” she told Aidspan. EANNASO has already begun developing [such methodologies](#) for the Anglophone Africa platform, measuring the influence of civil society priorities setting during concept note development.

[TOP](#)

3. NEWS AND ANALYSIS: Vancouver Consensus calls for significant scale-up of HIV treatment and prevention

Estimated resource needs for the next Global Fund replenishment will be much higher than the estimated needs for the last replenishment

The Fund will release its resource needs estimate before the end of 2015

David Garmaise

8 September 2015

The [Vancouver Consensus](#), which emerged from the International AIDS Society conference, 2015, held in Vancouver, Canada, 19-22 July, calls for access to HIV treatment for all people living with HIV, expanded prevention services, and a comprehensive, rights-based approach to the AIDS epidemic. The consensus statement was signed by more than 500 people, including civil society advocates, clinicians, researchers and the leaders of the International AIDS Society, the Global Fund, PEPFAR, UNAIDS, and other organizations.

In a [comment](#) on the Vancouver Consensus, the medical journal *The Lancet* described the significant health benefits of putting people living with HIV on antiretroviral treatment immediately rather than waiting for immune deterioration: at least a 50% lower risk of death, serious AIDS-related events, or serious non-AIDS-related deaths; a 50% lower rate of TB, and a 60% lower rate of bacterial infection. *The Lancet* said that studies have shown that ART can prevent transmission of HIV from people living with the disease to their uninfected partners; and that there is growing evidence that prophylactic use of ART can protect people at risk of transmission and that implementation of this strategy among key affected populations is feasible.

However, *The Lancet* noted, current health policies restrict access to ART. Specifically:

- only 10 countries have formally adopted the option for people diagnosed with HIV to start ART immediately;
- many countries have not fully implemented the recommendation of the World Health Organization to start ART at or below CD4 cell counts of 500;
- some countries still require people to wait until their CD4 cell count falls as low as 200 cells before becoming eligible for ART; and
- only three countries (the U.S., Thailand, and Malaysia) are currently implementing pre-exposure prophylaxis.

“It is time to bring policy in linewith the best medical evidence,” *The Lancet* said.

A [needs assessment](#), conducted in April 2013 by the Global Fund, the World Health Organization, UNAIDS, Roll Back Malaria, and the Stop TB Partnership for the Fund’s 4th replenishment determined that \$87 billion from both domestic and external sources was needed for the period 2014-2016 to fight the three diseases in countries eligible for Global Fund financing. The HIV portion of the \$87 million was \$58 million. The TB and malaria portions were \$15 billion and \$14 billion, respectively.

The needs assessment concluded that if the Global Fund could raise \$15 billion; if other external funding flat-lined at \$24 billion; and if domestic financing reached \$37 billion (a \$14 billion increase over then current levels of domestic financing) – that would account for \$76 billion, still \$11 billion short of the estimated needs.

The Fund raised about \$12 billion for its 4th replenishment conference, short of its \$15 billion goal, but more than had been committed in previous replenishments.

Since the last replenishment, UNAIDS has set a goal known as “90/90/90”: by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained ART, and 90% of all people receiving ART will have viral suppression.

The cost of reaching this goal will be significant – in the billions of dollars.

The demand is rising not only for HIV but also for TB where the costs of treating MDR-TB, XDR-TB have increased dramatically; and for malaria where drug resistance has increased the cost and complexity of curing people with the disease.

So, we can expect that the estimated need going into the Global Fund’s 5th replenishment drive in 2016 will be much higher than \$87 billion. How this will affect the Fund’s target for this replenishment is not known yet.

Christoph Benn, the Global Fund’s director of external relations, told Aidspan that “while great progress has been made in the fight against the three diseases, it is very clear that there is a huge need for new and additional resources. The next five years will be absolutely critical to achieve the goal of ending the three pandemics. The Global Fund will issue its next resource needs estimate ahead of the pre-conference for the 5th replenishment hosted by the Government of Japan in December 2015. The replenishment pledging conference is expected to take place in mid-2016.”

Raising significant new sums of money for the fight against the three diseases will be challenging in the current environment. A [recent study](#) from Kaiser Family Foundation and UNAIDS reported that donor assistance for HIV grew only marginally in 2014 compared to 2013. Funding had begun to rise again in the previous few years following a dip after the global economic crisis.

[TOP](#)

4. NEWS: OIG identifies some irregularities involving a conflict of interest in an internal bidding process managed by Alliance Ukraine

*Investigation found that no funds were misappropriated
and that no monies need to be recovered*

OIG report confirms that Alliance Ukraine took strong actions to address the COI

Tinatin Zardiashvili

6 September 2015

An investigation by the Office of the Inspector General found that the International HIV/AIDS Alliance Ukraine followed incorrect procedures in handling an internal bidding process in a grant for which it is the principal recipient. A [report](#) on the investigation was released on 25 August 2015.

Initiated in April 2015, the investigation was related to the grant UKR-011-G08-H, which was active from January 2012 to December 2014 and had a budget of \$65 million.

Specifically, the investigation found that the Finance Director of Alliance Ukraine failed to declare family connections while managing a contract with an events management company, Veselka. To ensure that Alliance Ukraine could obtain services from Veselka free of value added tax, Alliance Ukraine signed separate contracts with two private entrepreneurs affiliated with Veselka. One of the entrepreneurs was the Finance Director's sister and the wife of the owner of Veselka.

Further, the OIG found that on one occasion the Finance Director intervened during the internal bidding process by providing Veselka with the bid information of its competitors. The OIG concluded that the Finance Director thus used his official position to influence the outcome to favor Veselka.

However, the OIG said that there was no evidence that the Finance Director had tried to influence the tender evaluation committee's decision to select Veselka as an events management supplier.

Finally, the OIG said that Alliance Ukraine delayed for four months notifying the Global Fund about the conflict of interest situation, thus failing to comply with the standard terms and conditions of its grant agreement. The OIG noted, however, that Alliance Ukraine correctly followed its own internal policies and procedures for investigating suspected conflicts of interest.

The OIG also found that Veselka delivered all services specified in the contract and did not overcharge. Thus, there was no fraud or misuse of funds, and no money needed to be recovered. This is unusual; most OIG investigations involve recoveries.

The total amount paid by the Alliance Ukraine to Veselka was approximately \$190,000.

The OIG said that Alliance Ukraine fully cooperated with the investigation. During the investigation, Alliance Ukraine informed the Global Fund that the contract of the Financial

Director had been terminated, written reprimands were issued to relevant staff, and the internal conflict-of-interest declaration form was revised.

The Executive Director of Alliance Ukraine, Andrey Klepikov, told Aidspace, “We are pleased that Alliance’s internal systems worked. The internal investigation started immediately following the whistle-blower report and its key findings were confirmed by OIG. Our existing internal control system ensured that despite the identified conflict of interest, there were no violations in tender procurement process and there was no overpricing in the service charges.” He added that “even the strongest internal controls cannot give 100% assurance and there is always the human factor, which was the case in our situation.”

Mr Klepikov expressed concern that the investigation could be easily or even intentionally misinterpreted. “There are some stereotypes and even stigma associated with OIG investigations. Our experience has been rather positive. Not one dollar has to be paid back to the Global Fund as a result of the investigation. At the same time, the investigation has allowed us to strengthen our internal control systems to prevent such situations from occurring in the future.”

[TOP](#)

5. NEWS: OIG audit of grants to Kenya raises issues related to sustainability and grant effectiveness

Devolution of health budgets and services to the county level is creating challenges

Grant performance is measured based on national targets rather than grant-specific targets

David Garmaise

7 September 2015

An audit of Global Fund grants to Kenya has found that the management of financial and fiduciary risks, and the management of health services and products risks has been generally effective.

However, the OIG said that there was room for improvement in the management of programmatic and performance risks, as well as governance, oversight and management risks. (In OIG parlance, these were rated “partial plan to become effective.”)

According to the OIG, Kenya is one of the Global Fund’s high impact countries with approximately 5% of the global HIV disease burden, as well as substantial shares of the malaria and TB epidemics. The country received the seventh highest allocation from the Global Fund for 2014-2016, amounting to \$495 million.

A report on the audit was released in July 2015. Readers can find the report on the OIG pages of the Fund’s website [here](#). One of the objectives of the audit was to measure the adequacy of the Global Fund strategy for grants to Kenya, with a particular focus on grant effectiveness

and sustainability. In the balance of this article, we focus specifically on what the OIG had to say about grant effectiveness and sustainability.

The OIG's findings in these areas were mixed.

The Global Fund Kenya country team, in conjunction with the national programs, has developed its own portfolio-level strategy to tackle the diseases, including an increased focus on disease hot spots and key populations. The OIG said that this has had a tangible impact on the three diseases. However, it said, the country team's strategy lacked a longer term view beyond the current implementation period (2014-2016) and has not addressed some key strategic issues that are critical to ending the three diseases in Kenya.

For example, the OIG said, effective strategies need to be developed to mitigate the risks caused by the devolution of health care budgetary authority and service delivery to the county level, with particular focus on the counties' capacities to effectively manage programs and deliver services.

The country team had implemented certain activities with regard to devolution and considered certain key risks associated with it (for instance, by limiting transfer of grant funds to devolved structures until proper accountability mechanisms were established). However, the OIG said, some operational risks have arisen that were not anticipated by the country team. For example, government funds for the procurement of TB first-line medicines (approximately \$3 million) were allocated to the counties in 2013-2014 without timely guidance or proper training on procurement or drug forecasting. As a result, no TB drugs were procured by the counties and this created stock-outs in 2014 in a number of health facilities. The funds were reallocated to the national TB program, and it was agreed that subsequent procurements of anti-TB commodities will be made at the national level.

The OIG said that the principle of sustainability is embedded in the grants. National disease programs are building in-country capacity through components such as health systems strengthening. In addition, Kenya has made considerable inroads in identifying interventions that are having a significant impact. Finally, the country is taking increasing responsibility in funding commodity procurements.

On the other hand, the OIG said, Kenya's Global Fund grant performance is measured based on health targets at the national level, rather than grant specific indicators and targets. "While this is in line with the Global Fund's policy and encourages sustainability," the OIG stated "it means that measuring grant performance is more difficult. As the Global Fund's investments account for between 25-45% of the total program expenditure in Kenya and have low absorption rates, using national targets alone does not offer a sufficiently stringent way to assess the grant recipient performance or to link targets with expenditures."

[TOP](#)

6. NEWS: Funding of \$320 million approved for 11 grants in six countries

DRC gets \$223 million for five grants

David Garmaise

2 September 2015

On 27 July 2015, the Global Fund Board approved \$319.8 million in funding for 11 grants in six countries that had submitted concept notes. Included in this amount was \$25.3 million in incentive funding. In addition, the Fund placed interventions worth \$17.1 million in the registry of unfunded quality demand. For details, see the table.

Table: Funding related to concept notes approved by the Global Fund in July 2015

Country (component)	Grant name	Principal recipient	Approved Funding (\$ million)			Of which, incentive funding	Added to UQD register
			Existing	New	Total		
Afghanistan (Malaria)	AFG-M-UNDP	UNDP	3.2 m	16.4 m	19.6 m	5.1 m	0.4 m
Botswana (Malaria)	BWA-M-BMOH	Ministry of Health	NIL	5.1 m	5.1 m	NIL	NIL
Comoros (TB)	COM-T-ASCOBEF	Assoc. Comorienne pour le Bien-Etre de la Famille	NIL	2.0 m	2.0 m	NIL	NIL
DRC (TB/HIV)	COD-H-CORDAID	Stichting Cordaid	12.2 m	59.9 m	72.1 m	14.5	NIL
	COD-H-SANRU	SANRU Rural Health Program	21.9 m	53.6 m.	75.5 m		
	COD-H-MOH	Ministry of Health	NIL	22.6 m	22.6 m		
	COD-T-CARITAS	Caritas International	7.9 m	31.0 m	38.9 m		
	COD-H-MCOD-T-MOH	Ministry of Health	2.1 m	11.7 m	13.8 m		
Somalia (TB/HIV)	SOM-T-WV	World Vision International	19.4 m	5.7 m	25.1 m	5.7 m	NIL
Swaziland (HIV)	SWZ-H-CANGO)	Coordinating Assembly of NGOs	NIL	5.7 m	5.7 m	NIL	16.7 m
	SWZ-H-NERCHA	National Emergency Response Council on HIV and AIDS	9.5 m	29.9 m	39.4 m		
TOTALS			76.2 m	243.6 m	319.8 m	25.3 m	17.1 m

Note: The grant to Comoros was in euros which we converted to dollars at the rate of 1.0975.

The country that received the most funding was the Democratic Republic of Congo: \$222.9 million for five TB/HIV grants. The DRC initially submitted an HIV concept note, but the Grant Approvals Committee requested that it be revised and resubmitted as an integrated TB/HIV concept note.

In its report to the Board, the GAC commended the DRC for involving a diverse group of stakeholders in the revised concept note. The Board awarded the DRC \$14.5 million in incentive funding. The funding is contingent on the DRC meeting its counterpart financing and willingness-to-pay commitments. In its report, the GAC said that in the past the DRC had made financial commitments to the Global Fund that ultimately were not funded by Parliament.

A portion of the approved funding, \$10.5 million, will be used to support a pilot performance-based funding project involving health zones. Under this project, funding will only be awarded to the health zones and their employees once they have reached certain targets. Another \$9.5 for this pilot project will come from the DRC's malaria grants.

In its report, the GAC said that the performance evaluation of the CCM had shown poor results and a lack of compliance with Global Fund requirements. To address these issues, the GAC said, the CCM has replaced the staff of its secretariat and has begun the process of creating an oversight committee, writing conflict of interest regulations and holding elections for new members.

In commenting on the malaria concept note submitted by Botswana, the GAC said that malaria elimination in Southern Africa, particularly in the Elimination 8 countries – Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe – cannot be achieved without strong political engagement and effective investments in vector control. The GAC stressed the need for a regional approach and noted that an E8 regional concept note had been reviewed by the TRP in March 2015 and was currently in the grant-making stage.

In its comments on the malaria concept note submitted by Afghanistan, the GAC said that the note provided a thoughtful analysis of human rights and gender issues in that country. All of the concept notes related to the grants approved on 27 July should be posted shortly on the relevant country pages on the Global Fund's website.

[TOP](#)

7. NEWS: ECOM is invited to submit a concept note targeting MSM and TG communities in the EECA

The concept note will have a strong focus on advocacy and human rights

Tinatin Zardiashvili

8 September 2015

The Eurasian Coalition on Male Health (ECOM) has been invited to submit a concept note for a program on “Community Actions to Increase Access of MSM and Transgender People to HIV Services in Eastern Europe and Central Asia.”

ECOM was one of 35 applicants who submitted expressions of interest for the second round of regional proposals under the new funding model. On 12 August, ECOM received a letter stating that it could start the regional dialogue and concept note development process.

ECOM is an association of 50 organizations and activists from 12 countries in the EECA.

The regional program proposed by ECOM has a goal of contributing to an increased uptake of HIV services by MSM and transgender people in the region. The program has three objectives: (1) improving HIV programming for MSM and transgender people through advocacy and evidence building; (2) creating enabling environments for accessing HIV services for MSM and transgender people through promoting and protecting human rights and removing legal and policy barriers; and (3) increasing the capacities of MSM's and transgender people's community-based organizations for a sustainable HIV response.

If its concept note is approved, ECOM believes that its initiative will help mitigate the growing HIV epidemic in the region among the gay, bisexual, and transgender communities. ECOM said in a recent [news release](#) that “although MSM are recognized as key population in most national HIV/AIDS programs, national budgets allocate little to no resources to HIV interventions targeting them. Transgender people are effectively ignored in national HIV responses. Thus, access to HIV services for MSM and TG is disproportionately low.”

In the near future, ECOM will launch a regional dialogue involving its members, other stakeholders and technical experts to develop the concept note and determine which countries will participate in the program. Vitaly Djuma, executive director of ECOM, said that “the project structure and budget will allow only a limited number of countries to directly get involved in the program. However, the program outcomes and best practices will become available for all interested parties across the EECA region.”

Gennady Roshchupkin, co-founder and board member of ECOM, cautioned that should ECOM's concept note be approved, community organizations should not view the proposed program as a source of funding for direct local prevention and support services. “This regional program is aimed at improving community-led advocacy first of all. We believe that strong advocacy skills and mobilized communities can ensure sustainability and development of local services in future.”

The deadline for submitting the concept note to the Global Fund is February 2016.

[TOP](#)

8. ANNOUNCEMENTS: Support for TB CN development; Stop TB seeks TA consultants; Lessons learned from regional CNs

David Garmaise

7 September 2015

Funding available to through Stop TB to support concept note development

On 7 September, the Stop TB Partnership published an [announcement](#) reminding people that funding is available through the partnership's Technical Cooperation Agreement with the Global Fund to support applicants submitting TB concept notes.

Money to support country dialogues, the preparation of concept notes, and grant-making can be requested by TB-affected communities and civil society organizations, country

coordinating mechanisms, national TB and HIV programs, NGOs, principal recipients and sub-recipients, and Global Fund portfolio managers.

The announcement includes a list of the countries that are eligible to apply, in addition to examples of activities that the partnership supports.

Stop TB seeks consultants to provide technical assistance

The Stop TB Partnership is looking for consultants to be part of its roster to provide TA on gender, human rights, community engagement or TB case detection to ensure these aspects of TB programs are included in Global Fund concept notes, grants, and in TB national strategic plans; and to analyze, consolidate, and prepare appropriate knowledge and information to inform Global Fund processes in countries.

Applications are due by 15 September 2015. More information is available [here](#).

ICASO and the International HIV/AIDS Alliance release lessons learned on the first round of regional concept notes

The two organizations have published a [discussion paper](#) that synthesizes lessons learned from the first wave of regional concept notes, with a particular focus on three such notes, one in Eastern Africa, one in Southern Africa and one in the Middle East and North Africa.

[TOP](#)

9. ERRATUM: Funding for watchdogs can be included in grants

David Garmaise

2 September 2015

In an [article](#) in GFO 269 on the links between the OIG and local watchdogs, we stated that there is currently no financial mechanism at the Global Fund to support local watchdogs. We have been notified by the Secretariat that funding for watchdogs can be included in a grant. Under both the community systems strengthening and the removing legal barriers modules, applicants can ask for funds for community-led monitoring. Some country and regional applicants have asked for this in their concept notes.

[TOP](#)

This is issue #270 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Editor at david.garmaise@aidspan.org. To subscribe to GFO, go to www.aidspan.org.

GFO Newsletter is a free and independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org).

Aidspan (www.aidspan.org) is a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, aiming to benefit all countries wishing to obtain and make effective use of Global Fund resources. Aidspan finances its work through grants from foundations and bilateral donors. Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products. The Board and staff of the Fund have no influence on, and bear no responsibility for, the content of GFO or of any other Aidspan publication.

GFO Newsletter is now available in English and French. Articles are also available in [Russian](#).

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

Reproduction of articles in the Newsletter is permitted if the following is stated: "Reproduced from the [Global Fund Observer Newsletter](#), a service of Aidspan."

Are you a newcomer to Global Fund issues? See Aidspan's "A Beginner's Guide to the Global Fund – 3rd Edition" at www.aidspan.org/node/934.

Click [here](#) to unsubscribe.

GFO archives are available at www.aidspan.org/page/back-issues.

Copyright (c) 2015 Aidspan. All rights reserved.

[TOP](#)