



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 273: 21 October 2015

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This notice concerns the possibility that some subscribers to the GFO #271 newsletter were linked to a version of an article on funding approvals that erroneously provided the same table twice instead of providing two separate tables.

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The Communities Delegation to the Global Fund Board is looking for candidates to join the delegation.

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1. NEWS: Marking a progression in its HIV landscape, Vietnam chooses a civil society PR

The role of civil society in the response to HIV is growing

Nathalie Abejero

19 October 2015

Vietnam inaugurated its first non-governmental principal recipient with the signing of its HIV grant in September 2015. A voluntary umbrella organization of non-governmental or semi-autonomous organizations operating in various science and technology fields, the Vietnam Union of Science and Technology Associations (VUSTA) was appointed PR after serving four years serving as sub-recipient under the Vietnam Authority on AIDS Control.

Designation as the civil society PR provides a more advantageous platform – closer to the policy sphere of Vietnam – from which VUSTA can continue the pioneering work in the fight against HIV which it began while serving as an SR.

“Things are changing in Vietnam for the benefit of those at risk, including men who have sex with men, sex workers and persons who inject drugs”, said Olivier Cavey, Vietnam’s fund portfolio manager. “Civil society groups and the government are now cooperating to reduce new infections and, as confidence and trust are being built, we should see soon an increased impact.”

Civil society in Vietnam face great challenges in their participation in the HIV/AIDS response. The largest hurdle is legal registration, a pre-requisite for attracting steady financing and resources, as well as for increasing institutional capacities. It is often said that civil society organizations face a “Catch-22”: Without funds and an established presence, it is difficult to qualify for registration, yet groups need to register in order to raise funds and set up an office. Many community-based organizations and CSOs credit their successful launch to technical guidance from VUSTA on how to navigate a complex legal environment.

Other obstacles include limited organizational capacity and accountability, and the lack of a clear and consistent legal framework for CSOs. While many organizations have made significant contributions even without legal registration or external funding – legal status, proper remuneration and benefits would help to ensure civil society’s full integration into the health care system.

VUSTA’s appointments, first to SR and now to PR, are a political and practical boost for CSOs to address these obstacles. The platform provided them via VUSTA and the resources from the Global Fund strengthen them and expand their activities, thereby enabling them to play their rightful, critical role in the HIV response.

As PR under the NFM, VUSTA now has a more active role in the planning and implementation processes. It will provide CSOs with ongoing capacity building such as training courses, and infrastructure and hardware support, enabling them to mobilize the HIV

response. The continuum of HIV services for key affected populations will be expanded from 10 to 15 provinces, implemented by VUSTA's network of 90 CBOs – including networks of female SWs, MSM and PWIDs – working under three SRs.

With sex work, drug use and homosexuality considered social evils (the first two are illegal), HIV and the behaviors associated with it are highly stigmatized. VUSTA engages civil society in efforts to address stigma and promote an enabling environment for KAPs. Among such efforts are large-scale communication and community events, as well as small outreach sessions that have significant reach, to build legal literacy. Armed with information, financial support, and a platform, CSOs and CBOs can then collectively negotiate consistent prevention and control policies.

“Opening [drop-in centers], and providing capacity building and channels for dialogue allows us to do something about the injustices against us,” declared another drug user at the Coalition of Coming Home Clubs, a gathering place for injecting drug users, female sex workers and MSM. (VUSTA supported the opening of many drop-in centers.)

These centers also provide rehab and detoxification support, as well as antiretroviral treatment. They operate mobile voluntary counseling and testing clinics during community events and holidays, in order to reach high-risk populations who would otherwise not access STI, HIV or TB services. There are methadone treatment programs, part of a holistic approach to harm reduction that also includes legal support and community-building. Credit services are made available to members, who would otherwise have no access to them due to unstable finances or residence.

Great strides are had in the policy response to Vietnam's HIV epidemic, which is increasingly evidence- and rights-based. Examples of policy reforms include legalization of harm reduction programs like syringe and needle exchanges, and amendments to medical insurance policies to cover HIV-related services. This year, the prime minister issued a decree to transform the government-run “rehabilitation” centers – notorious for the brutalities against those detained and forced to undergo hard labor and “treatment” – into community-based treatment facilities over the next five years.

Before the decree, repercussions from widespread advocacy against the rehabilitation centers included a corresponding increase in violence towards KAPs by local police. Working with its KAP networks, VUSTA leveraged the relationships it developed with policy- and decision-makers to set up seminars with police to promote health messages and to try to mitigate some of the violent crackdowns on SWs, drug users and other vulnerable populations.

Experiences like this increase recognition of civil society's role and leadership in community-based monitoring of legal rights and social accountability, thereby strengthening the HIV response.

VUSTA has an operating budget of \$6.7 million for the period July 2015 to December 2017. According to one senior officer of the VUSTA project, being engaged in the Global Fund ecology allows CSOs to pool their collective weight to affect service delivery and the policy

landscape. With VUSTA's appointment to PR, it will now be more directly involved in policy advocacy, and civil society will be given a more enhanced role in dialogues with government agencies and international organizations.

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2. NEWS: Civil society calls on the Global Fund to aim higher for the 2017-2019 replenishment

Call is endorsed by 270 CSOs

Australia and Denmark announce plans to scale back on development aid, but France says it will increase its aid budget

Anna Maalsen

19 October 2015

The Global Fund Advocates Network – following on from its successful Twitter conversation that called for increased donor and domestic funding to reach the SDGs (see GFO article [here](#)) – has sent an open letter to the Global Fund Board and executive director urging the Fund to aim higher than the \$15 billion 2014-2016 replenishment goal.

(The Fund raised only about \$12 billion for 2014-2016.)

The letter, signed by 270 civil society organisations, highlighted the need for the Fund to be bold in its funding ambitions so countries can maintain and accelerate scale-up through community-based services, innovation, re-alignment of programmes in-line with “best science” and a focus on efficiency.

Now that the SDGs have been adopted by UN member states, the question of how the seventeen goals and 169 targets will be financed is cause for serious concern, and is fuelling the civil society advocacy momentum.

The SDGs drafters were well aware that the ambitious SDG agenda would come at significant cost, and that this comes at a time when, globally, the volume of aid is falling increasingly behind the required resources. In acknowledging this paradox, the recent “[Financing for Development](#)” conference in Addis Ababa highlighted that “...significant additional domestic public resources, supplemented by international assistance...” would be required to achieve the SDGs. The scale of this funding is indeed substantial, with resources required just to end HIV by 2030 estimated to be \$36 billion per year, double the current levels of funding. For many of the poorest countries, this is a worrying scenario, further compounded by the recent news that several countries are cutting back on their overseas development assistance (ODA).

Australia has already cut its aid budget by \$1 billion for 2015-2016. Over the next three years, these cuts will continue and will result in Australia's aid dropping to its [lowest levels in history](#) to 0.22% of gross national income by 2017-2018. Australia is scaling back most of its support from Africa and the Middle East, and instead will concentrate aid efforts across

the Pacific Region closer to its shores. Support to multilaterals was also cut. UNICEF, for example, saw its funding reduced by 40%. Australia said that it will honour current Global Fund commitments, but what it might pledge for 2017-2019 is not known.

Following worryingly in Australia's footsteps is Denmark, which recently announced that it would be [slashing its ODA](#) from 0.87% of GNI to 0.7%. While 0.7% remains in line with the UN target for developed countries development assistance goals, the cuts will affect civil society and bilateral programmes as well as the Global Fund. According to [AIDS Fondet](#), Denmark will be reducing its contribution to the Global Fund for 2015 and 2016 from the planned \$165 million per year to \$100 million per year, and **no funds will be pledged for the 2017-2019 replenishment** [emphasis added].

GFAN was quick to react to Denmark's announcement on the aid budget cuts. It has written an open letter to the Denmark's Prime Minister, His Excellency Lars Løkke Rasmussen, calling on him to "live up to the promises made to meet the SDGs and reverse the cuts to HIV/AIDS and the Global Fund in the Finance Act." GFAN called on its diverse network of CSOs to [sign on](#) to the letter.

GFAN is also planning to utilize World AIDS Day on 1 December to further advocate and generate renewed support for the Global Fund replenishment. Interested civil society partners are invited to join in on a GFAN call on 22 October in which representatives from the Global Fund Secretariat and UNAIDS will participate. Click [here](#) for further details.

In other, more positive developments, President François Hollande of France has committed to [increasing his country's aid budget](#) by € 4 billion by 2020. This is a complete turn around from the last four years of funding cuts. The 2016 aid budget will not be reduced from the 2015 level, thus stabilising the budget as a first step towards meeting the 2020 pledge. And African Union ambassadors meeting on 1 October in Washington [pledged](#) their support and advocacy efforts to ensure the Global Fund meets its replenishment goals. Nearly 70% of Global Fund resources fund HIV, TB, and malaria programs across Africa.

Ambitious goals require ambitious financing commitments. With two of the Global Fund's top twenty donor countries already cutting their aid budget, civil society has taken up the challenge of taking world leaders to task and urging them to deliver on their SDG's commitments to accelerate the end of the three diseases by 2030.

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3. NEWS: Upcoming human rights grant will tackle barriers to access in Africa

Goal is to achieve legal and policy changes

Gemma Oberth

19 October 2015

A new regional program focusing on legal and policy change in Africa has been invited to proceed to grant-making. The \$10.5 million program aims to strengthen access to services for key populations in 10 countries – Botswana, Cote d'Ivoire, Kenya, Malawi, Nigeria, Senegal,

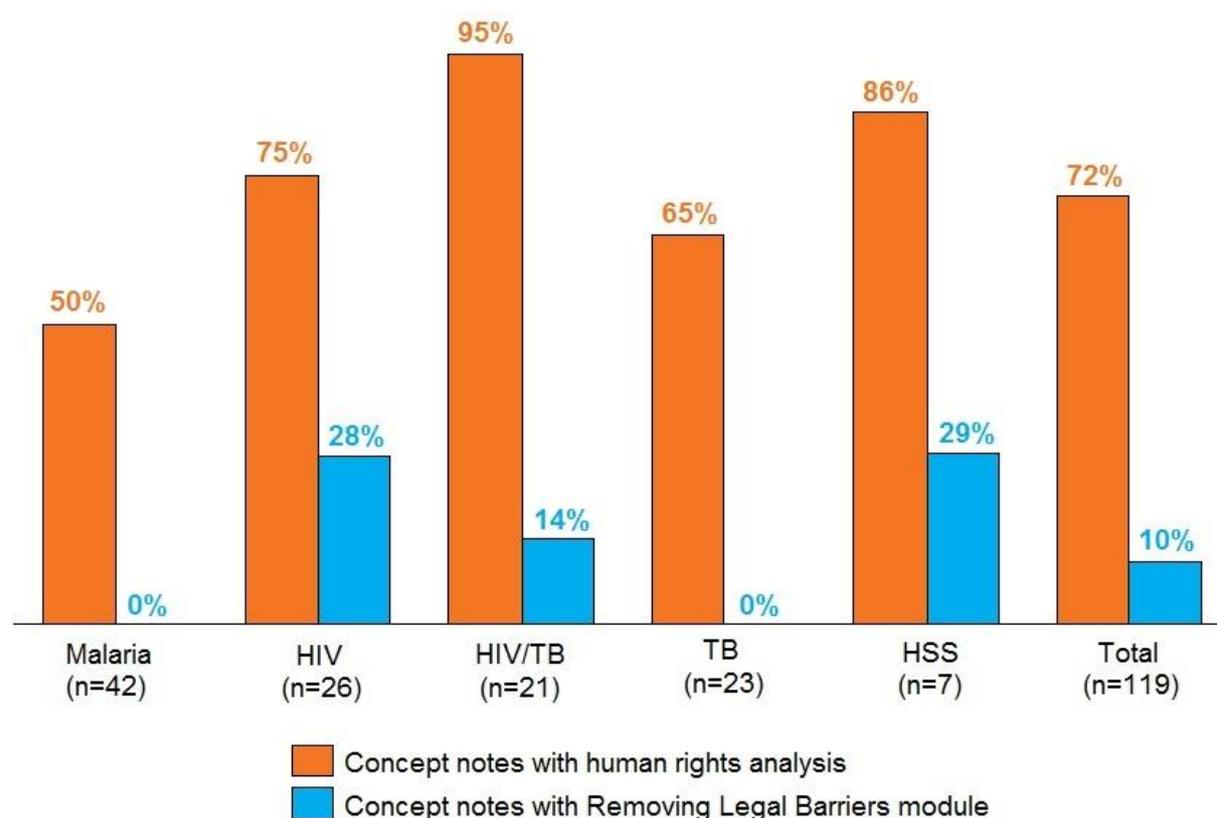
Seychelles, Tanzania, Uganda, and Zambia. As [previously reported](#) by Aidsplan, this is one of thirteen regional concept notes approved in September to proceed to grant-making.

The concept note was submitted jointly by the AIDS and Rights Alliance for Southern Africa (ARASA) and Enda Santé, and proposes the UNDP as principal recipient.

The ARASA/Enda Santé concept note is unusual in several ways. First, it is highly focused on just one implementation module – removing legal barriers. Activities will include conducting legal environment assessments, engaging in strategic litigation and overseeing small advocacy grants at country level.

The program would fill an important human rights deficit in the Global Fund’s current investment portfolio. The Fund’s 2012-2016 strategy commits to increasing spending on programs that address human rights barriers to accessing health services, but implementing this in practice has been challenging. Although the majority of concept notes submitted do identify human rights barriers, few actually request funding to address them (Figure 1).

Figure 1: Proportion of concept notes submitted in the first five windows which contain human rights analysis compared to those which request funding for the removing legal barriers module



Source: Global Fund Presentation at Community, Rights and Gender Special Initiative Partners Forum. Bangkok, Thailand, 18 August 2015.

As a result, out of all concept notes submitted in 2014 (worth some \$7.9 billion), just \$17.5 million was requested to address human rights barriers. More than half of this amount was an above allocation request, signalling low prioritization of the removing legal barriers module.

If approved, the proposed \$10.5 million for the ARASA/ENDA Santé concept note will be one of the single most significant human rights investments that the Global Fund will make since the beginning of the new funding model.

“There’s a lot of pressure on us,” says Michaela Clayton, Director of ARASA. “It will set the tone for the Global Fund’s willingness to fund human rights programs in the future.” The Global Fund has been careful not to bill itself as a human rights organization, despite emphasizing the close connection between human rights and fighting the three diseases.

Inherent in programs like these are longer-term outcome targets, such as setting judicial precedent and influencing policy. Given the three-year timeframe for Global Fund grants, this creates a number of challenges for measuring success. “This is a human rights grant,” says Deena Patel, who would be the UNDP’s start-up manager for the program. “We all know that a lot of the work takes a long time and we can’t always predict the outcomes.” Clayton adds that measuring changes in laws and policies is also not always a good indication of progress: “You can say ‘this law has been repealed’ but if sex workers are still being harassed by the police, what does that help? What we are trying to achieve is for the countries to be able to take on these issues.”

Some of the specific targets for the program include:

- conducting legal environment assessments in Botswana, Côte d’Ivoire and Senegal;
- increasing the number of countries with national working groups on human rights violations, promoting the Senegalese model in the other countries;
- increasing the number of countries which include transgender people in their national HIV and AIDS strategic plans; and
- increasing the number of regional economic communities (RECs) that have developed HIV strategies for key populations and are in the process of gaining members’ approval.

Along with a dedicated human rights focus, the program is unique in several other ways. Being regional, it will have a wide geographic scope covering countries in East, West and Southern Africa. To help mitigate potential coordination challenges, sub-recipients have been strategically selected to ensure a presence in all three regions.

Coordination with other regional programs will be particularly important given the numerous overlaps. An annual coordination meeting is planned to ensure that efforts are not duplicated with other regional grants, including those managed by the Kenya AIDS NGOs Consortium, Hivos and the Abidjan-Lagos Corridor Organization.

Patel says that the multi-regional aspect of the grant will open up exciting spaces for pan-African human rights alliances. “It’s rare that you see collaboration between West African and East and Southern African organizations,” she told GFO. “This program presents an opportunity to bridge that gap.” Clayton also highlights this particular value-add of the regional approach: “We hope that this will provide a working example on how different

organizations can work together within a large region, or within a number of regions across a continent, on shared issues.”

If the Board approves this program in the near future, implementation will likely start in January 2016.

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4. NEWS: OIG investigation reveals irregularities in the operations of an SR in an HIV grant to Timor-Leste

The OIG identified non-compliant expenditures of \$668,877

David Garmaise

20 October 2015

An investigation by the Office of the Inspector General has found evidence of non-competitive tenders and other improper procurement practices by a sub-recipient of an HIV grant to Timor-Leste totaling \$152,626, a portion of which the OIG attributed to fraud, overpricing and non-delivery of items. A [report](#) on the investigation was released on 9 October.

The SR, Fundasaun Timor Hari'i (FTH), was sub-contracted \$2.7 million under a grant (TLS-H-MOH), of which \$0.7 million was for Phase 1 and \$2.0 million for Phase 2. As of 25 August, FTH received \$0.7 million in Phase 2 disbursements. The principal recipient is the Ministry of Health.

The OIG investigation confirmed that FTH conducted non-competitive tenders and pre-determined that contracts would be awarded to Williah, a stationery shop owned by FTH employees. The tenders were conducted by FTH's executive director (together with an FTH regional manager) who bought items in Indonesia for significantly less than the price charged to the Global Fund. The goods were shipped to Timor Leste and documents were fabricated to make it appear as if there had been a competitive tender process won by Williah. Prices were inflated from 22% to 400% more than the original purchase price in Indonesia.

The OIG said that the relationship between FTH and Williah contravenes the conflict of interest policies of the Global Fund, the Ministry of Health and FTH.

The OIG also found evidence of other irregularities in procurements conducted by FTH in 2012 and 2014, which included non-compliance with internal procurement procedures and falsified documents.

The OIG identified the following factors that contributed to the problem:

- financial controls at FTH were inadequate. They allowed the use of a cash-based practice that obscured the amounts paid and actual recipients of the payments;
- procurement controls were not enforced;
- there was inadequate oversight of the sub-recipient operations by the PR; and

- the Global Fund Secretariat had limited oversight over SRs because the portfolio was classified as “medium risk” and, as a result, there were no local fund agent reviews conducted at the SR level.

Either before or during the investigation, the Secretariat took several remedial actions. The PR was instructed to reduce disbursements to FTH to priority activities only, and to institute a zero cash policy. The Secretariat also increased the level of the LFA review of expenditures.

As a result of the investigation, the Secretariat has agreed that by January 2016, it will appoint an external fiscal agent to ensure appropriate fiscal oversight and control. The Secretariat has also agreed to require the PR to formulate a risk mitigation plan that systematically addresses risks and initiates the requisite controls to improve (a) financial management and procurement of non-health related products and (b) fiscal and management oversight at the SR level. The fiscal agent’s will monitor the implementation of this plan.

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5. NEWS: OIG audit in South Sudan raises questions about managing grants in difficult operating environments

Weaknesses identified in managing programs and health services and products, and in governance and oversight

David Garmaise

20 October 2015

An audit by the Office of the Inspector General on grants to South Sudan concluded that while financial and fiduciary controls are at the level of the principal recipients were effective, there are weaknesses in the management of programs and health services and products, and in governance and oversight. A [report](#) on the audit was released on 5 October.

Four active grants were audited, three of which were managed by the UNDP. The PR for the fourth grants was Population Services International.

The OIG noted that South Sudan is a challenging environment in which to operate. Service delivery in the health sector is complicated by security issues, poor infrastructure, weak capacity (especially human resources) and inadequate health systems after decades of conflicts. According to the OIG, this situation is aggravated by the absence of functional transport infrastructure, especially during the rainy season, as well as challenges related to increased numbers of refugees and internally displaced persons.

The OIG said that illiteracy is a key challenge in South Sudan and that only 10% of health facility staff are qualified to serve in their positions. The health sector is heavily dependent on international funding; only 4% of the government’s budget allocated to the sector.

The scope of the OIG’s audit was severely limited because UN agencies can only be audited by the UN’s own oversight bodies. The OIG noted that the UNDP’s Office of Audit and

Investigations report issued in February 2015 assessed the UNDP South Sudan Country Office as partially satisfactory, which means, “internal controls, governance and risk management processes were generally established and functioning, but needed improvement.”

The OIG said that in spite of the difficult environment, the Global Fund and other development partners have made notable contributions to the fight against the three diseases in South Sudan. However, challenges remain due to the environment, inadequate funding and inadequate oversight of funded programs. For example, the number of clients on antiretroviral treatment (8,500 clients at June 2014) represents only 12% of the 72,000 people eligible for treatment; only 35% of TB/HIV co-infected clients are receiving treatment; and contrary to the World Health Organization’s recommended “test, treat and track” strategy, most malaria cases did not have confirmatory tests undertaken before treatment, which raises the risk of developing drug-resistant malaria.

The OIG said that 26 of the 46 buildings constructed under a health systems strengthening grant have defects or are not in use. This is largely because the buildings are located in insecure areas or far from townships, have design flaws, or lack basic utilities. The OIG said that this raises the question of whether activities of a development nature should be prioritized in such challenging operating environments over service delivery (e.g. putting more people on treatment).

The OIG said that the country coordinating mechanism has limited capacity to effectively fulfill its roles in prioritizing and coordinating available resources, and ensuring effective utilization of available resources. The Global Fund has proposed measures to reform the CCM, but they have yet to yield the desired results.

The OIG said that the findings of this audit raise questions about the suitability of applying standard grant operational processes to challenging operating environments like South Sudan. The OIG added that it is imperative to continuously assess the risks and to review the effectiveness of mitigation measures in addressing the risks. This has not always happened, the OIG said, and as a result, it found major risks which had not been effectively managed. This included program commodities and assets that remained unaccounted for, inaccuracies in the data reported to the Secretariat, and buildings and equipment paid for by the Global Fund that were not being used.

The OIG said that while the PRs generally have adequate controls to mitigate the financial and fiduciary risks at their level, such risks at the sub-recipients’ levels have not always been adequately managed. The OIG identified transactions amounting to \$935,138 incurred by one sub-recipient with inadequate financial or programmatic supporting documentation. In response, the OIG said, the Secretariat has increased the local fund agent oversight and instituted a zero cash policy.

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6. NEWS: Global Fund Board and committees will be evaluated annually

Governance Performance Assessment Framework is adopted by the Board

David Garmaise

17 October 2015

The Global Fund will institute a formal process for evaluating the performance of the Board, Board committees and the leadership of both. Stakeholders and external parties will be involved in the evaluations.

This is part of a Global Fund Governance Performance Assessment Framework [adopted](#) (see GF/B33/EDP 18) by the Board on 21 September by electronic vote. The framework will be partially implemented in 2015, and fully implemented in 2016.

Once it is fully implemented, the framework will consist of four key components. The first consists of self-assessments of Board committee functioning and management (after each committee meeting). The second involves annual assessments of the performance and effectiveness of the committees, and will include an online survey for committee members; a 360° online survey completed by relevant stakeholders; 360° interviews for committee members and relevant stakeholders; a “moderate” review of documents and presentations; and direct meeting observation of non-sensitive topics by the party that is conducting the assessments.

(In a workplace environment, the term “360°” refers to people above, below and on the same level who are knowledgeable enough to rate an individual’s performance.)

The third component involves annual assessments of the performance and effectiveness of the Board itself, and will include steps similar to those outlined above for committees.

The fourth component is an assessment of the performance and assessment of the leadership of the Board and the committees. This will be done in parallel with the second and third components.

The online surveys for Board and committee members and the 360° surveys and interviews will be conducted by a third party, yet to be identified.

The results of the 2016 assessments will be presented to the Board at its first meeting of 2017.

For 2015, the assessments will involve only the committees and will include only the online elements of the framework (i.e. not the interviews). The assessments will use tools that are either currently available or that are being developed by the Transitional Governance Committee. The assessments, which will be overseen by the TGC, will take place as the committees meet prior to the next Board meeting.

The Board is expected to approve an enhanced governance structure at its meeting on 16-17 November.

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7. NEWS: GIZ issues call for proposals in three areas: CCMs, HSS and grant management

Stéphanie Braquehais

19 October 2015

A long-time provider of technical assistance for stakeholders applying to the Global Fund, GIZ's BACKUP Health is now entering a new phase. From October 2015 to March 2018, a total budget of €11.5 million will be dedicated to projects in three specific areas: [country coordinating mechanisms](#), [health systems strengthening](#) and [grant management](#).

In each of these areas, there will be a focus on cross-cutting issues such as community involvement (particularly key populations), human rights, and gender. Until now, BACKUP provided technical assistance upon demand. "Now partners have to clarify in which intervention area they would like to ask for assistance. The project evaluation at the end of the last phase recommended stronger focus on fewer topics and countries in order to achieve more sustainable results with our partners" said Anna-Maria, Programme Officer Health, Education and Social Development at BACKUP Health.

The stakeholders who can get BACKUP support are CCMs, CCM members or principal recipients (national or regional coordinating mechanisms, governments, national or international civil society organizations and private sector organizations). For each area of intervention, a list of eligible countries has been identified for one-year to two-year projects (see the table).

Table: List of eligible countries by program area

CCMs (up to € 100,000)	HSS (up to € 200,000)	Grant management (up to € 100,000)
Nepal, Armenia, Kosovo, Kyrgyzstan, Uzbekistan, Guatemala, Peru, Burkina Faso, Burundi, Ethiopia, Ghana, Guinée, Kenya, Liberia, Malawi, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sierra Leone, Tanzania	Bangladesh, Cambodia, Nepal, Pakistan, Kyrgyzstan, Tadjikistan, Ukraine, Uzbekistan, Burkina Faso, Cameroun, Guinea, Kenya, Liberia, Malawi, Mozambique, Sierra Leone, South Africa, Tanzania, Zambia	Bangladesh, Cambodia, Indonesia, Nepal, Pakistan, Cambodia, Tadjikistan, Ukraine, Tadjikistan, Mauritania, Burundi, Cameroun, Côte d'Ivoire, DR Congo, Ethiopia, Guinea, Kenya, Liberia, Malawi, Mozambique, Niger, Nigeria, Sierra Leone, Tanzania, Uganda, Zimbabwe

Among the types of project GIZ hopes to fund are the capacity development of CSOs to strengthen their role in the CCMs; identification of CCM risks and development of risk mitigation plans; and support for the development of comprehensive approach to organizational development. The German cooperation agency plans also to provide support for conducting needs analysis for HSS activities in Global Fund grants, and for planning of HSS interventions during concept note development, as well as assistance in capacity development of civil society PRs to monitor their grants and manage their sub-recipients.

In addition to small-to-medium-size projects for one or more of the three intervention areas, BACKUP offers short term assistance by assigning consultants to support CCMs, PRs and CSOs during the country dialogue, the development of the concept note and the implementation of the grant.

Applications can be submitted until 15 December 2015. More information is available [here](#).

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8. NEWS: Aidspan releases summary report on external review of its role as watchdog

Aidspan

19 October 2015

Aidspan has released a report on a rapid external independent review of its role as watchdog for the Global Fund. The review assessed the current and potential future roles of Aidspan, taking into account new concepts and models for the watchdog function globally; the views of watchdog funders and Aidspan users; and changes at the Global Fund and the wider environment in which Aidspan operates. Stakeholder insights were gathered in interviews with 40 individual interviewees from ten countries and two focus group discussion sessions with eleven Aidspan staff based in Nairobi, Kenya.

Stakeholders said that overall they valued Aidspan's independent observer status and the quality of its communications output. At the same time, several stakeholders thought that Aidspan's work had changed over time and had in recent years "lost a bit of its edge" and become more mild mannered in its criticism of the Global Fund. In their view, there was a tendency for Aidspan to identify issues and then take on the responsibility for addressing these issues itself – i.e. acting as the explainer of Global Fund processes and procedures – rather than promoting demand for the Global Fund itself to improve its own performance.

Many stakeholders said that running parallel to the changes at Aidspan, there has been significant positive progress in transparency and accountability at the Global Fund; and that Aidspan had made a "good and even significant contribution to achieving this."

The stakeholders said that it was time for Aidspan to review its mission. In their report, the consultants explored the opportunities available to Aidspan and described several options for how the organization could evolve going forward.

The options will be discussed by the Aidspan Board in the near future.

The published report can be found [here](#). Look for "Aidspan external evaluation summary report."

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9. NEWS: Regional TB/HIV concept note in the EECA region will propose the use of “city service models”

Tinatin Zardiashvili

16 October 2015

The International HIV/AIDS Alliance in Ukraine has received approval to submit a regional TB/HIV concept note in 2016. The concept note will focus on providing services to key affected populations in Eastern Europe and Central Asia using a “city service model” pioneered in Western Europe.

The Alliance had submitted an expression of interest earlier this year. The concept note is due on 1 February 2016. Alliance Ukraine will act as principal recipient and will work in partnership with Contact Network (Switzerland) and AIDS Foundation East-West (Netherlands).

The Global Fund has told the Alliance that the ceiling for the concept note is \$7.5 million. The project is expected to start in July 2016, and last for three years.

The proposal to use the city service model is based on the idea that municipalities have to deal with high-burden epidemics and that more and more authority is being decentralized to the municipal level, including in the EECA. The model will be further defined in the concept note.

Between now and the end of this year, Alliance Ukraine will seek input on the development of the concept note from regional stakeholders. The first meeting of the regional dialogue has been already held (in Kyiv, Ukraine on 5-6 October.)

Andrey Klepikov, executive director of the Alliance Ukraine told GFO: “Thinking about future, we see big cities are the point of growth with increasing risks to HIV and TB epidemics. This is why our initiative builds municipal responses to HIV and TB with special focus on key populations. We plan to apply a dovetailed approach by using elements of IT technologies, public health and fundraising. We aim at enabling cities to take over the control of infections.”

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10. NOTICE: Tables on approved funding in article in GFO #271

Aidspan staff

19 October 2015

An article in the GFO #271 newsletter, “Global Fund approves funding of \$1.5 billion for 35 grants,” contained two tables, one for grants to counties in Africa and one for grants to countries in other regions. When they clicked on the link to the article on the Aidspan database, some subscribers may have inadvertently been taken to a version of the article that

contained the same table (i.e. the African countries table) twice instead of the two separate tables. The correct version of the article is available [here](#).

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11. ANNOUNCEMENT: Communities delegation is recruiting some new members

Aidspan staff

17 October 2015

The communities living with HIV and affected by TB and malaria delegation to the Board of the Global Fund is looking for candidates to join the delegation the period 2016-2018.

The deadline for applications is 9 November 2015. For detailed information on the call and application details, please refer to [Communities Delegation 2015 Call](#). Please fill in the [Communities Delegation Membership Application Form 2015](#). Terms of Reference of Communities Delegation Members are available [here](#).

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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).

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

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