



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 275: 18 November 2015

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According to a report prepared by the Office of the Inspector General, although progress has been made on implementing agreed management actions, half of all outstanding AMAs are overdue, and their numbers are growing.

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1. NEWS: Main decisions made at Board meeting

David Garmaise

18 November 2015

On 16-17 November 2015, the Global Fund Board held its 34th meeting in Geneva, Switzerland. GFO was present, with observer status. The main decisions made at the meeting, in chronological order, were as follows. *(For precise wording of what the Board agreed, see the decision points document that is available at www.theglobalfund.org/en/board/meetings/34. Background documentation will also, in time, be posted by the Global Fund at the same location.)*

Strategic Review 2015. The Board “acknowledged the results and recommendations” of the Strategic Review 2015 commissioned by the Technical Evaluation Reference Group; asked

the Secretariat to provide the Strategy, Investment and Impact Committee with its response to the TERG's recommendations; and asked the Secretariat to consider the recommendations as it prepares the final 2017-2022 Strategy narrative. [See Decision Point 3.] Further details are provided in a separate article in this issue.

Strategic Framework. The Board approved the framework for the 2017-2022 Strategy. The Board will approve the Strategy itself at its first meeting in 2016. [See Decision Point 4.] Further details are provided in a separate article in this issue.

2016 Operating Expenses and Corporate Workplan. The Board approved a 2016 operating expenses budget of \$305 million for the Secretariat and the Office of the Inspector General. The Board also approved a 2016 corporate work plan and budget narrative covering the Secretariat. [See Decision Point 5.] Further details are provided in a separate article in this issue.

Replenishment. As an expression of its strong commitment to the 2017-2019 replenishment, the Board decided that it will explore options to enhance its active engagement in contributing towards a successful outcome, including the broadening of the donor base. In addition, the Board decided that it will seek the support of one or more high-level individuals who will advocate on its behalf for a successful replenishment. [See Decision Point 6.]

Enhanced Governance Structure. The Board approved in principle changes to its committee structure. If the changes are confirmed, they will take effect at the end of first Board meeting in 2016. [See Decision Point 7.] Further details are provided in a separate article in this issue.

Market Shaping Strategy. The Board approved a new market-shaping strategy which replaces the strategy adopted in 2011. The strategy includes a section on preparing for when countries transition away from Fund support. The strategy states that the Global Fund supports efforts to address barriers and practices that prevent access to affordable medicines. Six new full-time-equivalent positions will be included in the operating budget to manage the strategy. [See Decision Point 9.]

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2. NEWS: Board adopts framework for new Strategy

Contains vision and mission statements and four focus areas

David Garmaise

18 November 2015

The Global Fund has approved the framework for the next strategy. The strategy itself, which will cover the period 2017-2022, will be approved at the first Board meeting in 2016.

The framework contains four focus areas: (1) maximize impact against HIV, TB and malaria; (2) build resilient and sustainable system for health; (3) promote and protect human rights and gender equality; and (4) mobilize increased resources. For each focus area, the

framework contains a general statement and between four and seven broad activities (see Tables 1-4).

Table 1: Maximize impact against HIV, TB and malaria

General statement	Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics.
Broad activities:	
<ul style="list-style-type: none"> A. Scale up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases. B. Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs. C. Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money. D. Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships. E. Support sustainable responses for epidemic control and successful transitions. 	

The vision statement in the framework is unchanged from the one in the current strategy: “A world free of the burden of HIV/AIDS, tuberculosis and malaria with better health for all.”

Table 2: Build resilient and sustainable systems for health

General statement	Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics.
Broad activities:	
<ul style="list-style-type: none"> A. Strengthen community responses and systems. B. Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery. C. Strengthen global and in-country procurement and supply chain systems. D. Leverage critical investments in human resources for health. E. Strengthen data systems for health and countries’ capacities for analysis and use. F. Strengthen and align to robust national health strategies and national disease-specific strategic plans. G. Strengthen financial management and oversight. 	

The framework’s mission statement reads as follows: “Attracting, leveraging and investing additional resources to end the epidemics of HIV, tuberculosis and malaria and to support attainment of the SDGs.”

Table 3: Promote and protect human rights and gender equality

General statement	Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics.
Broad activities:	
<ul style="list-style-type: none"> A. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights. B. Invest to reduce health inequities including gender- and age-related disparities. C. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services. D. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes. E. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes. 	

The framework identifies two strategic enablers: (1) innovate and differentiate along the development continuum; and (2) support mutually accountable partnerships.

Table 4: Mobilize increased resources

General statement	Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics.
Broad activities:	
<ul style="list-style-type: none"> A. Attract additional financial and programmatic resources for health from current and new public and private sources. B. Support countries to use existing resources more efficiently and to increase domestic resource mobilization. C. Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies. D. Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models. 	

The framework was recommended by the Strategy, Investment and Impact Committee following a period of consultation which included three in-person partnership forums, an e-forum, global and regional events, and meetings with partner organizations and civil society. Priorities for the strategy were also discussed at a Board retreat in the Fall of 2014. Board members congratulated the SIIC and the Secretariat for having undertaken such a thorough consultation process.

When it approved the Strategic Framework, the Board requested that the Secretariat submit the final strategy narrative through the SIIC for approval, “taking into consideration lessons from implementing the current strategy, recommendations from the Strategic Review 2015 (see separate article in this issue), and additional input collected throughout the strategy development process.”

The Strategic Framework, Board Document GF-B34-11, should be available shortly at www.theglobalfund.org/en/board/meetings/34.

3. NEWS: The TERG applauds the principles and directions of current strategy but identifies several areas requiring improvement

“Strategic Review 2015” released

David Garmaise

18 November 2015

The Global Fund Strategy 2012-2016 remains as valid now as it was when it was developed in 2011 and its principles and directions should continue to guide the Fund in the coming years. This was a central conclusion of the *Strategic Review 2015*, carried out by the Technical Evaluation Reference Group. A report on the review was provided to the Board at its meeting on 16-17 November.

Despite this very positive assessment, the TERG noted several areas where improvements are required. Below, we provide highlights:

DIFFERENTIATION. The TERG said that although good progress has been made in transforming how the Global Fund functions – in particular, increasing allocations for high impact countries – this progress is being hindered by the continued application of what it termed “undifferentiated policies and procedures.” (This refers to having the same policies and procedures for all countries regardless of the risk or the size of the portfolios.) The TERG said that these policies and procedures created unnecessarily high transaction costs for the country teams in the Secretariat and for the countries themselves.

HUMAN RIGHTS AND GENDER. The TERG noted that the Secretariat has been instrumental in supporting a strong emphasis on key populations and a rights-based approach, but that its efforts have not yet been fully translated into programming within countries. The TERG said that gender analysis “remains especially weak.” It said gender analysis in concept notes “is often reduced to looking at how the epidemics have a different effect on women and men, rather than examining the social and cultural factors that make women (or men) more or less vulnerable to each particular disease.”

KEY PERFORMANCE INDICATORS. The TERG said that although a range of measures have been instituted by the Global Fund to monitor and improve its performance, concerns have been expressed about the value of the present set of KPIs for tracking Secretariat performance. (See separate article in this issue on KPIs.)

The TERG said that the KPIs are central to the Secretariat being able to demonstrate results. It said that there are many technical issues concerning the current KPIs that need to be resolved. But, beyond that, the TERG said, understanding changes in an indicator requires significant understanding of the context. “When corporate KPIs are intended for use by the Board as much as by management, as in the Global Fund, problems arise when Board members lack the same level of contextual understanding [as management].”

INCENTIVE FUNDING AND THE UQD REGISTER. With respect to the new funding model, the TERG found that the upfront allocation to countries based on GNI per capita and burden of disease has successfully ensured that Global Fund investments are better targeted to countries with the greatest potential for impact. The TERG also found that the strategic objectives of increasing the predictability and flexibility of funding allocations have been largely achieved, and have been welcomed by implementing countries and partners. “Less successful,” the TERG said, “has been the introduction of incentive funding and use of the unfunded quality demand register.”

Incentive funding was intended to motivate countries to submit more ambitious requests. The TERG said that according to country stakeholders and the Technical Review Panel, this did not happen and that incentive funding has led to increased transaction costs. The TERG recommended that incentive funding be transformed into a fund to reward performance.

The TERG said that the UQD register would have little effect “as the Global Fund itself is unlikely to have sufficient funds to invest in additional activities and little evidence was found that other donors were stepping up to fill the gap.”

COUNTRY OWNERSHIP. The TERG found that Global Fund processes do not yet appear to be fully aligned with, and supportive of, country-driven planning processes or national systems. In some cases, the TERG said, it appears to function the other way around. “Some countries appear to have been overly influenced by NFM requirements and made revisions to their national strategic plans prior to concept note development in order to assure greater alignment with the Global Fund.” In addition, the TERG said, only a few countries proposed that their grants be aligned with and managed through national health systems or that the grants progressively work towards integrating current parallel systems into overall national health systems and structures.

SUSTAINABILITY AND TRANSITIONS. The TERG said that sustainability and transition planning remain poorly operationalized within many countries. It recommended that the Global Fund broaden the concept of sustainability beyond the concerns around transition. It also recommended that the Secretariat change its focus from its current analyzing and piloting mode to one of actually supporting countries.

IMPACT ON THE DISEASES. The Strategic Review 2015 also looked at the impact the Global Fund has made against the three diseases in the last 10-14 years. An analysis was done in 27 TERG focus countries: Bangladesh, Cambodia, China, Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, Rwanda, South Africa, Sudan, Tanzania, Thailand, Uganda, Ukraine, Vietnam, Zambia, and Zimbabwe.

The TERG concluded that there has been significant impact and that the level of funding is an important factor in this impact. The TERG pointed to positive trends of declining incidence and mortality from 2000 to 2013 at an aggregate level across the 27 focus countries. Additionally, increasing trends were seen in the numbers of lives saved in all three diseases during this time period.

OTHER. Other findings of the evaluation included the following:

- Establishing formal partnerships agreements at the global level has strengthened global coordination of technical support and has improved the provision of short-term TS, but “more attention is now needed to ensure that these agreements are working effectively at country level and that there is systematic engagement by in-country partners to improve program implementation and sustainability.”
- There has been inadequate support for either mobilizing resources from the private sector or ensuring that non-governmental (e.g. civil society) contributions to the health sector can be sustained.
- More focus is also required on countries that are transitioning between income groups and on how to encourage them to contribute to their own financing gaps.
- Gaps in financial expenditure data in many countries make it difficult to track what funds have expended on national programs.

Recommendations

The TERG presented several recommendations for the next strategy, based on the the findings in the *Strategic Review 2015*. They included the following:

- Stay the course: Continue the current strategic objectives and directions without major changes.
- Let countries lead: Give greater priority to strengthening national ownership.
- Use differentiated approaches in the different country contexts to reduce transaction costs for both the countries and Secretariat staff.
- Seize opportunities to advance human rights and gender equality.
- Buy into universal health coverage: Promote more integrated, health systems-oriented investments to enhance Global Fund’s contribution to national universal health coverage priorities.
- Invest in improving data quality.

The Board acknowledged the results and recommendations of the *Strategic Review 2015*; asked the Secretariat to provide a response to the TERG’s recommendations; and asked the Secretariat to consider the TERG’s recommendations as it prepares the final Strategy.

The Strategic Review 2015, Board Document GF-B34-10, should be available shortly at www.theglobalfund.org/en/board/meetings/34.

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4. COMMENTARY: Losing my (Global Fund Board) virginity

Alan Whiteside

18 November 2015

In the past week, I travelled from Mbabane in Swaziland to Geneva in Switzerland. When I was a boy, growing up in Swaziland, we frequently got mail that had been sent, initially, to Switzerland. In the 1970s, no one knew where Swaziland was. Today, the little Southern African kingdom has one of the highest HIV prevalence rates in the world. Part of the answer to this crisis may lie in Geneva since this is where the Global Fund to Fight AIDS, Tuberculosis and Malaria is headquartered. I was there as a guest to attend the Fund's Board Meeting on 16-17 November. The Global Fund is one of the major partners in the response to the three diseases, and without its support millions of people would be sick or dead.

The Board meeting was held in a plush conference venue at the Starling Hotel. The delegates, as many women as men, from all over the world did not quite fill the space, but there was, at times, a sense of urgency and enthusiasm. The pre-meetings on the 15th comprised a mixture of information exchanges and constituency gatherings. Because I was there with an Aidspace "hat," most constituency meetings were closed to me. The briefings, though, were models of efficiency. Crisp presentations on, for example, the funding model, followed by short questions from the audience, and thoughtful answers from the panels.

I formed a number of initial impressions. Perhaps the overarching one is that the Global Fund is a technical response to the diseases, including, in Southern Africa, the AIDS catastrophe. We heard about how things should work in an ideal world.

My perspective, having just been in Swaziland and South Africa, was different. There is no ideal world. Thanks to "El Nino," Southern Africa is facing the worst drought in decades. Driving through the Highveld, it was deeply concerning to see how little grass there was for this time of year. There were dust devils dancing across the ploughed fields, carrying away the precious top soil. Hunger and poverty are set to deepen. In addition, in the short time I was in the region the Rand lost about seven percent of its value against the major global currencies. Economic growth may well stagnate and this too will drive poverty.

What does this have to do with the Global Fund and the Board meeting? The Fund is one of the major funders of HIV, malaria and TB in the region. It may also define some of the conversations and the agenda for those parts of the world, and people that care about health. The meeting was structured on a very – and perhaps too – tight agenda; board members sat in the center of the room with their teams and observers in rows of chairs around the outside of the room. A third tier of attendees were in an overflow room where the proceedings were shown on a big screen.

One of the key issues is around money: how much there is. There was general acknowledgement that the amount of money going to development assistance is stagnant or falling. The Sustainable Development Goals which kick into action in 2016 have only one health goal, which means that the diseases the Global Fund focuses on are falling off the agenda, at least in comparison to the Millennium Development Goal era. Furthermore, the meeting took place against the backdrop of the terrorist attacks in Paris and the migrant and

refugee crisis in the Mediterranean. It was noted that money previously targeted to development may be reprogrammed because of this.

For the Global Fund, the crucial question is how much money will be raised during the replenishment scheduled for 2016. If it is not successful, then the Global Fund activities will have to scale down. This means the messaging is crucial. One of the interesting comments made about the allocation model was that it should be a public health response, not a political one. Of course all this will depend on how much money there is. The bigger picture is around sustainability and transition. This was discussed and one of the concerns was that when transition takes place it is the marginal groups who may be forgotten.

Gender, human rights and social issues were brought up, but less than I would have expected, again a clear indicator that this is a technical response to disease. Also interesting was the recognition of the importance of health system strengthening especially in certain more challenging countries. The issues of corruption and fraud were raised, but the problem was that there was no willingness to name and shame individual countries in the meeting.

The board meeting is something of a circus. For most items on the agenda, what I heard were speeches, not discussion. Is this the best way to govern the response to these killer diseases? This I cannot answer as this is the first meeting I have attended. How was it for me? My experience tells me that process may be product! In my view, though, the meeting was far too restrained. Swaziland ignites passion, Switzerland does not!

Professor Alan Whiteside is an Aidspace Board member.

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5. NEWS: Global Fund is stepping up efforts to address needs of women and girls

Rate of infection among adolescent girls and young women remains “shockingly high” – Dybul

David Garmaise

18 November 2015

While the Global Fund has had considerable success in providing services to women and children and in reducing infections in those groups, the rate of infection among adolescent girls and young women remains shockingly high. The Global Fund is committed to turning this around. This was one of the central messages in the Report of the Executive Director which Mark Dybul presented to the Board at its meeting on 16-17 November.

The Global Fund invests 55-60% of its resources in programs that reach women and children, Dybul said. Between 2005 and 2014, there was a 58% decline in AIDS-related deaths among women 15 years and older in 13 high-burden African countries, thanks to the rapid expansion of access to antiretroviral therapy. A study in 11 high-burden African countries showed that

the rate of new HIV infections is going downwards equally for both men and women – at 22% and 23% respectively.

Yet, HIV is still the leading cause of death for women of reproductive age worldwide, Dybul said. In the hardest-hit countries, girls account for more than 80% of all new HIV infections among adolescents; 7,000 adolescent girls and young women aged 15-24 are infected with HIV every week. “The fuel to this epidemic fire is gender inequality, gender-based violence and basic discrimination,” Dybul said. “We should admit that, collectively, we have failed adolescent girls and young women.”

“We should admit that, collectively, we have failed adolescent girls and young women.”

Dybul said that the Global Fund has committed with its partners to support countries to reduce HIV by 40% percent among adolescent girls and young women in areas where rates are high. “Investing in programs that increase access to critical HIV prevention and treatment services is not enough; we also support programs that seek to change environmental and social factors that put women and girls at increased risk,” he said.

Dybul outlined several initiatives the Fund and its partners are supporting. The Global Fund has just published an article entitled *Focus on Women and Girls* which covers some of the same ground. Below, we describe some of the initiatives.

Linking education and health. “Keeping girls in schools is tremendously effective in preventing HIV and promoting gender equality,” Dybul said. In South Africa, Kenya, Swaziland and Zambia, the Global Fund is supporting efforts to link education and health, from high-level political level engagement to country dialogues with many sectors and partners at the table.

In South Africa, the Global Fund is investing in programs that provide a comprehensive package of health, education and support services for young women and girls, both in and out of schools, in priority districts. Through a \$63 million grant that will start shortly, the Fund will support innovative approaches that include combination prevention interventions for vulnerable young women who attend vocational education colleges, as well as programs with a family-centered approach, and programs for caregivers, and for young boys.

In Swaziland, the Fund is investing in initiatives aimed at keeping girls in school and providing them with information that allows them to make well-informed decisions that can reduce unintended pregnancies and diseases like HIV. With the World Bank, the Fund is supporting conditional cash transfers for girls, which allow young women to delay sexual activity or to use protection.

Addressing gender-based violence. In South Africa, where 20-25% of HIV infection among girls and women is attributed to violence, the Global Fund is the largest external funder of gender-based violence programs as a part of the national HIV response. In 2013 and 2014, these programs supported tens of thousands of women with psycho-social and legal services. These efforts will be further expanded in a new grant.

In Papua New Guinea, where girls and women suffer extremely high rates of violence, clinical and psychosocial services for survivors of sexual violence are being integrated into HIV programming.

In the Democratic Republic of Congo and Nigeria, new TB/HIV grants engage with women-led community organizations to address gender-based violence. An HIV program in Botswana provides legal aid services and support to women and girls who are survivors of gender-based violence.

Community engagement and preventing child brides. As part of the community response to HIV in Mozambique, under the leadership of Graça Machel, the civil society organization *Fundação para o Desenvolvimento da Comunidade* supports vulnerable groups, including young adolescent girls 10-14. They get information about HIV prevention and are trained in negotiation. Early marriage is common in Mozambique, with a high percentage of girls married before their 20th birthday. The Global Fund believes that it is important to provide information and start empowering girls at an early age, not only to reduce vulnerability to HIV infection, but also to give them better opportunities in life.

Gender advocates. Since 2013, the Global Fund has worked with UNAIDS to develop a gender assessment tool for HIV and to support more than 41 countries undertaking gender assessment to inform the development of the national strategic plans and concept notes. In 2014, the Global Fund supported the Stop TB Partnership in the development and piloting of a complementary TB component in the UNAIDS gender assessment tool to make it possible to do joint TB/HIV gender assessments.

With the support of Germany's BACKUP Initiative, women's organizations and gender advocates in South Africa, Malawi and Uganda are more actively engaging in country dialogues and concept note development. In Uganda, they were able to successfully advocate for a gender technical working group which provided technical advice throughout concept note development. In South Africa, women's sector representatives helped integrate gender into the concept note, which now has more than \$50 million for HIV prevention programs targeting adolescent girls and young women.

The Global Fund believes that these and other similar initiatives indicate that there is a mounting body of evidence on what needs to be done.

The Report of the Executive Director, Board Document GF-B34-02, should be available shortly at www.theglobalfund.org/en/board/meetings/34. The article on Focus on Women and Girls can be downloaded [here](#).

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6. NEWS: Ending the epidemics is a greater challenge than achieving progress: Dybul

Executive Director challenges the Global Fund to do better

David Garmaise

18 November 2015

Executive Director Mark Dybul provided the Board with a report that celebrated the Global Fund's achievements but also challenged the Fund to do better on a number of fronts.

Dybul said that the partnership the Global Fund has established has produced extraordinary results: more than 17 million lives saved through 2014. The Global Fund is recognized for innovation and for aligning well with country priorities and communicating frequently with governments, he said.

However, he added,

“We need to acknowledge that setting up a partnership model was in itself not enough. We have to continue to innovate, to work faster, better, and smarter. Achieving progress in the last decade was relatively easy because the need was so great and the impact was clear and visible. However, ending epidemics is a greater challenge, and for HIV and tuberculosis it requires dealing with deep-seated socio-cultural issues. The last mile is always the most difficult, and can be the most expensive. To end these epidemics by 2030, our investments have to be more focused, nuanced, and interwoven.”

Dybul said that a person-centered approach is at the heart of the Sustainable Development Goals. “A child fleeing Syria or Somalia needs food, education, shelter, health,” he said. “More important, that child and her family and community need investment in systems that provide elements of basic human dignity, and that help stabilize a society so that fewer people need to flee in the first place.” Dybul said that to serve the person, the Global Fund must make smart long-term investments in health and human rights.

“We are only beginning to fully acknowledge that fundamental inequality and discrimination against women and girls is the key driver of HIV infection in many parts of Africa,” Dybul said. “Rates among adolescent girls and young women are shockingly high, and stubbornly resistant to attempts to bring them down.”

Dybul cited a study published in *The Lancet* showing that cash incentives to keep girls in school can reduce the risk of acquiring HIV by as much as 12% a year. “Although such studies are imperfect, and could be difficult to replicate in some communities, they reflect the importance of a person-centered approach,” he said. “Combined with programs to end gender-based violence and other social protection and interventions, they point to an opportunity to reduce HIV while transforming society.”

Dybul said that although more than a third of the Global Fund's investments go toward systems for health, “we must acknowledge that there is still much to be done within the ‘sectors’ of health to achieve the SDG vision of universal health coverage that delivers

quality health for all. As we evolve, we are even more focused on the role of the Global Fund to support each country to build resilient and sustainable systems for health that link the clinical parts and the community parts of the system.”

Dybul said that efforts to link sectors, and to reach vulnerable and marginalized people, are essential. “The focus on financial sustainability is important,” he said, “but supporting countries in their efforts to advance the systems and programs to succeed is even more important. With some humility, we can admit that in development work, including global health, there have been a lot exits but not many successful transitions.” Programmatic and financial sustainability takes time and planning, Dybul added.

Dybul said that although the Global Fund is behind on some key performance indicators, he is encouraged by the fact that the KPIs are now being used for their intended purpose – “as the beginning of an analysis to understand fundamental issues that prevent achieving maximum impact and to develop a clear and accountable plan to fix them.”

Dybul said that we have to make sure we don’t lose the war by settling for minor gains. He added,

“Greater success is possible if we rise to the challenge to serving people, which is essentially coming back to our roots. Our whole wonderful journey began when people and communities affected by the three diseases stood up and demanded to be counted – counted as equals, with the dignity and the rights they deserve. Our cause is not just about the most significant epidemics of our time, it is a cause of social justice, moral progress and greater humanity.”

The Report from the Executive Director describes a number of approaches that the Global Fund is taking to address the challenges Dybul described above. GFO will report on some of these approaches in future issues.

The Report of the Executive Director, Board Document GF-B34-02, should be available shortly at www.theglobalfund.org/en/board/meetings/34.

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7. NEWS: Eight key performance targets on track, five below expectation

Fund acknowledges it will likely miss the target on time-to-first-disbursement for approved grants

Mary Lloyd

18 November 2015

While eight of the Global Fund’s 13 key performance indicators for which results are available are performing well, the organization is at risk of not meeting the indicators for the

other five. This information was contained in a report on KPIs provided to the Board at its meeting on 16-17 November.

There are 16 indicators in all, but the Board paper provided results for only 13 of them.

The current set of KPIs were put in place to monitor and assess how well the goals, targets and objectives of the 2012-2016 Global Fund Strategy were being met.

The Board paper recommended 2016 targets for 10 of the KPIs. (Some KPIs already had 2016 targets.)

The Fund has not managed to meet its access to funding goal (KPI 7), which called for disbursements to be made within 10 months of receipt of the concept note for 75% of approved grants. In addition, it looks unlikely that the Fund will meet its targets for service delivery (KPI 3), health systems strengthening (KPI 5), value for money (KPI 10), and protecting human rights (KPI 12).

“We must acknowledge shortfalls, and point out that we are behind on some KPIs,” said Global Fund Executive Director Mark Dybul in a separate report to the Board.

Indicators that are on track

Of the eight KPIs that are on track, three exceeded their goals. KPI6 measures the percentage of investments in countries where Global Fund support is reported on national budgets and tracks whether the Fund’s support is being integrated in national processes. The Fund’s target was 92%, but the result has come in at 94%. The main driver is improved reporting. The proposed target for 2016 is 94%.

KPI14 tracks domestic financing for the three diseases by measuring the percentage of funded programs that receive the minimum counterpart financing from their government. The target for 2015 was 90% of programs, but the result came in at 93% (77 of 83 programs). The proposed target for 2016 is 90%.

The efficiency of grant management operations (KPI 15) is also looking strong. This KPI benchmarks the operating expenditure of the Fund against similar organizations and tracks those expenses as a percentage of grants under management. The target for 2015 was to be below 2.75%, and the result is forecasted to come in at 2.4%. The proposed target for 2016 is unchanged from 2015.

Also worth noting is that the goal of saving 10 million lives and averting 140 million infections for the period 2012-2016 (KPI 1: performance against strategic goals) is on target. Results for the period 2012-2014 are 6.2 million lives saved and 97 million infections averted. The Fund believes that the 2016 target will be exceeded.

The Board paper also reviewed the performance of four other indicators (KPIs 4, 9, 11, and 13) that are on track. KPI 4 (efficiency of Global Fund investment decisions) is particularly opaque. It tracks how well investment decisions are aligned with country needs. It is said to be

on track, but the Fund acknowledged in the past that this indicator does not effectively reflect the efficiency of investment decisions.

KPI 9 tracks the ability of Fund recipients to mitigate potential risks. It works off a risk assessment rating, which has remained unchanged since 2013, and is within the target range.

Also coming in within its target range was KPI 11 (grant expenses forecast), which monitors whether grants are being effectively planned, managed and implemented. Finally, KPI 13 (resource mobilization), which monitors pledges as a percentage of the replenishment target and the percentage of pledges that become actual contributions, is reported to be on target to hit 100% in 2016.

Indicators that have not met or are unlikely to meet their targets

In many ways, the KPIs are still a work in progress. Dr Dybul and others at the Fund have noted that the reasons the Fund has not met some of its targets are in some cases quite complex. Here is a what the Board paper said about the KPIs that are unlikely to be met.

KPI 7 – Access to Funding

Like most of the KPIs, the results of this one will only be clear in 2016, but the Fund is already acknowledging that it is unlikely it can be met. This indicator measures how long it takes from submission of the concept note to receipt of the first disbursement. The goal was that 75% of grants emanating from concept notes submitted in 2014 would take 10 months or less, and that 75% of those submitted in 2015-2106 would take eight months or less.

At the end of the second quarter of 2015, only 54% had met the 10 months or less target. The Board paper said that “achieving the 10-month target for 2014 submissions looks increasingly challenging, and the 8-month target for 2015 submissions unlikely.” The explanation? “The grant making phase of the new funding model is taking longer than anticipated.” The Fund is reviewing its grant-making processes to identify what is holding them up and how the system could be improved.

KPI 3 - Performance against strategic service delivery targets

The Fund believes that the 2016 targets for three of seven services that make up this indicator may not be met: (1) number of TB cases treated; (2) number of long-lasting insecticide nets distributed; and (3) number of HIV positive pregnant women who receive antiretroviral therapy to reduce mother to child transmission.

Between 2012 and 2016, the Fund was hoping to treat 21 million cases of TB according to the DOTS approach. The data indicate that only 8.5 million cases have so far been treated, but the Fund believes this may be a case of under-reporting – i.e. that some treated cases are not being accurately attributed to support from the Global Fund, and so the Fund may have come closer to hitting this target than the data seem to indicate.

The Fund had targeted distributing 390 million LLINs by 2016, but only 219 million have so far been handed out. The Fund says that 86% of the shortfall comes from 10 countries. To

address this issue, the Fund intends to improve performance monitoring and use its Implementation Through Partnerships project to accelerate service delivery where implementation is behind schedule. (The project covers 20 countries. GFO has learned that eight of the 10 countries that account for the shortfall in LLIN distribution are among the 20 countries in the ITP project.)

The Fund targeted providing ARVs to 2.7 million HIV-positive pregnant women, but the data gathered suggests it has only managed to reach 1.6 million to date, with almost the entire shortfall attributable to 10 countries. Again, the Fund thinks this may be a question of under-reporting, not under-achievement. One way in which the data can misrepresent the uptake of ARVs is if HIV-positive pregnant women are prescribed the drugs for life. The Fund intends to address this by improving its performance monitoring, and the quality of data provided by partners.

KPI 5 – Health System Strengthening

This KPI is intended to measure the proportion of countries in which the HIV, TB and malaria service availability and readiness score improve by five percentage points by 2016. These scores rate how well countries are able to deliver prevention, treatment, and care to those affected by the three diseases. The target is 60% of countries showing this improvement, but data is currently only available for one country. That country showed a four percentage point improvement in service availability and readiness. Measuring this KPI requires two data points. Survey results for nine more countries are due at the end of 2015, but only one of these will provide the second data point required to calculate the results.

KPI 10 – Value for Money

A significant portion of the support the Global Fund provides is invested in commodities. The Fund believes it can achieve savings by leveraging its purchasing power. It set a target to reduce the amount it spends on those commodities by 8% in 2015. The second quarter result for 2015 shows a 4% savings. The Secretariat believes that because many agreements are in place for two years, most of the savings for 2015 and 2016 have already been realized. Therefore, it is unlikely that the Fund will reach its 8% target for the full 2015 year. The proposed target for 2016 is 4%.

KPI 12 - Human Rights Protection

The Global Fund seeks to have human rights complaints against its supported programs identified through risk assessment tools, and resolved under the Fund's human rights complaints procedure. For 2013-2104, 30% of complaints were resolved in this fashion. This KPI targeted a year-on-year improvement, with the goal to eventually reach 100%. However, the second quarter result for 2015 was still only 30%: Nine complaints have been received so far this year, but only three are under investigation under the human rights complaints procedure. The remaining six did not meet the criteria and so are being dealt with under the standard review processes of the Office of the Inspector General. The Fund is currently looking at developing a new human rights KPI for the next strategy.

Other comments on KPIs

Opinions differ regarding the usefulness of the KPIs, as is evidenced by the fact that several other Board papers mentioned KPIs. The papers expressed concern about the value of KPIs generally, as well as reservations about some KPIs in particular.

The 2015 Strategic Review (see article in this issue) commended the Fund as an organization with a level of scrutiny that matches or exceeds most other international organizations, but questioned the value of the KPIs for monitoring Secretariat performance. The review, commissioned by the Technical Evaluation and Reference Group, pointed out that the value of KPIs lies in understanding changes in an indicator, which requires considerable understanding of the context. According to the review, “when corporate KPIs are intended for use by the Board as much as by management, as in the Global Fund, problems arise when Board members lack the same level of contextual understanding.”

In its report, the Board’s Coordinating Group raised concerns about how data is collected for several of the KPIs, particularly when it comes to in-country systems that are not up to standard. One indicator they took particular note of is KPI5, which tracks health system strengthening. According to the report, this measure “is not representative and should be entirely revisited.”

In the Report of the Executive Director (see article in this issue), Dr Dybul said that KPI7, which measures access to funding and will not be met this year, has exposed that there are inadequacies in the Fund’s data systems. “We need a fresh and innovative approach to framing and organizing our basic grant data, so that our managers can accurately identify themes and trends and take proactive moves to come up with solutions,” he said.

With respect to KPI 10 (Value for money), Dr Dybul said that the results of this KPI show that “the impressive gains seen in commodity cost savings over the past three years are beginning to be constrained by the limited volume of procurement spending that can access the lower prices available through the Global Fund’s strategic tendering process.” The Coordinating Group expressed concerns about KPI 10, however, saying that it “relies more on cost-savings than added value.”

The Board had been scheduled to vote on the proposed 2016 targets at its meeting on 16-17 November. However, several Board members asked for more information on the performance of certain KPIs. The Board may vote electronically on the 2016 targets in the coming weeks.

The Mid-Year 2015 Corporate KPI Results & 2016 Targets, Board Document GF-B34-08, should be available shortly at www.theglobalfund.org/en/board/meetings/34. The Report of the Executive Director, Board Document GF-B34-02; the Strategic Review 2015, Board Document GF-B34-10; and the Report of the Coordinating Group, Board Document GF-B34-03 – should also be available shortly at the same site.

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8. NEWS: New Board committee structure approved in principle

Responsibility for oversight of internal audit, including the OIG, would shift to the new Audit and Finance Committee

David Garmaise

18 November 2015

Under changes approved in principle by the Board at its meeting on 16-17 November, the mandates of two of three standing committees of the Board will change effective after the first Board meeting in 2016. No changes to the size of the committees are envisioned.

The changes were recommended by the Transitional Governance Committee. If the changes are confirmed, the names of all three committees will be altered. The new names will be:

- Strategy Committee
- Audit and Finance Committee
- Ethics and Governance Committee

The Board may confirm the changes by electronic vote within several weeks.

The mandate of the Strategy Committee would remain essentially unchanged. It would still provide oversight of the strategic direction of the Fund and ensure the optimal impact and performance of its investments in health. The committee would continue to have primary oversight over grant portfolio operations.

The responsibility for overseeing internal audit, including the OIG, would shift from the old Audit and Ethics Committee to the new Audit and Finance Committee. This would bring the internal and external audit oversight functions together under one committee. The Audit and Finance Committee would also exercise the mandate of the current Finance and Operational Performance Committee, which is to oversee financial management of the Fund's resources, and ensure optimal performance in the operations and corporate management of the Secretariat.

The new Ethics and Governance Committee would retain the ethics-related responsibilities of the current Audit and Ethics Committee, and also take on the responsibility to oversee governance matters.

If the changes are confirmed, the Strategy Committee will be composed of 10 constituency-nominated voting members (five donor, five implementer), a non-voting chair and vice-chair, and four non-voting members: the chair of the Technical Review Panel; the chair of the Technical Evaluation and Review Panel; and two representatives of non-voting Board constituencies. The composition is the same as for the current Strategy, Investment and Impact Committee.

The Audit and Finance Committee will be composed of 10 constituency-nominated voting members (five donor, five implementer), a non-voting chair and vice-chair, and four non-voting members: the representative of the World Bank; a representative of another non-voting Board constituency; an independent person with audit expertise; and an independent

person with investigations expertise. The composition is the same as for the current Finance and Operational Performance Committee, except for the addition of the independent persons with audit and investigations expertise.

The Ethics and Governance Committee will be composed of six constituency-nominated voting members (three donor, three implementer), a non-voting chair and vice-chair, and one non-voting member with ethics expertise. This is a significant change from the composition of the current Audit and Ethics Committee which has five independent members and only three constituency-nominated members.

To reflect these changes, the TGC recommended modifications to the charters of each committee, the Fund's Bylaws, the terms of reference of the Board's Coordinating Group and the Operating Procedures of the Board and Committees. The Board was scheduled to vote on the modifications at its meeting of 16-17 November. However, Board members asked for more time to discuss the modifications.

If the changes to the committee structure are confirmed, each of the committees will continue to have neutral, non-voting chairs and vice-chairs that will alternate between individuals nominated by donor and implementer constituencies each term. The terms of committee members will still be for two years and all committee members will be replaced at the same time. (The TGC recommended against staggering the terms.)

Board Document GF-B34-18, on the enhanced governance structure, should be available shortly at www.theglobalfund.org/en/board/meetings/34.

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9. NEWS: Operating budget and workplan for 2016 approved

At \$305 million, the budget is up slightly from 2015

David Garmaise

18 November 2015

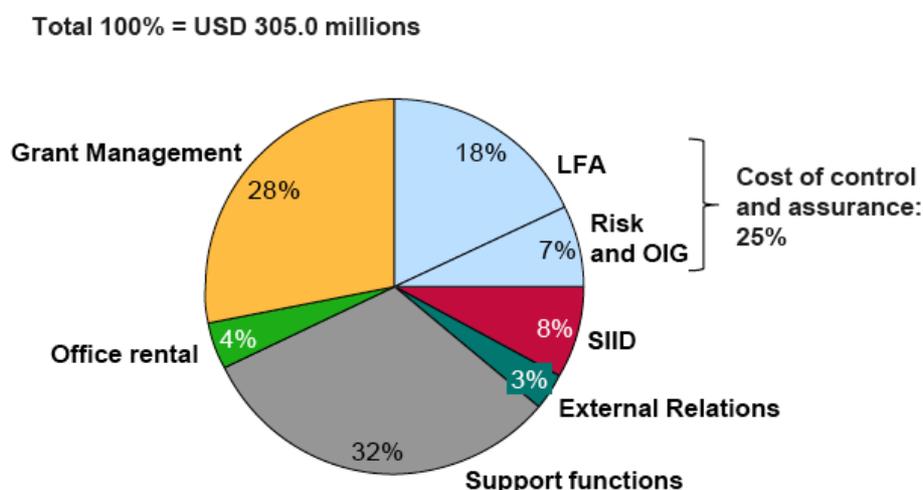
The Global Fund Board has approved an operating budget of \$305 million for 2016, which includes \$16.3 million for the Office of the Inspector General. This compares to actual expenditures of \$286 million in 2014 and projected expenditures of \$296 million for 2015.

If the Fund spends the full \$305 million for 2015, it will have spent \$887 million for the period 2014-2016. When it approved the resources available for 2014-2016 for allocation to countries, the Board committed to keeping operating expenses within \$900 million for these three years combined.

The 2016 operating budget is less than 2.4% of the value of grants under management. This compares favorably with comparable organizations.

Of the \$305 million budget, 28% is for the Grant Management Division and 32% is for support functions. See the figure below.

Figure: Breakdown of 2016 budget by core activity



Notes:

1. Grant Management includes all Grant Management Division except LFA fees.
2. Support functions include Communications, Legal, Finance, IT, Governance, Human Resources, Sourcing, Administration, E.D. office and central reserves (HR); it excludes the Risk Department

Source: Board Document GF-B34-14

The Global Fund said that to stabilize the budget for the next replenishment period, it is adopting a zero-based budgeting approach for the 2017 budget.

Workplan and budget narrative

The Board also approved the 2016 corporate workplan and budget narrative. The Fund has defined five corporate priorities for 2016:

1. Optimize funding implementation for maximum impact.
2. Develop and implement the Global Fund Strategy.
3. Improve data and systems.
4. Support a successful replenishment.
5. Invest in people.

Of the \$305 million operating budget, \$31 million has been allocated to to these priority work streams. The remaining \$272 million is for the core activities of the Fund.

Here is a brief summary of what the work plan said about each of the five priorities:

Optimize funding implementation for maximum impact (\$9.9 million). In 2016, the focus of operations will shift from grant making to grant implementation. This will mean changes to the way business is done in the Secretariat to ensure grant management is differentiated to align with country needs, and to enable the introduction of innovations such as the E-Marketplace (see below).

Develop and implement the Global Fund Strategy (\$6.3 million). In 2016, the Secretariat will need to prepare for an effective and timely roll out of the Strategy. The focus will be on policy and early implementation of work on complex operating environments, sustainability, resilient and sustainable systems for health, human rights, and gender. Some re-alignment of resources within the secretariat will be required.

Improve data and systems (\$12.4 million). At the country level, the aim will be to improve program quality and efficiency. At the Secretariat level, the aim will be to better integrate data, systems and analysis into working practices. Project AIM (Accelerated Integration Management) will address challenges identified in the Secretariat's grant management platform. (See more on data issues below.)

Support a successful replenishment (\$1.7 million). Replenishment efforts in 2016 will focus on supporting increased domestic commitments as well as engagement with existing and new donors from the public and private sector in the run-up to the replenishment conference scheduled for mid-2016.

Invest in people (\$0.6 million). In 2016, there will be a significant focus on staff engagement and development, including a staff engagement survey. Such a survey was done at least once before (in 2012).

The Corporate Workplan and Budget Narrative 2016 document also includes a section where a budget and priority activities are shown for each strategic objective and strategic enabler in the existing 2012-2016 Strategy. *[Editor's note: We have chosen not to report on these budget amounts here because they can be easily misinterpreted. For example, Strategic Objective 4 (Promote and protect human rights) shows a budget of \$2 million. However, this does not include work dealing with human rights issues in day-to-day grant management or assurance activities; the provision of technical support on human rights to implementers; nor the sums invested in human rights interventions in grants.]*

Below, we summarize some of the priority interventions planned for 2016.

Data quality. The Global Fund acknowledges that current systems do not provide the level of quality data required for intelligent investment decisions. The Data Management for Impact initiative, launched in 2015, will focus on three projects in 2016: (1) to advance impact modelling; (2) to improve results tracking; and (3) to strengthen country data systems and program quality.

In-country, the Data Management for Impact initiative aims to strengthen data, analysis and decision-making at district and national levels. This will include work with partners to support deployment of health management information systems or district health information systems that link directly with logistic management information systems. (LMIS are the systems by which data flows from the service delivery sites through intermediary levels to the central level.)

The work will also include the roll-out of health facility assessments and evaluations of service quality by community-based organizations. Key areas of focus include the integration

of surveillance into health management information systems for better case reporting; and disaggregation of data by sex, age, and population of interest.

Improving absorption. Because the use of funds at country level has been progressing at a slower rate than forecast, in 2016 the Implementation Through Partnership initiative will attempt to alleviate bottlenecks to program implementation, increase operational efficiency, and maximize impact. This work will initially focus on three areas: financial capacity, health product management, and programmatic capacity.

E-Marketplace. Pilot testing of the E-Marketplace will begin in 2016. The aim of this platform is to provide affordable, accessible, high-quality products to countries while automating procurement processes and increasing efficiency. The goal is to strengthen sustainable procurement practices, increase transparency across the market, shorten lead times, reduce stock outs and generate savings.

Increasing differentiation. In 2016, grant management processes for countries operating in low disease burden and low risk settings will be simplified. In addition, differentiated approaches to risk and assurance will be rolled out, based on the results of pilots conducted in 2015.

Human rights. The Secretariat acknowledges that investments in human rights programming have remained limited to HIV programs in a relatively small number of country or regional proposals. In addition, investments have often focused on interventions that do not necessarily result in change within the short life cycle of a grant, such as legislative reviews and advocacy to change laws and policies.

In 2016, the Global Fund will collaborate with partners in three areas: (1) to identify barriers to greater uptake of human rights programs, and to identify countries with the greatest need and opportunities for introduction and scale-up of these programs; (2) to improve the evidence base on the effectiveness of human rights interventions generally; and (3) to better monitor and evaluate the effectiveness of human rights interventions funded by the Global Fund – and to model the health impact of these investments with the goal to reach consensus on an impact measurement framework for human rights.

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The corporate workplan and budget narrative contains a chart showing expected deliverables and outcomes for each major activity, organized by strategic objective and strategic enabler.

The operating budget, Board Document GF-B34-14, and the workplan and budget narrative, Board Document GF-B34-13, should be available shortly at www.theglobalfund.org/en/board/meetings/34.

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10. NEWS: Progress made in implementing AMAs, but concerns expressed about overdue AMAs

Half of all outstanding AMAs are overdue, OIG says

David Garmaise

18 November 2015

Although significant progress was made since the last Board meeting on implementing agreed management actions, the total number of overdue AMAs and the proportion of overdue AMAs have both increased.

This information was contained in a paper prepared by the Office of the Inspector General for the Board meeting on 16-17 November. The paper included a response from the Secretariat.

AMAs are actions that the Secretariat has agreed to implement following findings in OIG audits and investigation.

Since the last update to the Board, 66 AMAs were implemented and closed while 68 new AMAs were issued. Fifty-one percent of the open AMAs are currently overdue. This ratio stood at 49% in December 2014. The OIG said that “the current pace is not sufficient to further reduce the number of overdue AMAs.” (See table below).

Table: Aging of overdue AMAs (excluding recoveries)

	Less than 30 days late	31-90 days late	91 -180 days late	More than 180 days late	TOTAL
Grant Management	4	7	9	4	24
SIID		1	2		3
Finance	2	3	1	5	11
Other	1		3	4	8
TOTAL	7	11	15	13	46

The OIG said that it is particularly concerned about 13 AMAs that are more than 180 days overdue) because they relate to key risk areas identified by the OIG, as follows:

- reviewing and improving the risk management processes and methodologies;
- inculcating a culture of risk accountability and transparency through the work of the Risk and Assurance working group;
- establishing a decision making and accountability framework;
- strengthening data governance and document management;
- completing grant closures; and
- improving in-country procurement quantification and forecasting.

The OIG said that subsequent audit and investigation work continues to highlight the impact of deficiencies in these areas.

The OIG said that many of these AMAs are quite broad and complex in scope, and relate to long standing and deeply rooted systems and policy issues. As a result of a review of the AMAs by the OIG and the Secretariat, some recommendations that related to the same root cause were grouped into a single AMA, which ended up broader in scope than would usually be expected from AMAs. The OIG said that a number of the long overdue AMAs are a result of this process and thus require more work.

In its response, the Secretariat said that it agreed with the OIG that “we must do better, particularly with respect to long outstanding actions.”

The Secretariat said that one of reasons some actions can remain outstanding for extended periods of time is that, in the current reporting format, 100% of the work must be done for an issue to be closed. This applies, for example, to the actions concerning grant closures. When the original AMA was described, 247 grants needed to be closed. Of these, 182 have now been closed, leaving 65 outstanding. However, 36 of these cannot yet be closed for valid reasons, such as outstanding recoveries.

At their meeting, many Board members expressed concern about the overdue AMAs.

The Status Update on OIG AMAs, Board Document GF-B34-07, should be available shortly at www.theglobalfund.org/en/board/meetings/34.

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

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