aidspan
Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 304: 01 February 2017

GFO is an independent newsletter about the Global Fund.

GFO Live >> | Aidspan Website >> | Contact GFO >>

CONTENTS OF THIS ISSUE:

4. NEWS: Number of people receiving ART through programs supported by the Global Fund reaches 10 million

BY DAVID GARMAISE
Programs supported by The Global Fund added another 787,000 people on antiretroviral treatment in the first half of 2016, bringing cumulative results to 10 million. During that same period, the number of smear-positive TB cases detected and treated increased by 1.4 million (cumulative total: 15.6 million); and the number of mosquito nets distributed rose by 54 million (cumulative total: 713 million). In a comment, Aidspan says that it difficult to know how much of the increase in numbers of people receiving services is due to better counting.

5. NEWS and ANALYSIS: EECA allocation letters promote investment in RSSH

BY TINATIN ZARDIASHVILI
The Global Fund has used the letters informing countries of their allocations to push for more investment in resilient and sustainable systems for health in Eastern Europe and Central Asia. We provide information on the content of the letters.

6. NEWS: Significant improvement required in grant management in high-risk countries: OIG

BY DAVID GARMAISE
In recent years, the Global Fund has implemented additional measures to manage grants in 47 high-risk countries. A recent audit by the Office of the Inspector General has found that these measures need significant improvement.

7. NEWS: OIG audit of grants to Côte d'Ivoire shows mixed results

BY DAVID GARMAISE
Grant implementation arrangements for Global Fund grants to Côte d'Ivoire were "partially effective," the Office of the Inspector General said as a result of an audit conducted in 2016. The OIG rated supply chain controls and assurance mechanisms one rung lower, at "needing significant improvement."

8. NEWS: OIG audit finds that Treasury Management at the Global Fund is generally in good shape

BY DAVID GARMAISE
The Office of the Inspector General says that the governance, risk management practices and internal controls related to treasury management are adequately designed and generally well implemented. However, some improvements are required.

9. NEWS and ANALYSIS: Implementation of integrity due diligence remains fragmented: OIG

BY DAVID GARMAISE
The Global Fund is continuing to strengthen its anti-corruption framework and, within that, has launched an integrity due diligence initiative. An advisory review by the Office of the Inspector General reveals that the implementation of IDD remains fragmented. In

this article, we provide a brief summary of the OIG's findings. We also explain what IDD is.

10. ANNOUNCEMENT: Resources for applicants posted on Global Fund website

BY DAVID GARMAISE
This article provides an overview of the resources related to applying for funding available on the Global Fund's website.

TOP

ARTICLES:

1. NEWS: Three Board donor constituencies call on the Global Fund to review the role of CCMs

CCMs need to be consulted, supported, strengthened and empowered, donors say

David Garmaise 31 January 2017

The Global Fund should review the scope, purpose and role of its country coordinating mechanisms (CCMs), said three donor constituencies on the Board – Switzerland, Germany and France – in a position paper released recently.

The paper was discussed at a session at the Board meeting in November 2016. Aidspan understands that the paper was first discussed at a joint meeting of the Strategy Committee and the Ethics and Governance Committee, where it received a good reception. This paved the way for the discussion at the Board meeting.

Issues concerning CCMs have been raised fairly frequently of late, particularly with respect to the role of CCMs in the transitioning process.

The donors pointed out that while CCMs have been a key part of the Global Fund architecture in the 15 years since the Fund was established, the landscape has changed considerably over that period. The Millennium Development Goals (MDGs) have evolved into the Sustainable Development Goals (SDGs); the Global Fund has adopted a new Strategy for 2017-2022; and there have been many changes in the way the Fund operates. Examples of these changes include (a) the introduction of a new funding model (NFM); (b) a greater focus on the participation of key populations; and (c) countries transitioning away from Global Fund support.

From the outset, CCMs have been meant to be multi-stakeholder partnerships responsible for developing and submitting funding requests, nominating principal recipients, and overseeing the implementation of grants. With the introduction of the NFM, CCMs were supposed to play an even stronger leadership role – participating in national strategic plan discussions;

convening stakeholders to engage in inclusive country dialogues; and agreeing on a funding split between AIDS, TB, malaria, and health systems.

The donors said that annual reviews of CCM performance, as well as studies by the Office of the Inspector General and others, have identified weaknesses, particularly in grant oversight. Roles and responsibilities of CCM members are sometimes unclear and standard operating procedures are sometimes not followed. In addition, the establishment of CCMs in some countries seems to have created parallel structures to already existing health coordinating bodies. “While the reasons for weak CCM performance and sometimes lack of coordination with other health sector bodies are complex and context specific,” the donors said, “they need to be assessed and addressed to ensure that Global Fund programmes are aligned with national strategies and contribute to the SDGs.”

The donors suggest that the review of CCM functionality be structured around questions such as:

- What is required by CCMs to oversee Global Fund resources and processes well?
- Are the CCMs able, equipped and empowered to meet those requirements?
- If not, what kind of support do CCMs need to increase their performance and ultimately ensure improved grant performance?

With respect to the role of the CCMs in health sector governance, the donors suggest that the review focus on questions such as:

- What changes to the composition, role and functions of the CCMs should be introduced to make them fit for the purpose of implementing the new Strategy?
- Which CCM functions actually relate to the broader health agenda and consultation processes of a country? Which of those functions should be maintained even after countries transition from Global Fund financing?
- How can CCMs be empowered to become innovative drivers for strengthening systems for health?

“CCMs need to be consulted, supported, strengthened and, most importantly, empowered to reach [their] objectives,” the donors stated.

According to the donors, the OIG’s audit of CCMs found that CCMs are the first collateral damage when transitioning out of Global Fund support. “This puts at risk the inclusion of key populations in health decision processes, defying stigma and discrimination as one defining factor of CCMs – especially when compared with other (health) sector bodies,” the donors said. “Experiences and concrete examples from already transitioned or transitioning countries are needed to show how CCMs can become inter-sectoral bodies, supporting long-term financial flow and ensuring access to services for all in a rights-based health system.”

In their paper, the donors put forward a series of recommendations on three topics. Selected recommendations are shown in the table below.

Table: Recommendations to the Board and Secretariat

Topic	Recommendations to the Board	Recommendation to the Secretariat
Reviewing CCM role and functions	▪ The Board needs to agree on the revised functionality of CCMs and their role in overall health sector governance. ▪ The Strategy Committee should review the core functions of CCMs. ▪ The Ethics and Governance Committee should propose the adaptation of the Global Fund Ethical Framework to the CCM. ▪ The Audit and Finance Committee should asses the resources needed by CCMs.	▪ The CCM Hub and the operational and technical resources allocated to CCMs should be strengthened. ▪ The Secretariat should provide more guidance to CCMs. ▪ Country dialogues should reach beyond disease-specific stakeholders.
Safeguarding CCM principles in transitioning countries	▪ The Board should provide guidance on how to secure the participation of civil society and key populations in decision-making and oversight. ▪ The Board should require reporting from the Secretariat on CCM integration and broad multi-stakeholder participation with respect to transitions.	▪ Countries should be supported in writing and implementing transition work plans. ▪ Countries should be supported in setting up sustainable partnerships.
(Re)prioritizing the engagement of civil society and key populations	▪ Progress on Community, Rights and Gender should become a standard reporting item to the Board. ▪ A broader definition of key populations should be agreed.	▪ The results of the ongoing community engagement study need to be translated into recommendations. ▪ The Secretariat should work with the OIG to explore how civil society and key population engagement in CCM oversight can be enhanced.

TOP

2. ANNOUNCEMENT: “New” editor for GFO

Aidspan staff 1 February 2017

With this issue, #304, Aidspan welcomes back David Garmaise as Editor of Global Fund Observer (GFO).

The previous editor, Larson Moth, is leaving Aidspan to pursue other interests.

David is also a Senior Analyst with Aidspan.

David Garmaise

TOP

3. ANALYSIS: Global Fund steps up investments in women and girls

$55 million in catalytic funding is available to support HIV programmes among adolescent girls and young women in 13 countries

Gemma Oberth 28 January 2017

For the first time, gender equality is included as a top-line strategic objective in the Global Fund’s Strategy (2017-2022). HIV prevention among adolescent girls and young women (AGYW) in sub-Saharan Africa will be a strong focus for the Global Fund in the coming funding cycle (2017-2019).

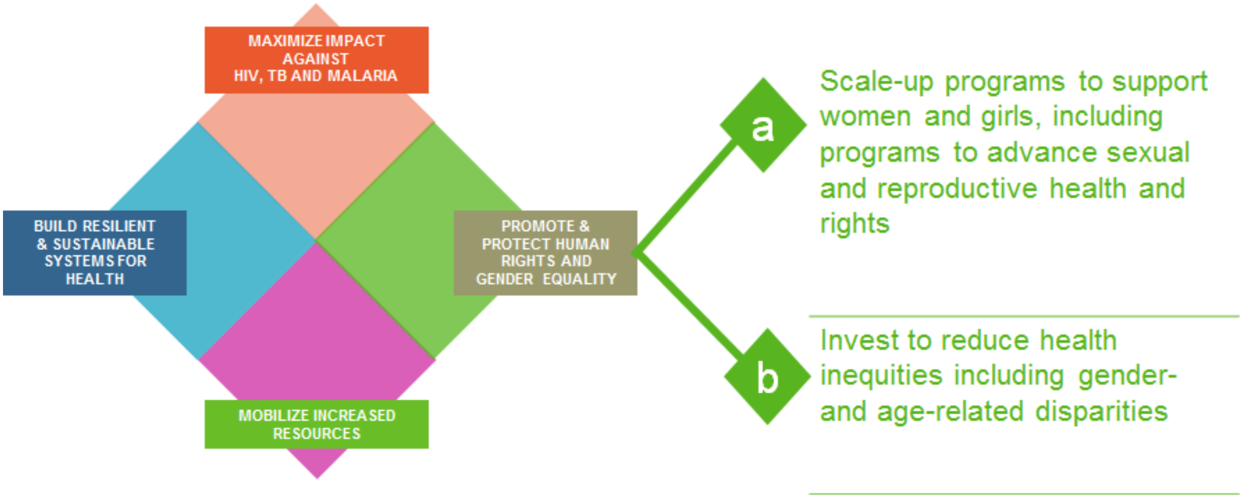
This is something that the African constituencies strongly pushed for. The number of new HIV infections among AGYW remains exceptionally high, especially in sub-Saharan African countries. UNAIDS estimates that there were 450,000 new HIV infections among AGYW (15-24) in 2015 – that’s 8,600 new infections each week. In East and Southern Africa – the hardest hit region – HIV prevalence is 3.3% among young women (15-24), compared to 1.6% among their male peers. This disparity is strongly linked with social and structural factors, including gender inequality and gender-based violence.

New and ambitious global targets require greater HIV prevention efforts among AGYW. The 2016 United Nations Political Declaration on Ending AIDS sets a specific target to reduce new HIV infections among AGYW to fewer than 100,000 by 2020 – a 75% reduction from 2010.

“We are at a pivotal moment for women and girls everywhere,” said Heather Doyle, Senior Technical Advisor on Gender at the Global Fund. “In this environment, it is imperative that we in the global health community demonstrate measurable progress in our work to target women and adolescent girls."

The Global Fund's strategy is aligned to global targets. It embraces the UNAIDS Fast-Track target (among others) that by 2020, 90% of women and girls will live free from gender inequality and gender-based violence, mitigating the risk and impact of HIV. Two specific sub-objectives in the Global Fund's strategy aim to scale-up programs to support women and girls and reduce health inequalities marked by age and gender (Figure 1). Reducing HIV incidence among AGYW (15-24) by 45% over the life of the strategy (2017-2022) is a key corporate target.

Figure 1: Two specific sub-objectives on gender equality in the Global Fund's 2017-2022 strategy



Specific approaches under these two sub-objectives include working with countries to develop appropriate initiatives in funding requests and grants to address gender-related barriers to services; and to support the development and implementation of gender-responsive national health strategies.

In addition, the approaches include linking reproductive, maternal newborn, child and adolescent health interventions with HIV, TB and malaria programs; supporting programs to keep girls in school; and supporting programs that aim to eliminate human rights barriers to services, including legal and policy barriers, particularly for women living with HIV, transgender women, women who inject drugs, and sex workers.

While the sub-objectives in the Global Fund Strategy are new, the Global Fund has historically prioritized women and girls, increasing investments over recent years. The Fund reported that in 2015, 55-60% of its spending was directed to women and girls, up from about 46% in 2010. In several high-burden countries, current grants (from the 2014-2016 funding cycle) dedicate significant portions of their allocations directly towards HIV prevention activities among AGYW (Table 1).

Table 1: Investments in targeted HIV prevention activities among adolescent girls and young women in selected high-burden countries, as part of current grants (2014-2016 funding cycle)

Country	Amount ($ million)
Botswana	$6.0 m
Cameroon	$1.8 m
Kenya	$3.5 m
Lesotho	$2.6 m
Malawi	$12.0 m
Mozambique	$4.5 m
Namibia	$3.0 m
South Africa	$67.0 m
Swaziland	$5.0 m

Note: For Cameroon, programming is still under discussion

Source: Global Fund presentation delivered at the Strategy Meeting to Explore Engagement of Women's Funds in the Global Fund's AGYW work. Nairobi, Kenya. 6-7 December 2016

In Malawi, for example, the current Global Fund program aims to reach 80% of girls enrolled in 322 schools in three target districts (Mangochi, Mulanje and Lilongwe). The package of interventions includes: life skills and sexuality education; codes of conduct; girls' clubs; linkages, referral systems and services; HIV awareness, testing, and counseling; hygiene and sanitation; social asset building; women's rights; and empowerment and addressing gender-based violence. In addition, the program also aims to reach 80% of out-of-school girls in the three target districts, located in 20 traditional chiefdoms. The package of interventions for this group of girls is slightly different, incorporating economic empowerment, condom distribution and family planning, couples counselling and legal clinics. The economic empowerment activity includes village savings and loans programs, as well as basic vocational skills such as local production of sanitary pads.

A similar package is being provided through the Global Fund's support to AGYW in 880 schools in Swaziland. In addition, the Swazi Global Fund grant is providing social protection "dignity packs" to 4,800 adolescent girls aged 15-19, including a conditional cash transfer (cash incentive). To qualify for the conditional cash transfer, the girls must be enrolled in school and attending more than 80% of their classes each school term. In addition, for a randomly selected sub-sample of the girls, incentives are provided to girls who test negative for two curable STIs (trichomonas vaginalis and syphilis). Depending on which arm of the trial the girl is in, the cash transfers may be conditional on one or both of these criteria. A two-year evaluation (the Sitakhela Likusasa Impact Evaluation) of the effectiveness of these incentives is currently ongoing.

Cash transfers are also being piloted as part of the Global Fund program in South Africa, in high HIV prevalence districts in two provinces: Western Cape and KwaZulu-Natal. South Africa is engaging approximately 30,000 young women with a "cash plus care" program, a combination of cash incentives and social support. The cash transfers are conditional rewards-based incentives that serve to stimulate health-seeking behavior and behavior change to minimize the risk of HIV infection. The "care" element includes linking eligible young women to the appropriate health services as well as linking the young women and their families to social protection, such as government welfare grants, as appropriate. Combining cash transfers with additional care components has been shown to be even more effective at reducing HIV incidence than programs which offer cash alone.

In a fourth example, the Kenya Red Cross is also implementing a cash transfer program for AGYW as part of its current Global Fund grant. The Fund told Aidspan that this includes transfers for about 7,000 girls in Homa Bay, the county with the highest HIV prevalence in Kenya. Homa Bay accounts for about 10% of all HIV infections in the country.

In a recent interview, Doyle told Aidspan that the Global Fund's approach to supporting cash transfers as an HIV prevention intervention for AGYW is focused only in high-burden areas and adapted to the specific epidemiological and social context. Doyle said that understanding social contexts is key, noting that "cash transfers, like any intervention for AGYW, need to sit within a well thought-out, comprehensive package of services that speak to the lived realities of AGYW."

Along with being location-specific, the Global Fund's support of interventions like cash transfers in Kenya, South Africa and Swaziland is also strategically targeted based on age-related infection patterns. According to UNAIDS, in Kenya, South Africa and Swaziland, a large number of new HIV infections are estimated to occur among adolescent girls aged 15-19, while in other African countries (such as Nigeria, Uganda and Zimbabwe), new infections are more common among women in their late twenties. UNAIDS recommends cash transfers as an intervention for AGYW aged 10-24 in hyper-endemic countries with low rates of female secondary school enrolment.

For the coming funding cycle (2017-2019), the Global Fund is stepping up its investments in AGYW even further. Eligible countries can access an additional $55 million on top of country allocations to address HIV among AGYW (Table 2) as part of the matching funds included in the catalytic investments. To be awarded the matching funds, a country must increase its allocation amount dedicated to AGYW, as well as its program targets for this group, compared to its previous Global Fund grant (see GFO article for more information on how matching funds work).

Table 2: Matching funds available to address HIV in adolescent girls and young women (2017-2019 funding cycle)

Country	Amount ($ million)
Botswana	$1.0 m
Cameroon	$1.9 m
Kenya	$5.0 m
Lesotho	$1.5 m
Malawi	$7.0 m
Mozambique	$6.0 m
Namibia	$1.0 m
South Africa	$5.0 m
Swaziland	$1.5 m
Tanzania	$8.0 m
Uganda	$5.0 m
Zambia	$4.0 m
Zimbabwe	$8.0 m

Note: The amount shown for Cameroon was converted from euros (€1,782,200)

Source: Global Fund website - http://www.theglobalfund.org/en/fundingmodel/process/catalytic-investment/

For some countries, to access the full amount of matching funds available will mean significantly scaling up programs and targets for AGYW. In Mozambique, for example, the country is currently spending about $4.5 million of its Global Fund allocation on HIV programs for AGYW (recall Table 1). To access the $6 million in matching funds available, the country will need to increase its current budget by about one-third (to at least $6 million) and increase current targets by nearly two-thirds (corresponding to at least $12 million worth in investments) for this population.

"For sub-Saharan African countries where you have a disproportionate burden, the Global Fund is working to ensure scale and quality of programs," said Doyle. "Understanding gender-related barriers is critical as a strategic investment strategy." As many of the 13 countries in Table 2 are submitting funding requests in the first half of 2017, Aidspan will continue to monitor how AGYW are prioritized in these Global Fund programs.

> ***Editor's note****: This article, originally published on 28 January, was updated on 7 February to correct a few errors. The amounts in Table 1 for Kenya and Mozambique were altered. The new number for Mozambique required, in turn, some adjustments to the text in the paragraph immediately below Table 2.*

TOP

4. NEWS: Number of people receiving ART through programs supported by the Global Fund reaches 10 million

Mid-2016 results reported

David Garmaise 31 January 2017

In the first half of 2016, through programs supported by the Global Fund, another 787,000 people were put on antiretroviral treatment (ART) for HIV, bringing the total to date to 10 million, a 9% increase over end-2015 results and a 17% increase over the number a year ago. Three countries account for 77% of the increase from six months ago: Kenya (52%), Tanzania (16%) and Mozambique (9%). The full national result from Kenya is now included in Global Fund reporting; previously, the Global Fund captured only 50% of the national results.

In that same period, the number of smear-positive TB cases detected and treated increased by 1.4 million, bring the cumulative total to 15.6 million, a 9% increase over end-2015 results and a 15% increase over the numbers a year ago. Two high-impact Asia countries – India and Bangladesh – account for 56% of the overall increase from six months ago.

Also in the first half of 2016, about 54 million mosquito nets were distributed, bringing the total to date to 713 million, an increase of 8% over end-2015 results and a 19% increase over the numbers a year ago. The greatest number of nets were distributed in the Democratic Republic of Congo, Nigeria and Sénégal. Together, they accounted for about 75% of the increase from June 2015.

Additional results are provided in the Global Fund's Results Factsheet dated 17 January 2017.

AIDSPAN COMMENT

It is difficult to know from the Results Factsheet how much of the increase in numbers of people receiving services represents real growth in impact and how much is the result of better counting. For example, as reported above, 77% of the increase in people receiving ART came from just three countries – one of them Kenya where the Fund is now capturing 100% of the numbers instead of just 50% previously. To its credit, the Global Fund is quite open about the reason for the increase in people receiving ART. But how much of the other increases reported in the factsheet (e.g. people treated for MDR-TB up 25% in six months) is due to better counting? The Fund relies on national reporting, so we don't underestimate the challenges in obtaining an accurate picture of impact.

TOP

5. NEWS and ANALYSIS: EECA allocation letters promote investment in RSSH

Amounts budgeted for RSSH for the 2014-2016 allocation period are compared to the average for countries of similar income levels

We provide additional information on the allocation letters

Tinatin Zardiashvili 31 January 2017

In the allocation letters to countries in Eastern Europe and Central Asia (EECA), the Global Fund made a strong push for increasing investments in building resilient and sustainable systems for health (RSSH).

For this analysis, Aidspan was able to collect letters sent to the 12 of the 16 countries eligible to receive allocations for 2017-2019. The 12 countries are: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Moldova, Romania, Tajikistan, Ukraine and Uzbekistan. The other four countries, for which Aidspan has not yet obtained allocation letters are Albania, Montenegro, Serbia and Turkmenistan. (Regrettably, the Global Fund Secretariat has chosen not to routinely make the allocation letters public.)

The letters pointed out that many of countries in the EECA invested a smaller portion of their allocations in cross-cutting RSSH investments in the 2014-2016 funding cycle than other countries with similar income levels. The letters stated that the average level of investment was 9.3%.

(The 9.3% figure appears to refer to middle income countries across the Global Fund portfolio. All 12 EECA countries in our sample are middle-income countries. In an information note on RSSH, the Fund said that in the past, the approximate allocation for cross-cutting RSSH investments varied between 5% and 11%, "and that this trend continued during the 2014-2016 funding cycle.")

In the allocation letter sent to one EECA country, the Fund said, rather bluntly,

> "In the 2014-2016 allocation period, your budgeted investment related to cross-cutting resilient and sustainable systems for health interventions was … **0.3%** of your grants signed in this allocation period**.** As RSSH is among the four strategic objectives of the new Global Fund Strategy, we therefore expect **strong investments in RSSH in this funding cycle**…. For reference, please note that the average cross-cutting RSSH investment in Global Fund grants for countries with similar income levels is: **9.3%.**"

Only one EECA country in our sample exceeded the 9.3% average (Kosovo, at 21.8%). Georgia came in at 9.2%, Kazakhstan 8.6%, Belarus 5.2% and Azerbaijan 4.5%. All other countries in our sample invested between 0.3% and 3.8% in cross-cutting RSSH.

The push to invest in RSSH in the EECA is understandable given the above figures and given that the application of the Transition Preparedness Transition tool in numerous EECA countries has demonstrated that health system challenges could significantly impede sustainable transition of HIV and TB programs in the region (see GFO article).

The allocation letters, which are all structured similarly, cover the following topics:

- amount of the allocations, by component, including an indicative program split, and an allocation utilization period;
- general information about domestic financing;
- information on how to access the funds;
- information on opportunities to increase the return on investment;
- a general note about how the Fund may access any money owing in recoveries; and
- information on how to access funds and opportunities for funding beyond the allocation amount.

Regarding the program split, the letters said,

> "As part of the principle of country ownership, it is up to the CCM to assess the best use of funds across eligible disease components. The Global Fund strongly encourages integrated programming across diseases and investments in resilient and sustainable systems for health. Therefore, applicants can either accept the Global Fund program split between components or propose a revised split, which will be reviewed by the Global Fund."

The allocation utilization period is the implementation period of the grant. The letters said that any remaining funds from an existing grant, unused by the start of the allocation utilization period, cannot be added to the allocation amount.

See the table below for a summary of the information on allocations and types of funding requests provided in the letters.

It is interesting to note that none of the 23 components listed in the table are required to submit a full funding request. For a description of the different types of funding requests, see GFO article.

Table: Summary of information for 12 countries in the EECA Region on the allocations and the type of funding request

Country *(Income Level)*	Disease Component	Allocation *(US$)*	Allocation Utilization Period	Type of Funding Request
Armenia *(Upper LMI)*	HIV	$5,282,781	1 Oct 2018 to 30 Sep 2021	Program continuation
	TB	$3,138,925	1 Oct 2018 to 30 Sep 2021	Program continuation
Azerbaijan *(UMI)*	HIV	$6,068,394	1 Jul 2018 to 30 Jun 2021	Program continuation
	TB	$6,529,446	1 Jan 2018 to 31 Dec 2021	Program continuation
Belarus *(UMI)*	HIV	$7,862,511	1 Jan 2019 to 31 Dec 2021	Program continuation
	TB	$7,977,941	1 Jan 2019 to 31 Dec 2021	Program continuation
Georgia *(UMI)*	HIV	$8,412,986	1 Jul 2019 to 30 Jun 2022	Program continuation
	TB	$7,175,076	1 Jan 2020 to 31 Dec 2022	Program continuation
Kazakhstan *(UMI)*	HIV	$2,714,223	1 Jan 2018 to 31 Dec 2020	Tailored
	TB	$9,840,440	3 years from the start date of the grant*	Tailored (national strategic pilot)
Kosovo *(Upper LMI)*	HIV	$1,576,433	1 Jan 2018 to 31 Dec 2020	Tailored
	TB	$1,527,522	1 Jan 2019 to 31 Dec 2021	Program continuation
Kyrgyzstan *(Lower LMI)*	HIV	$11,266,362	1 Jan 2018 to 31 Dec 2020	Program continuation
	TB	$12,203,652	1 Jan 2018 to 31 Dec 2020	Program continuation
Moldova *(Lower LMI)*	HIV	$7,144,919	1 Jan 2018 to 31 Dec 2020	Program continuation
	TB	$8,751,802	1 Jan 2018 to 31 Dec 2020	Program continuation
Romania *(UMI)*	TB	$4,052,972	1 Apr 2018 to 31 Mar 2021	Tailored (transition)
Tajikistan *(Lower LMI)*	HIV	$12,939,544	1 Jan 2018 to 31 Dec 2020	Tailored (material change in defined areas)
	TB	$9,752,657	1 Apr 2018 to 31 Mar 2021	Tailored (material change in defined areas)
Ukraine *(Upper LMI)*	HIV	$70,836,441	1 Jan 2018 to 31 Dec 2020	Program continuation
	TB	$48,646,090	1 Jan 2018 to 31 Dec 2020	Program continuation
Uzbekistan *(Lower LMI)*	HIV	$13,928,377	1 Jul 2018 to 30 Jun 2021	Program continuation
	TB	$21,640,400	1 Jul 2018 to 30 Jun 2021	Program continuation

* Note: The Global Fund was able to be precise about the allocation utilization period in almost all countries because the start and end dates of existing grants have usually been aligned within each component. As we understand it, Kazakhstan is an exception, so the start date has not yet been determined.

Aside from the amount of the allocations, and the program split, most of the information in the letter was generic to all countries in the ECCA. However, each letter was accompanied by an Annex A which contained a mix of generic and country-specific information on a host of topics, specifically:

- more information on program splits;
- a section on resilient and sustainable systems for health;
- information on the need to submit a prioritized above-allocation request (PAAR) (more on this below);
- information on domestic financing (more on this below);
- country-specific information on the focus of application requirements (which are based on income level); and
- country-specific information on the type of funding request to be used for each component. Details of the funding request packages applicable to that country are provided.

Each letter also contained an Annex B, which provided generic guidance on topics such as value for money; strategies for HIV, TB and RSSH; and promoting and protecting human rights and gender equality.

Prioritized above-allocation request

The letter said that all applicants are required to submit a prioritized and costed above-allocation request (PAAR). Requests reviewed by the Technical Review Panel that are found to be technically sound and strategic are added to the register of unfunded quality demand. Initiatives on the register may be funded in a variety of ways, including from savings achieved during grant implementation.

Domestic financing

The section on domestic financing provided country-specific information on domestic funding requirements for both the 2014-2016 and 2017-2019 allocations. Applicants were reminded that they must show evidence that they have met the co-financing requirements for 2014-2016, including the additional willingness-to-pay requirements that were agreed to.

With respect to the 2017-2019 co-financing requirements, each applicant was told what portion of the allocation is subject to additional co-financing investments; and the minimum amount of additional co-financing investments the country has to make to access the full co-financing incentive.

Finally, each applicant was told what proportion of additional co-financing contributions must be invested in disease programs. (The Sustainability, Transition and Co-Financing policy is available here [see GF/B35/04]; see also GFO article on counterpart financing.)

Other country-specific details

Annex A of the allocation letter explicitly indicates the focus of application requirements for each country. Upper-middle-income countries, such as Azerbaijan, Belarus, Georgia, Kazakhstan and Romania, are required to commit 100% of the funding for maintaining or scaling up evidence-based interventions for key and vulnerable populations – or new technologies and innovations that represent global best practice. The letters to these countries said, "Funding requests can include interventions for ensuring transition readiness, which should include critical RSSH needs for sustainability as well as improve equitable coverage and uptake of services."

For the other countries – all upper and lower lower-middle-income – the letters define program design priorities for only 50% of the funding. This is consistent with Global Fund policy.

Only two countries out of the 12 in our sample are eligible for catalytic funding. Kyrgyzstan may receive up to $1 million for an HIV component on "Programs to remove human rights-related barriers to health services." Ukraine is eligible for up to $15.2 million for four different components, specifically "HIV: Key populations impact" ($3.9 million); "HIV: Programs to remove human rights-related barriers to health services" ($2.3 million); "TB: Finding missing TB cases" ($7.0 million); and "RSSH: Data systems, data generation, data use" ($2.0 million).

Finally, Uzbekistan may receive an incentive award of $400,000 (drawn from its malaria 2014-2016 allocation) if it is able to present a malaria elimination certificate prior to 31 December 2018.

TOP

6. NEWS: Significant improvement required in grant management in high-risk countries: OIG

Both the design and implementation of additional measures to manage these grants are imperfect, the OIG says

David Garmaise 31 January 2017

Measures taken by the Global Fund to manage grants in high-risk environments are inadequate. This is the central conclusion of an audit performed by the Office of the Inspector General (OIG) in 2016. A report on the audit was released on 23 January 2017.

In this article, we provide a summary of the audit findings. We plan to do a separate article on the actions the Secretariat has agreed to take in response to the findings.

Background

The Fund has classified 47 countries as high-risk or very high-risk, based on a risk classification known as the External Risk Index (ERI). The ERI is an aggregate of 10 indices developed by other organizations that capture political, economic, governance and operations factors that contribute to external risk. In April 2016, the Fund identified 24 of these 47 countries as “challenging operating environments (COEs).” These environments have high ERI and are characterized by weak governance and man-made or natural crises.

Since the inception of its new funding model, the Global Fund has signed grants amounting to $5.7 billion with the 47 countries; since September 2016, it has disbursed $2.6 billion to these countries. Due to the unique risks and capacity challenges in these countries, 61% of grants are managed by U.N. agencies and NGOs.

One of the tools that the Global Fund uses to manage grants in high-risk environments is the Additional Safeguard Policy (ASP). The policy is designed to be temporary and is used when the Fund determines additional measures are required to ensure the security of Fund financing. Typically, under the ASP, the Secretariat selects who will implement the grants (in consultation with the country coordinating mechanism) and institutes tighter controls on the flow of funds. The latter often includes implementing a “zero cash” policy. Under this policy, sub-recipients do not receive grant funding in advance; instead, disbursement is made (a) on a reimbursement basis against submission of appropriate invoices and other supporting documentation; or (b) directly to the suppliers by the principal recipients (PRs).

Other tools include the use of fiscal agents and procurement agents. Fiscal agents have been put in place in 23 countries supported by the Global Fund, of which 15 are high-risk and very high-risk countries. The Global Fund may appoint a fiscal agent to act as an enhanced control function within the implementers to oversee and verify expenditures of grant funds through a pre-expenditure review and sign-off process. They are also appointed to build the financial management capacity of the principal or sub-recipients. Procurement agents manage the implementer’s procurement activities.

Other initiatives have been developed by the Secretariat to respond to unique risks in six countries in the Middle East (the Middle East Regional Initiative). These countries face constantly evolving needs, limited capacity and severe constraints in providing essential services – due to conflicts. The initiative seeks to streamline the implementation arrangements in these countries through the use of a single international PR that manages the grants centrally but with satellite offices in the respective countries.

The audit findings

The OIG audit focused on two aspects of grant management in high-risk countries: (1) whether existing measures are adequately designed to ensure impact; and (2) whether existing measures are effectively implemented.

While the OIG found deficiencies in both areas, it acknowledged the impact the Global Fund has had in these difficult environments. In its web summary of the audit, the OIG said that "programs financed by the Global Fund have made some headway. HIV incidence in 13 high risk countries decreased by at least 50% from 2000 to 2015. Similarly, TB incidence in seven high risk countries went down by at least 50% between 2000 and 2015. Finally, malaria-related deaths also decreased by at least 50% in 14 high-risk countries during this period."

Design of existing measures

The OIG said that although existing tools and initiatives in high-risk countries have had some positive impact, there are limitations in the ability of the Secretariat to actively identify and assess emerging threats.

With respect to the identification and classification of risks, the OIG said that there are inadequate early warning mechanisms to identify and monitor risk levels of grants to allow for a timely response; and that this results in delays and a reactive approach in addressing risks. According to the OIG, some PRs have a set of indicators that enable the collection and assessment of emerging risks, but it remains unclear how the Secretariat leverages this information for decision-making.

In addition, the OIG found that while country teams are flexible in managing grants in high-risk countries, the absence of a defined risk appetite and minimum verifications required for grants in these environments have affected the ability of the teams to take measured risks. For instance, decisions on how much supporting documentation is required to distribute bed nets in conflict-affected areas often delay the implementation of such activities.

The audit also found that emergency preparedness has not been consistently incorporated in grant management in high-risk environments. As a result, country teams often have to plan a response from scratch during emergencies. At the time of the audit, only three COE countries had developed emergency response plans.

In the opinion of the OIG, these design gaps are due to the absence of an overarching framework to support grant management in high risk environments. The OIG noted that the Secretariat is working on an operational policy note to guide country teams on managing grants in challenging operating environments.

The OIG concluded that the design effectiveness of current processes and measures for grant management in high-risk environments "needs significant improvement."

Implementation and monitoring

The audit found that the measures being employed to manage grants in high-risk environments have not always addressed the risks they were intended to address. For example, the OIG said that there were gaps in the quality of assurance services provided by fiscal agents: External audit reports for 14 grants in seven high-risk countries were “qualified” due to ineligible and unsupported transactions, even though fiscal agents had already been in place for at least 12 months. (In this context, a qualified opinion means that the information provided to the auditors was either limited in scope or the organization being audited has not maintained acceptable accounting principles, or both.)

Although there has been progress on financial risk mitigation, the OIG said, supply chain and programmatic mitigations have not shown equivalent progress and are not effectively addressed in 10 countries that are under the ASP due to the inherent weaknesses in the national systems. “The Secretariat does not have effective and timely corporate measures to enable country teams to tailor responses to address supply chain and programmatic issues in high risk environments.”

To respect the Global Fund’s country ownership principle, additional safeguards are supposed to be short-term measures. However, the OIG said, a clear strategy to phase out short-term measures has not been consistently agreed and implemented with in-country stakeholders. The audit found that 13 of the 19 countries that are under the ASP did not have exit strategies. Only two countries have transitioned from the ASP since 2004. (*Editor’s note: This is a sore point for many countries.)*

The OIG also found that monitoring has been less than optimal. Eleven of the 19 high-risk countries have been under ASP for at least five years without a reassessment of its effectiveness. Contrary to what its own operational policy note calls for, the Secretariat has never presented a report of the status of countries to the Audit and Finance Committee (or its predecessor committee). While fiscal agents are required to be assessed every year, the OIG said, the necessary tools and systems have not been developed, resulting in inconsistent reassessments by country teams.

The audit also found that the Secretariat has not analyzed and defined thresholds for the costs of doing business in high-risk environments. The OIG’s analysis of grant expenditure in 2014 and 2015 indicated that five countries spend at least 57% ($42 million) of their grants on staff, overheads, planning and administration. Such high indirect costs affect the ability of countries to fund programmatic activities, the OIG said.

The audit concluded that the existing implementation and monitoring of the additional measures and tools in high risk environments “needs significant improvement.”

As we indicated at the top of the article, we plan to do a separate article on the actions the Secretariat has agreed to take in response to the OIG’s findings.

TOP

7. NEWS: OIG audit of grants to Côte d’Ivoire shows mixed results

Audit cites weak oversight by Ministry of Public Health and Hygiene

David Garmaise 31 January 2017

In an audit of grants to Côte d’Ivoire, the Office of the Inspector General (OIG) rated grant implementation arrangements as being “partially effective”; and supply chain controls and assurance mechanisms as “needing significant improvement.”

The OIG uses a four-tier rating system: Effective; Partially effective; Needs significant improvement; and Ineffective.

The audit, which was performed on all six active grants to Côte d’Ivoire (two for each disease), focused on the period from January 2014 to July 2016. The total value of the grants was $246 million. A report on the audit was released in December.

Grant implementation arrangements

The Ministry of Public Health and Hygiene (MPH) is the principal recipient (PR) of three grants to the public health sector ($104.9 million for malaria, $90.4 million for HIV, and $9.3 million for TB). However, most of the PR functions are delegated to the three national disease programs, supervised by the General Directorate of Health within the MPH. The General Directorate of Health also supervises the regional directorates of health in the 20 health regions. Two civil society organizations are the PRs of three grants to enhance the community health services: the National Alliance for Health and Development in Côte d’Ivoire ($22.9 million for HIV and $3.9 million for TB) and the Save the Children ($14.7 million for malaria).

The OIG identified several positive factors that it said contributed to the grant implementation arrangements being partially effective, including the following:

- a strong health product distribution system led by central medical stores;
- well-coordinated interventions with other funders and with implementing partners;
- good coordination between the public and community health sectors; and
- increasing use of the logistics management information system (LMIS) and the health management information system (HMIS), which contributed to increased data availability and quality.

The OIG also observed some weaknesses. For example, it said that the disease programs lack both the authority to efficiently coordinate the cross-cutting grant activities as well as the capacity to implement so many activities. Oversight by the MPH is insufficient, the OIG said.

In addition, as of 30 June 2016, implementation had not started for a significant portion of grant activities (excluding health product procurement–related activities). This has resulted in low absorption rates – 45% for malaria, 38% for HIV, and 33% for TB.

To address these problems, the Secretariat will engage with the government and with partners to put in place a project management unit within the MPH, reporting to the Minister's office, to ensure that the public sector PRs have the coordination capacity and authority to manage grant activities, particularly cross-cutting activities with other national counterparts.

Supply chain controls and assurance mechanisms

According to the OIG, Côte d'Ivoire has a solid basis to ensure an effective health product supply chain, due to qualified staff, a good institutional and regulatory framework, a modernized central medical store with good storage conditions, an up-to-date stock management system, and wide-ranging and regular distribution arrangements.

However, the OIG said, the national disease programs have a limited role in the oversight of the supply chain because the central medical store is in charge of all distribution. The programs do not review or validate product orders submitted by the districts and the largest health facilities to the central medical store. As a result, the OIG said, they do not monitor whether district and health facility stock levels, as well as consumption, are appropriate in relation to the programmatic data available. Nor do they continuously monitor product quality, stock levels and consumption at the national and district levels to ensure these are appropriate.

In addition, the audit identified significant gaps in inventory controls and reporting at the central medical store. As a result, any loss or theft of products might go unnoticed; and it is not clear whether the districts and the health facilities are receiving the right product quantities. The OIG said that the "first-expired-first-out" method has not been applied for all distribution, "resulting in a high likelihood of early product expiry in 2017."

The auditors noted the following:

- three malaria treatment facilities (serving 18,000 patients in total) out of 26 visited by the OIG had malaria drug stock-outs lasting between 40 and 100 days;
- 13 out of 26 malaria treatment facilities had stock-outs of malaria rapid diagnostic tests lasting between five and 100 days, and 16 of the facilities had insufficient stocks or stock-outs of microscopy slides for malaria diagnostic tests for prolonged periods;
- 11 of the facilities prescribed malaria drugs without confirmation of the disease, with the risk that patients could develop drug resistance; and
- two-thirds of the facilities did not have sufficient buffer stocks (i.e. between two and four months' consumption).

The OIG found that weak stock management and quantification by the National TB Control Program led to overstocking of eight TB drugs at the national level, which resulted in $71,000 worth of expiries in 2015, and $65,000 in 2016 – as well as expiry risks estimated at

$217,000 for 2017. In 2015, drugs worth $53,000 were spoiled at port due to bottlenecks in product delivery from the port to the central medical store.

The Secretariat has introduced several measures to mitigate the risks related to these findings, including the following:

- technical assistance was provided to support product quantification by the disease programs and the central medical store's stock management system;
- a "leadership development program" was piloted in several health regions and contributed to improved supply chain management; and
- periodical oversight missions were conducted which highlighted some of the stock management issues.

In late 2010, the Additional Safeguards Policy was implemented in Côte d'Ivoire. This policy puts in place extra financial controls and oversight over the grants. In 2013, the Global Fund Secretariat appointed a fiduciary agent to support the three disease programs in overseeing their financial and non-health procurement management and to build financial management capacity. From January 2014 to June 2016, the agent cost $1.1 million ($0.4 million per annum), which is about 5% of grant funds disbursed directly to the three disease programs during the same period ($21.5 million). This is in addition to other financial assurance costs in the Global Fund's assurance framework, such as the local fund agent ($0.7 million per annum) and annual external audits.

The Secretariat has agreed to implement further measures to strengthen accountability with respect to the supply chain, and to strengthen the oversight capacities of the disease programs. Specifically,

- the central medical store and the disease programs will perform regular reconciliation of the store's inventory with the disease programs' stock data, and investigate any differences;
- the disease programs will validate product orders received by the central medical store from the health districts and the largest health facilities; and
- a technical assistance mission will be supported to implement recommendations tailoring the Enterprise Resource Planning system (known as SAGE) to central medical store requirements.

This is the first time that the OIG has audited grants to Côte d'Ivoire. In April 2016, the OIG conducted an investigation into an alleged diversion of TB drugs (see GFO article).

"I Speak Out Now" pilot

In its report, the OIG said that Côte d'Ivoire ranked 107th out of 168 countries in Transparency International's 2015 Corruptions Perceptions Index (the lower the ranking, the less corrupt). Côte d'Ivoire is one of three pilot countries where the Global Fund is implementing its "I Speak Out Now!" campaign to combat fraud and corruption in the implementation of grants. Further details are available in the OIG's report; see also GFO article.

TOP

8. NEWS: OIG audit finds that treasury management at the Global Fund is generally in good shape

However, the OIG says the Secretariat should operationalize the 2014 Board decision to adopt the use of multi-currency disbursements

David Garmaise 30 January 2017

The Office of the Inspector General (OIG) says that the governance, risk management practices and internal controls related to treasury management are adequately designed and generally well implemented. The OIG audited the treasury function in 2016. A report on the audit was released on 18 January 2017.

"Treasury" covers the management of cash and liquidity, asset and liability, foreign exchange and investments. It is a relatively new function at the Global Fund, having been established as a result of the adoption of an amended Comprehensive Funding Policy in 2014.

"Overall, the Global Fund has established, in a relatively short timeframe, a well-functioning treasury function," the OIG said. "The audit did not identify any material weaknesses or process failures."

The OIG said that the treasury function is fully staffed with professionals that have extensive qualifications and experience in treasury management. The Secretariat has also significantly enhanced its ability to manage its own grant and operational expenditure payments, the OIG added, with the establishment of five commercial banking relationships. Two additional relationships are expected to be finalized by the end of 2016.

Nevertheless, the audit identified some issues, particularly with respect to governance and risk management, foreign exchange management, and asset and liability management. The OIG said that if the Global Fund had been more mature, and if it had a higher trading volume using complex financial instruments, "the combination of issues identified in this report…would have been considered a significant deficiency."

The OIG rated **governance and risk management** "partially effective." Issues that need to be addressed include the following: (a) there is limited formalization of independent oversight over treasury activities; and (b) the Chief Risk Officer, who performs the role of risk manager of the treasury function, "is fully reliant on the information provided by the treasury function without having independent access to it."

The OIG also rated **foreign exchange management** as "partially effective." Two issues that need to be addressed are: (a) trading limits for traders have not been defined and built into the system; and (b) the Fund's own policy requires counterparty limits to be in place, but no such limits have been defined by the Secretariat. ("Counterparty" refers to the opposite partner in a currency transaction. "Counterparty limits" are the amount of financial exposure an organization chooses have with another organization.) See also the section on multi-currency disbursements below.

Asset and liability management (ALM) was also rated "partially effective." The OIG said that processes and controls for this function have been adequately designed, but are not operationally efficient and effective because forecasted amounts are consistently and materially different from the actual expenditures. "This forecasting process is critical to ALM." The OIG stated. "It results in key decisions being taken about the allocation of funds to countries over the implementation period." According to the OIG, the effectiveness of this process is limited by the accuracy of data provided by principal recipients and country teams.

Nevertheless, the OIG said, the trend has improved over the past year. "The position taken by the Secretariat is a conservative one with the risk of over-commitment of funds being low, which is the primary objective of ALM."

The OIG concluded that **cash, liquidity and investment management** processes and controls are adequately designed, consistently well implemented and effective.

Multi-currency disbursements

Multi-currency disbursements (MCDs) involve matching disbursements with the currency of the incurred expenses of Global Fund programs in order to mitigate the foreign exchange risk faced by countries. The Board approved the use of MCDs in June 2014, but they have not yet been operationalized. The OIG said that although treasury, financial services and accounting teams have developed, tested, and are ready to implement MCDs, more work is needed "at the functional and operational level" before MCDs can be rolled out across the Global Fund portfolio.

That work includes developing internal grant management processes, and dialoguing with in-country implementers and country coordinating mechanisms in recipient countries. The OIG believes that MCDs needs to be prioritized by the Secretariat in order to operationalize the Board decision. In addition, the OIG stated, the Global Fund will need to evaluate its hedging policy and limits "to ensure that it remains fit-for-purpose" as it moves towards full implementation of MCDs. If this work is not done, the OIG said, implementers are likely to be experiencing foreign exchange risk throughout the implementation of grants approved during the 2017-2019 allocation period.

Agreed management actions

The Secretariat is putting in place corrective actions to address the weaknesses identified by the OIG audit. These include (a) reviewing all policies and procedures that cover treasury activities and (b) strengthening controls over foreign exchange management. The latter will include develop a hedging strategy template which will then be operationalized to support executed trades. It will also include specifically defining a trading mandate taking into account the traders profiles; and defining a counterparty limit framework.

In addition, the Secretariat will put in place a formal change management roadmap to implement MCDs across the Global Fund portfolio. The OIG had recommended that this happen in a 12-18-month timeframe. Grant Management systems are currently being re-engineered to cater for MCDs through the project AIM (Accelerated Integration Management). At the country level, the 12-18-month timeframe allows time for change management without being rushed and without introducing additional risks. MCDs will not be applicable to all countries, so a phased approach makes sense.

As well, the Secretariat will perform a detailed assessment of the World Bank as its trustee and asset manager.

Other actions will involve the Secretariat reviewing all policies and procedures related to treasury activities; investigating the feasibility of automating the online trading platform within the treasury function; and refining the process for the calculating sources of funds in the asset and liability management process.

TOP

9. NEWS and ANALYSIS: Implementation of integrity due diligence remains fragmented: OIG

"Integrity due diligence" explained

David Garmaise 30 January 2017

According to the Office of the Inspector General (OIG), integrity due diligence (IDD) remains fragmented across the Global Fund, and there are no mechanisms in place to assess whether the processes implemented by various departments are "fit for purpose" and consistent across the organization. Nor are there mechanisms to assess whether there are duplications or gaps among the processes.

This is the main finding of an advisory review on the Global Fund's IDD processes conducted by the OIG in 2016. An "advisory review" is something that the OIG periodically undertakes as part of the consulting services it provides. A report of the review was released on 20 January 2017.

But what is "integrity due diligence"?

(The information is this section was provided by Nick Jackson, the Global Fund's Ethics Officer.)

Integrity due diligence is the process of assessing the reputation of a "third party" – i.e. an individual or organization you are dealing with, or considering dealing with. In the case of the Global Fund, the third party can be suppliers of goods, a consultant, a service provider (e.g. local fund agents), and even implementers.

The types of questions IDD is looking to answer are: (a) Does the third party have a criminal record? (b) Are there concerns that the third party has committed misconduct in the past that might damage the reputation of the Fund or that might be repeated?

Here are two examples of the application of IDD in the context of the Global Fund:

- **A new private sector donor**. During the process of assessing the potential donor, the Fund conducts due diligence to understand if there are any reputational concerns about the donor that may affect the Global Fund. For example, the Fund would not take money from someone associated with human rights abuses, or involved in pornography.
- **A new hire**. During the recruitment process, the Fund asks the candidate to provide details of their identity and to allow the Fund to carry out open source (i.e. Internet) checks. Using that information, the Fund's IDD service provider searches the internet to identify if there is any negative information or allegations concerning the individual. The Fund also performs criminal records checks on individuals.

The Global Fund already performs a capacity assessment of implementers, using a capacity assessment tool (CAT). CAT is a form of due diligence. The Fund is looking to extend this due diligence to include integrity matters.

Aidspan asked Mr Jackson whether IDD is a philosophy, a corporate-wide program, a mitigating action, or a tool within the anti-corruption framework. "Good question," he said. "It's all of the above. I see it mainly as a preventive tool within the anti-corruption framework. However, given the range of third parties it is applied to, it needs to be developed and implemented across the organisation using a risk-based approach. For example, we would not do detailed checks on the stationery supplier in Geneva, but we would do more detailed checks on a new implementer."

The OIG put forward several recommendations to guide the development and implementation of IDD, as follows:

1. As a precursor to implementing IDD, the Secretariat should decide which approach is best suited to the organization.

2. The Secretariat should develop an over-arching anti-corruption framework within which IDD will be undertaken. (Mr Jackson, the Ethics Officer, is overseeing the development of the anti-corruption framework.)
3. The Secretariat should designate a corporate manager at a senior level to be the custodian of the anti-corruption policy and responsible for implementing IDD.
4. The Secretariat should define the nature, scope and key elements of IDD; and the policies and procedures to guide the implementation of IDD.
5. The Secretariat should develop a toolkit to guide the establishment of IDD.

For more information on the advisory review, please see the OIG's report.

TOP

10. ANNOUNCEMENT: Resources for applicants posted on Global Fund website

David Garmaise 30 January 2017

A new 81-page Modular Framework Handbook is one of many resources available to applicants on the Global Fund website.

The modular approach is used by the Global Fund to organize programmatic and financial information about each grant throughout its life cycle, from the initial funding request through grant-making and implementation. The handbook includes the core list of indicators for each component; a list of modules and interventions for applicants to choose from; and an illustrative list of activities.

In the last funding cycle, this information was spread over separate information notes for each component.

The handbook is on a page entitled "Applicant Resources" at www.theglobalfund.org/en/applying/funding/resources, along with an overview of the 2017-2019 funding cycle; frequently asked questions on topics such as the 2017-2019 allocations, and the register of unfunded quality demand; four core information notes, one for each component; and a series of technical briefs on topics – such as differentiated care for HIV and TB; malaria case management in the private sector; strategic support for human resources for health; and harm reduction for people who use drugs.

On a separate page, at www.theglobalfund.org/en/applying/funding/materials, the Fund has posted forms that applicants will need to fill out for full, tailored and program continuation funding requests, as well as instructions for completing the forms. That page also lists core documents – such as the funding landscape table and programmatic gap tables that need to be completed for both full and tailored funding requests at the time of the funding request.

Note: (1) The program continuation request template is not published on the website. All those invited to apply via program continuation were sent the template with their allocation letter. (2) The core documents also need to be completed by program continuation applicants, but not until grant-making.

Some of the resources are currently available in English only, while others are available in several languages – i.e. English, French, Spanish and Russian. All application materials will be available in these four languages.

Country teams are sharing the applicants' resources with applicants directly as and when needed.

Interested parties should check these pages regularly because FAQs will be updated, additional language versions will be posted, and additional resources will be added. For example, the Secretariat has informed Aidspan that an applicant's handbook is being finalized now and should be published shortly.

iLearn

Applicants may also consult iLearn, the Global Fund's online learning platform. It contains many different courses, including one on "Understanding the Differentiated Funding Application Process." This course is currently available in English, French and Spanish. A Russian version will be ready shortly.

Many of the online courses have been updated recently. As well, there is a new course on "Sustainability and Transition."

TOP

This is issue #304 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Editor at david.garmaise@aidspan.org. To subscribe to GFO, go to www.aidspan.org.

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

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

GFO Newsletter is now available in English and French.

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

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

TOP