Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 305: 15 February 2017

GFO is an independent newsletter about the Global Fund.

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

CONTENTS OF THIS ISSUE:

4. NEWS: At least 17 components will be using the transition application during 2017-2019 allocation period

BY DAVID GARMAISE

Grants from the 2017-2019 allocation period will assist at least 17 components from 13 countries to transition away from Global Fund support. Twelve components will receive what the Fund calls "transition funding" directly.

5. NEWS: HIV prevention advocates push Global Fund for more expenditure data

BY ANDREW GREEN

This article considers concerns among HIV prevention advocates that the Global Fund does not provide detailed data on its expenditures for HIV prevention activities.

6. NEWS: Board approves additional funding from the 2014-2016 allocations

BY DAVID GARMAISE

Funding from the 2014-2016 allocation has been awarded to both country and regional applicants. In addition, funding was awarded for shortened grants and early applicants; and for initiatives on the Unfunded Quality Demand register.

7. NEWS: Additional information on the funding awards to country applicants

BY DAVID GARMAISE

Among the funding approved in December from the 2014-2016 allocations, six grants from five countries received $41 million. This article provided additional information on some of the awards.

8. NEWS: More information on funding awarded to regional applicants

BY DAVID GARMAISE

The funding announced by the Board in December included $23 million for five regional programs.

9. ANNOUNCEMENT: New publication makes the case for continued U.S. investment in the Global Fund

BY AIDSPAN STAFF

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria has published an issues brief that makes the case for the U.S. continuing to invest in global health generally, and in the Global Fund.

10. ERRATUM: Amounts invested in targeted prevention activities for AGYW in two countries

BY AIDSPAN STAFF

We correct some errors made in an article on investments in adolescent girls and young women (AGYW) in GFO #304.

TOP

ARTICLES:

1. NEWS: New E. D. to be selected at Board Retreat

A short list of up to four candidates has been sent to Board members and alternates

Aidspan staff 14 February 2017

The next executive director of the Global Fund will be selected at a Board Retreat that will be held on 27-28 February in Geneva. He or she will replace Dr Mark Dybul, whose term ends on 31 May 2017.

The main steps of the recruitment process, as decided by the Board and as reported by GFO last November, were as follows:

1. development of terms of reference and selection criteria for the position;
2. appointment of a search firm, Russell Reynolds Associates (RRA);
3. appointment of the members of an Executive Director Nomination Committee (EDNC);
4. setting a deadline for applications (5 December);
5. review of the applications and identification of a long list of potential candidates;
6. development by the Nomination Committee of a short list of up to four candidates; and
7. final selection made by the full Board.

The Board approved a voting process for the selection that was very similar to the process used in 2012 that resulted in the selection of Dr Dybul.

On 13 February, the final report of the EDNC, listing up to four candidates, was provided to Board members and alternates via a secure portal. Board members and alternates were asked to keep the information strictly confidential.

Aidspan understands that the EDNC final report provided details for each candidate and a rationale for the committee's ranking; and included a proposal concerning the compensation and benefits to be offered to the successful candidate. One thing that is different from the process used in 2012 is that the EDNC presented the candidates in ranked order.

Two teleconferences for Board constituencies, to provide further details, were tentatively scheduled for 14 February. In addition, we understand that Board constituencies are also being given the opportunity of an additional call with the members of the RRA team.

The selection is expected to be made on the first day of the Board Retreat. Only Board members and alternates, plus members of the Boards Coordinating Group, have been invited to attend that day. (The Coordinating Group consists of the Board Chair and Vice-Chair, and the chair and vice-chair of each of the Board's committees.)

Process at the Board Retreat

Aidspan understands that each of the short-listed candidates will appear before the Board for a one-hour interview. The candidate will give a short presentation on his or her vision for the Global Fund, following which the candidate will be interviewed by one representative from each of the two voting groups on the Board (the donor group and the implementer group). (The questions will be selected from a pool of questions submitted in advance by Board constituencies and the Fund's Staff Council.)

After the candidate interviews, Board members will receive additional information on the candidates from a representative of RRA; from an expert who will present the results of the psychometric testing that was conducted; and from the Fund's Ethics Officer.

Then, the EDNC will explain the rationale for its ranking of the candidates, after which the Board will begin its deliberations.

Voting procedure

A straw vote may be taken to determine whether there is a consensus on the choice. If there is, the Board will proceed to take a formal decision on who should be appointed. If there is not broad agreement at the outset, the preferred candidate will be identified through what the Fund calls "multiple weighted voting cycles." This is basically a series of ballots where Board members assign points to their preferred candidates; on the first ballot, the candidate with the least points is eliminated; and additional ballots are held until a single candidate remains. This is the same procedure that was used in 2012.

For the vote on the final decision appointing the successful candidate, a two-thirds majority of both the donor group and the implementer group is required.

The decision point will also include a salary range that the Board authorizes the Board chair to use for negotiating an employee agreement with the next executive director.

Comparison to the process used in 2012

Aside from the ranking of candidates by the EDNC, the major difference between the process for 2017 and the one used in 2012 is that the final selection occurs at a Board Retreat (2017) rather than a full Board meeting (2012). Some concern has been expressed that conducting the selection at a Board retreat, where only the Board members and their alternates are present, limits opportunities for consultation with the full Board delegations. In 2012, the full delegations were present when the candidates were interviewed.

Board leadership renewal

Concern has also been expressed about the lack of information on what the process will be for the selection of the next chair and vice-chair of the Board. The terms of the current Chair, Norbert Hauser, and Vice-Chair, Aida Kurtovic, expire at the next Board meeting on 3-4 May. The terms of the new chair and vice-chair will start immediately following that Board meeting. That is less than three months away.

TOP

2. NEWS: After initially rejecting a plea for assistance from Venezuelan NGOs out of hand, the Global Fund now says it may be able to help

The Fund says it will try to provide assistance through other agencies

David Garmaise 14 February 2017

In an exchange of letters that spanned more than seven months, the Global Fund at first rejected a plea for help from the Venezuelan Network of Positive People (RVG+), but then may have left the door open to providing some assistance via other agencies. This is a story that is still unfolding.

According to the Global Fund, Venezuela is currently not eligible for funding under the Fund's Eligibility Policy.

On 6 June 2016, the Board of the Venezuelan Network of Positive People (RVG+) wrote to the Board and the Executive Director of the Global Fund asking the Fund to make an exception to its rules in order to provide urgent humanitarian aid for HIV and TB.

The letter said that although Venezuela is classified as a high-income country, this classification does not reflect the reality on the ground. The letter described the deteriorating medical system in Venezuela, including ongoing treatment interruptions and stock-outs of antiretrovirals (ARVs). It also referred to a lack of access to essential medicines and medical supplies, as well as dangerously contaminated surgery rooms, ill-equipped laboratories, water and electricity disruptions, long lines at supermarkets and widespread food insecurity.

"Several thousand people with HIV are now without antiretroviral treatment," the letter stated. "We would like to ask you to … provide urgent humanitarian aid for HIV-AIDS and TB, literally we are not only suffering hungry, but we are also dying because our health system is totally collapsed."

On 18 January 2017, more than seven months later, Norbert Hauser, Chair of the Board, and Mark Dybul, Executive Director, responded that "the current policy framework does not allow the Global Fund to provide funding to Venezuela."

"As an agency relying itself on donations from multiple stakeholders," the letter said, "the Global Fund is not in a position to grant any exceptions from its rules."

On 31 January, in response to the letter from the Fund, RVG+ and a number of civil society organizations and individuals in Venezuela, released a public letter in which they said, "After 7 months of waiting for a response, we consider the letter sent to Venezuelans with HIV by the Council President and the Executive Director of the Global Fund, Norbert Hauser and Mark Dybul, to be unacceptable, unjust and without humanity."

The letter said that in the past the Global Fund demonstrated flexibility and offered special assistance to countries in critical situations. The letter cited the case of the Russian Federation where "Russian civil society received special grants, which allowed them to develop projects aimed at reducing harm and preventing new HIV infections among injecting drug users."

RVG+ and the CSOs and individuals who signed the public letter "urgently requested" that the Fund reconsider its response. They also called for the resignations of Mr Hauser and Dr Dybul because "they lack the sensitivity and leadership to even try to seek some kind of response to a situation of humanitarian, health and food crisis the population of Venezuela is suffering."

Reaction from other organizations

Reaction to Global Fund's letter was swift. The Global Network of People Living with HIV (GNP+) expressed grave concern and profound disappointment with the Global Fund's decision. ICASO said that "the deteriorating situation inside Venezuela demands international action" and that the response from the Global Fund "is not acceptable." The AIDS Healthcare Foundation (AHF) called on the Fund to revisit its "all-too-bureaucratic rejection for assistance."

People were urged to sign a petition calling on the Global Fund "to urgently approve exceptional funding for Venezuela, through some of its technical partners … as well as through civil society organizations."

Feliciano Reyna Ganteaume, whose Caracas-based non-profit Acción Solidaria provides ARVs, said in the magazine Science that the situation "is much worse than one can describe." When the government does take action, he said, drug orders are placed late and not paid for on time, causing interruptions that have lasted more than three months. "There is not even one month without our receiving complaints of lack of one or more ARVs from one or more Venezuelan states." Reagents for the tests needed to monitor people on treatment also are in short supply.

Ganteaume said that in 2015 an estimated 110,000 people were living with HIV in Venezuela, of which at least 63,000 had started ARV treatment.

Second letter from the Fund

On 2 February, the Global Fund sent a second letter "clarifying" its previous response. Mr Hauser and Dr Dybul said that the Fund "has been following the developments and remains very concerned about the effect of the current crisis on the people of Venezuela, the public health system, and on HIV, TB, and malaria." They said that the Fund is working closely with the Pan American Health Organization (PAHO) and UNAIDS as the agencies best placed to lead the response to this crisis. "The Global Fund has never operated a country grant in Venezuela and therefore must work behind these lead organizations, *particularly because the government has not requested health assistance*." [Emphasis added]

The letter stated that the Global Fund would consider any requests for assistance "from partners who are leading in the response" for:

- access to competitive pricing for emergency procurement of commodities which could support a short-term response with regards to essential commodities for HIV, TB and malaria;
- longer-term support through a multi-country malaria grant to provide support to address the regional consequences of Venezuela's increasing malaria rates; and
- other needs that the Global Fund can provide within its mandate and resources.

"We will continue to closely monitor the situation and work with the lead agencies," the letter said. "We stand ready to consider any specific requests for assistance."

More reaction

On 10 February, in an open letter to the Board of the Global Fund, AHF called for the immediate resignation of Dr Dybul. "The Global Fund showed a wanton lack of care and concern by taking seven months to respond to a desperate plea for help from RVG+," AHF said. "It appears the leadership of the Global Fund is out of touch with realities on the ground in crisis hotspots like Venezuela, where people are dying or at risk of dying every day without antiretroviral drugs, HIV test kits and diagnostics and treatment for tuberculosis."

AHF pointed out that the Board has made exceptions to its Eligibility Policy before. "In 2009, the Board approved emergency funding for Russia even though it acknowledged that under the current income eligibility policies of the Global Fund, the Russian Federation is not eligible for … HIV/AIDS funding." *(Editor's note: This refers to a decision by the Board to extend a Round 3 grant for which the Open Health Institute was the principal recipient.)*

AHF criticized the Global Fund for saying that Venezuela did not meet the eligibility criteria "based on its former status as a high-income country." AHF said that World Bank historical data from 1998 to the present show that Venezuela was classified as high-income only once, in 2014. "In all other years, it was classified as an upper-middle-income country, which would make it eligible for funding."

[Editor's Note: In their first letter to RVG+, Mr Hauser and Dr Dybul did cite Venezuela's high-income status as a reason for the country not being eligible for funding. However, they did not do so in their second letter. Instead, they said that "the Global Fund's eligibility policy … requires countries to be eligible for at least two consecutive determinations/years in order to be eligible to receive an allocation of funding and that to determine income classification the Global Fund uses a three-year average of GNI per capita." In addition, it should be noted that income level is not the only criterion; the level of disease burden is also a factor.]

Questions remain

There will almost certainly be more developments in this story. Here are some questions that Aidspan has about what has transpired so far, along with what information we have been able to obtain:

- **Why did it take more than seven months for the Global Fund to respond to the initial request for assistance from RVG+?** This remains a mystery.
- **Were all Board members consulted on the response?** Apparently not. Aidspan understands from sources in the Latin America and Caribbean (LAC) region that the E.D. and Chair of the Board wrote to the RVG+ without a full discussion of the board.
- **Where is the Government of Venezuela in all this?** Aidspan understands that in November 2016, RVG+ participated in a meeting with two government officials, including one from the National AIDS Program in the Ministry of Health. The government officials were invited to ask the Global Fund for assistance to deal with the crisis. The officials declined, saying that the government had sufficient resources to respond to HIV. One person told Aidspan that now that the Global Fund has indicated a willingness to consider providing some assistance via PAHO and UNAIDS, "maybe it would be better if the government just stayed out of the way."
- **How much assistance does Venezuela need from the international community**? In its letters to the Global Fund, RVG+ did not provide a figure. Aidspan understands from a source in LAC that by November 2016, it was estimated that $20 million was needed just for ARVs and HIV testing. This amount does not include medicines for opportunistic infections, prevention initiatives and other aspects of the fight against HIV, including human rights.

Aidspan Comment:

It is hard to understand why the Global Fund is reluctant to provide assistance. It is clear that the Fund made a special effort (more than once) to get money to Russian NGOs. Why can't it do the same for Venezuela?

The Global Fund's decision to work through PAHO and UNAIDS has not shown any results as yet. Presumably, both agencies believe they have to work through the Government of Venezuela, but there is no indication of any movement in this direction. Is having the government onside the key to resolving this crisis? Maybe. But it seems to us that in the case of the Russian Federation, the Fund worked around the government, not through it.

At this stage, there are more questions than answers.

TOP

3. ANALYSIS: Global health financing mechanisms: synergy, duplication and distinction

The strategic objectives, recipients and donors of four major multilateral health financing mechanisms have a lot in common. Is it too much?

Charlie Baran 12 February 2017

Spend any time in global health circles and you will quickly become acquainted with a growing anxiety over the tenuousness of financial resources. While there have been ups and downs in funding for global health, we may be in the midst of an epochal shift in the global health financing landscape. There was evidence of a downturn in funding even before the two biggest funders (the U.K. and U.S.) experienced tectonic shifts in their political outlooks in 2016, i.e. "Brexit" and the election of Donald Trump. Add that to the fact that the concept of "donor fatigue" has been around so long that there's probably a good bit of "donor fatigue" fatigue out there by now.

The last major global downshift in funding was attached to the financial crisis of 2008. But earlier funding levels were ultimately (and fairly quickly) restored by liberal donor governments over the past decade. The current donor climate is different than a simple reaction to recession, which might be rebounded from. Rather it is one in which the resources are there, but the political interest in spending them on the healthcare of oft-maligned people in other countries appears to be waning at the highest levels. The idea that rich countries don't owe anything to poor countries, and ideas like that, are gaining real traction and informing the decisions of policy-makers in an increasing number of donor countries.

Aidspan firmly believes that the right thing for donors to be doing right now is upping their investments in global health, including the Global Fund. But given the political convulsions of late, and the longer-term trends in health and development aid, we think it is appropriate to take some stock of the global health financing landscape and assess where there may be some vulnerabilities, particularly when the uninitiated come looking to make cuts.

In this article we look at some of the shared priorities, outputs and inputs of four major global health financing mechanisms. There may be some redundancies that need to be addressed. We encourage readers to share their reactions and reflections in the comments section. Also, stay tuned for a follow-up article reviewing some of the key distinctions and nuances among these same mechanisms.

***

Among large multilateral health financing mechanisms, there are four primary players: the Global Fund, the World Bank's Global Financing Facility in Support of Every Woman Every

Child (GFF), Gavi, the Vaccine Alliance (Gavi) and Unitaid. Saving lives by controlling and ending epidemics of communicable disease in developing countries is a unifying mission of all four mechanisms, with HIV, TB and malaria emerging as the top diseases they fund. And their synchronicities go beyond mission. For example, as noted in GFF's own frequently asked questions, the Global Fund and Gavi, "are working with the GFF both at the global level and in several countries to align funding and processes in order to be more effective." The four institutions share a lot, including sources and destinations of revenue, leadership (such as board members and seats) and strategic objectives. Some of the commonalities among strategic objectives, recipient countries and donors are reviewed below.

Strategic objectives

There is significant alignment among the topline strategic objectives of the mechanisms. Notably, all of them began in 2016 or 2017. (However, end dates range from 2020 [Gavi] to 2030 [GFF].) Three of the four have strategic plans with 3-4 core objectives. However, GFF operates on a business model instead and, therefore, is an outlier in this context. Three shared themes emerge when you hold the remaining three strategies up to one another: getting more health products and services to more people, strengthening overall health systems, and improved resources. Table 1 presents how the top-level strategic objectives for each mechanism line up with these themes. The parenthetical numbers indicate which objective they are in their respective mechanism's strategy.

In many ways, the four mechanisms are seeking to achieve much of the same things. The differences (which surface more in mission than strategy) are that the Global Fund only focuses on three diseases; GFF targets the health of women and children; Gavi is for any disease state with existing or in-development vaccines; and Unitaid's focus is exclusively on products and their markets. Regrettably, only the Global Fund features a human rights-oriented objective at the top level – which it should be applauded for.

Notably, market shaping is a significant thrust of at least Gavi, Unitaid and the Global Fund. The Fund has had a specific market shaping strategy since 2007; it was updated in 2011 and 2015. In its 2015 update, the Fund specifically lays out how it partners with other entities that are also engaged in market shaping. Unitaid figures very prominently. In fact, there is specific discussion of the "harmonization" of the Global Fund and Unitaid market shaping frameworks.

There are layers to the alignment of these mechanisms' strategies and approaches, which are only touched on here. On the one hand, it is reassuring to see synergy among the mechanisms. On the other, it raises reasonable questions about duplication and redundancy of their missions.

Table 1 – Strategic objectives by theme

Theme	Global Fund	Gavi	Unitaid
More products to more people	Maximize impact against HIV, TB and malaria (1)	The vaccine goal: Accelerate equitable uptake and coverage of vaccines (1)	Catalyze equitable access to better health products (2)
Health systems strengthening	Build resilient and sustainable systems for health (2)	The systems goal: Increase effectiveness and efficiencies of immunization delivery as an integrated part of strengthened health systems (2)	
		The sustainability goal: Improve sustainability of national immunization programmes (3)	
Improved resources	Mobilize increased resources (4)	The market shaping goal: Shape markets for vaccines and other immunization products (4)	Create the right conditions for scale up, so better health products reach all people who need them (3)
Other	Promote and protect human rights and gender equality (3)		Promote innovation (1)

Recipient countries

Strategic objectives are abstract, and open to interpretation. But where the money goes is observable. The alignment in strategies of the mechanisms is matched by the overlap in recipient countries. This makes sense, of course, because each mechanism's mandate is to direct resources to lower income countries, of which there is a limited universe.

We compared the 10 countries which have received the most cumulative funding from the Global Fund, Gavi, and Unitaid. GFF is again an outlier here because it has funded fifteen countries total in its short life, and does not provide funding-level data on them. Nonetheless, GFF shares many of the same recipient countries as the others.

Six countries (Democratic Republic of Congo, India, Kenya, Nigeria, Tanzania and Uganda) appear on all three top 10 lists, which means that more than half of the top recipients for each of the Fund, Gavi and Unitaid, are the same countries. Of the 15 countries that appear across the three top 10 lists, only six (Bangladesh, Ghana, Pakistan, Sudan, Zambia and Zimbabwe) appear on just one mechanism's list of top recipients. See Table 2.

Table 2 – Top-funded countries by mechanism

Country	Global Fund	Gavi	Unitaid
DR Congo			
India			
Kenya			
Nigeria			
Tanzania			
Uganda			
Ethiopia			
Malawi			
Mozambique			
Bangladesh			
Ghana			
Pakistan			
Sudan			
Zambia			
Zimbabwe			

Thus there is significant overlap among the top recipients of aid among the multilateral mechanisms. But that is almost self-evident in an aid context: Those most in need should be getting the most resources. That these moneys and much more should be going to these countries is clear. However, the rationale for having four separate mechanisms to deliver aid with similar goals is not so clear. The waters are further muddied when it is considered that these moneys tend to originate from a lot of the same places.

Donor countries

Much as the recipient countries are shared among financing mechanisms, similar donors are involved across the group. The Global Fund is the outlier here in that more than fifty countries contribute to its budget. The other mechanisms have more contained donor lists. But if we look at the top Global Fund donors, they are the lead funders of the other three mechanisms as well. For example, six of the seven total donors to Gavi are among the top eleven Global Fund donors (U.K., U.S., Norway, Sweden, the Netherlands and Canada). Canada, Norway and the U.K. are the only country donors to the GFF, and all three are major donors to at least two of the other three mechanisms.

Seven Donors are the big weight among all four mechanisms

Canada – France – the Netherlands – Norway – Sweden – United Kingdom – United States

The donor side of this equation is probably the least straightforward of them all, when thinking about duplication and redundancy. Mobilizing resources of this magnitude is a long and delicate game, and streamlining processes does not necessarily mean better outcomes for the bottom line (i.e. recipients). So it may be true that posing four discrete asks to national legislatures is the best way to maximize contributions to the efforts represented by the mechanisms. It may also not be true.

***

The preceding analysis is admittedly superficial. There are innumerable political, moral and procedural imperatives at play. It will be important to dig much deeper than we have here, but what does this level of analysis tell us about what those outside of global health circles see when they look at health financing? They might see a bunch of organizations that seem to be trying to do the same thing, for the same people, with the same countries footing the bill. Where one person sees harmony, another may see duplication. Which is it?

The following questions are directed to GFO readers for reflection and comment with respect to the facts and analysis presented in this article. Your input is welcomed and may help GFO set a course on future analyses of the global health financing arena.

1. If the mechanisms have similar missions and strategic objectives, and many of the same recipients and donors, what is the rationale for separation? Might the objectives and recipients, if not the donors, be best served by consolidation of the mechanisms?

2. Does the political nature of securing contributions to the four mechanisms mean that four asks are better than one?

TOP

4. NEWS: At least 17 components will be using the transition application during 2017-2019 allocation period

Twelve components will receive "transition funding" directly

David Garmaise 13 February 2017

Applicants for at least 17 components from 13 countries will be using an application form tailored to transition (in short, a transition application) when they apply for funding from their 2017-2019 allocations.

Most of them will be doing so because the components are no longer eligible for "regular" funding. The Global Fund's Eligibility Policy states that "countries or components funded under an existing grant that become ineligible may receive funding for up to one additional allocation period following their change in eligibility." This additional allocation period is known as "transition funding."

Other applicants will be using a transition application because the Global Fund has requested it. Still others will be using a transition approach because they have decided to "opt-in" in one way or another.

There are 12 components receiving transition funding and using a transition application. They are as follows:

Albania HIV
Albania TB
Algeria HIV
Belize TB
Botswana malaria
Cuba HIV
Dominican Republic TB
Panama TB
Paraguay TB
Sri Lanka malaria
Suriname TB
Turkmenistan TB

Countries that have one or more components receiving transition funding were notified of this fact in their allocation letters. For example, the allocation letter for Belize states:

> "**Transition Funding.** As per the Global Fund's eligibility policy, Belize is no longer eligible for TB funding. Following the change in eligibility, this disease component has received transition funding for one allocation period to support transition to full domestic financing of activities currently financed by the Global Fund."

Although not on the above list, Iraq will also be receiving transition funding for its TB component. The Secretariat told Aidspan that Iraq TB is "exceptionally" eligible for a continuation of transition funding under the Global Fund's Challenging Operating Environment (COE) Policy. Iraq will apply using a COE funding application, not a transition application.

The other components for which applicants will be using a transition application (or a transition approach) are: Belize HIV, Malaysia HIV, Panama HIV, Romania TB and Suriname HIV. Here is some additional information on these components:

> **Belize HIV.** Belize will use the transition application for its HIV component because it will be submitting a joint TB/HIV funding request. (Belize TB is on the above list of countries receiving transition funding.)
>
> **Malaysia HIV.** Malaysia will use the transition application for its HIV component because the Global Fund has projected that Malaysia may be reclassified as high-income in the near future. High-income countries are not eligible for transition funding, so the Fund believes that Malaysia should prepare for transition now.
>
> **Panama HIV.** Panama will use the transition application for its HIV component for the same reason.
>
> **Romania TB.** Romania is following a transition approach because the country is moving towards fully funding and implementing its program independent of Global Fund support.
>
> **Suriname HIV.** Suriname will use the transition application for its HIV component because it will be submitting a joint TB/HIV funding request. (Suriname TB is on the above list of countries receiving transition funding.)

There are two components for which a transition application will not be submitted even though the Global Fund's 2017 Eligibility List says that they are eligible for transition funding: Bulgaria TB and Paraguay malaria.

The Secretariat told Aidspan that in June 2015, the Board was informed that the existing TB grant to the Ministry of Health (BGR-T-MOH) was developed and negotiated with the understanding that Bulgaria would not receive further funding from the Global Fund, and that the necessary measures for a successful transition to domestic funding would be adopted during the program's implementation.

Regarding Paraguay, the Secretariat informed Aidspan that the burden of malaria in Paraguay is extremely low, and that there have been no home-grown cases for the last few years. The current malaria grant has a goal of supporting Paraguay to accelerate the path toward being awarded the WHO Malaria Elimination Certification by the end of 2018. Given this, during the Global Fund's qualitative adjustment process it was determined that no funds should be allocated to Paraguay for malaria. The hope is that Paraguay will receive the WHO malaria-free certification by the end of 2018 (when the current grant ends).

Countries submitting a transition application are required to develop a transition work plan. The work plan must be submitted prior to, or at the time of, the submission of the funding request. Applicants are advised to conduct a transition readiness assessment (TRA) prior to developing their transition work plans. Both the TRA and the work plans are mentioned in the instructions that the Secretariat has developed for funding requests tailored to transition.

The Fund's Eligibility Policy states that "Transition Funding should be used solely to fund activities included in the country's transition work-plan." In its instructions for transition applications, the Global Fund states that at the time of the final transition grant most service delivery activities and most procurement of health products should already be domestically funded.

In October 2016, the Fund released a list of transitions that it projected would occur by 2025.

TOP

---

5. NEWS: HIV prevention advocates push Global Fund for more expenditure data

In bid to improve lobbying efforts, activists look for more information on how much money goes to prevention activities

Andrew Green 12 February 2017

The Global Fund has pledged to re-energize HIV prevention and, in line with that commitment, civil society groups are calling on the Fund to offer more explicit data on how much it spends on these efforts. That includes not only overall expenditure data, but also granular information, like spending at a country level and spending on specific interventions.

In November 2016, Global Fund Executive Director Mark Dybul acknowledged in an article on the Fund's website that in the global effort to end the HIV epidemic, prevention efforts have lagged behind treatment, highlighting a rate of new infections among adults – 190,000 in 2015 – that has remained steady since 2010. And he vowed the Global Fund would increase its efforts.

"At the Global Fund, we are committed to doing more to boost HIV prevention efforts among all the people who have been left behind in HIV prevention," he wrote. "We will work to accelerate access to comprehensive HIV services – including provision of combination prevention interventions – among key and vulnerable populations, and investing in people-centered and community-led responses."

The problem, civil society groups say, is there is no way to know to what extent the Global Fund has or will ultimately contribute to these efforts. That makes it difficult to gauge the impact of the Global Fund's expenditures and to help advocate for more money for the Fund.

"The Global Fund has initiated this new prevention focus reimagining prevention," said Kevin Fisher, the policy director at AVAC, a global prevention advocacy organization. "It might all be going well. There's not really a way to know."

As an example of what advocates are looking for, he pointed to the President's Emergency Plan for AIDS Relief (PEPFAR) – the United States' bilateral response to the HIV epidemic.

PEPFAR provides detailed breakdowns of prevention expenditures on a national and even sub-national level.

Fisher suspects the reason the Global Fund does not provide more detailed information is that the Fund is dependent on implementing partners to provide this data, while PEPFAR runs its own programs. Global Fund representatives did not respond to a request for comment.

What is certain, Fisher said, is that the Global Fund provides critical financial support for prevention services. This includes money for safe male medical circumcision, targeted prevention interventions for key populations, and an increased focus on prevention services for adolescent girls and young women.

These interventions are three of the five prevention pillars UNAIDS has underscored as critical to ending the AIDS epidemic by 2030 in line with its fast-track strategy. Along with country-level information, Fisher said advocates would welcome more details on how much the Global Fund is spending on each of these initiatives. This could be instrumental in leveraging additional money, both for the Global Fund, but also more generally – in line with UNAIDS' call for strengthening the financial commitment to prevention.

"This would be helpful as we make the case that the Global Fund is doing tremendously important work in prevention" Fisher said. "We know that they are doing circumcision work. We know that they're doing primary prevention for key populations." To know how much the Fund is specifically spending on each "would be tremendously helpful."

It would be helpful especially since advocating for additional money to allow the Global Fund to expand its prevention work could be more necessary than ever in a political landscape where it is uncertain to what extent the U.S. will maintain its role as a leader in the global HIV response.

Already, Fisher said, the Global Fund might be called on to provide more support to organizations who will see funding cuts after the Trump administration introduced an expanded global gag rule. The rule prevents organizations receiving U.S. funding for global health work from providing abortion services or discussing abortion as an option with clients. A service provider who declines to adhere to this restriction might soon be in search of other funding sources.

Fisher said there are also concerns about possible cuts to organizations that provide services to key populations, including sex workers and men who have sex with men.

"We don't really know what the new administration's view on prevention services for key populations will be and whether it's possible the Global Fund might have a bit more leeway in serving MSM or sex worker or other groups," he said.

There are some indications of where the Global Fund's money is going. In UNAIDS' 2016 Prevention Gap Report, the agency acknowledged that while detailed expenditures from the Global Fund were not available, the Global Fund Secretariat did conduct a preliminary

analysis for the publication that indicated 14% of the Fund's expenditures in 2014 were on primary prevention.

Fisher said it might also be possible to go back to individual grant agreements to determine how much Global Fund money was allocated for prevention efforts, though that would not necessarily translate into expenditures.

Advocates have not made an explicit request to the Global Fund for this information, though the issue has been raised informally during discussions with officials there, Fisher said. He added that there are some recent developments that might be useful.

In June 2016, the Global Fund Board adopted new key performance indicators (KPIs) that include extending tracking of services for key populations to cover both treatment and prevention. Though the board approved the KPIs, it has yet to set targets.

Fisher cautioned that it is still unclear whether the Fund will make the data it gathers as part of the KPIs publicly available and, if it does, when that information will ultimately be released

TOP

6. NEWS: Board approves additional funding from the 2014-2016 allocations

David Garmaise 12 February 2017

All of the attention lately has been on the allocations for 2017-2019, but funding related to the 2014-2016 allocations continues to be awarded at a steady pace. In December 2016, in a flurry of activity, the Global Fund Board approved funding in five different categories.

The Board authorized funding from the 2014-2016 allocations for both country and regional applicants that had not previously received funding from the allocations. The Board also approved additional funding from portfolio optimization (i.e. reinvestment of forecasted unspent funds across the Fund's grant portfolio) for shortened grants and early applicants. In addition, the Board approved funding for initiatives on the Unfunded Quality Demand (UQD) register. Finally, the Board approved additional funding ("reinvestments") from savings achieved in programs that have already been funded under the 2014-2016 allocations.

All of the awards were based on recommendations of the Grant Approvals Committee (GAC).

In this article, we provide an overview of these latest approvals.

Additional funding for country applicants

The Board approved $40.5 million for six grants from five components and countries. The biggest award went to Bolivia TB ($10.7 million), but probably the most significant award was the one to the State of Lagos in Nigeria. This is the first time the Fund has awarded

funding to a state government in Nigeria. Funding states or provinces directly is one of the strategies the Fund said it will be further exploring to mitigate risk and increase impact in large countries with a federal structure of government. Lagos received $9.6 million which was reprogrammed from existing funds within the federal NGA-H-NACA grant for its HIV program. See Table 1 for details on the funding awards to country applicants.

Table 1: Funding for country grants approved by the Global Fund, December 2016 ($ million)

Country (component)	Grant name	Grant end date	Principal recipient	Approved funding		
				Existing	New	Total
Algeria (HIV)	DZA-H-MOH	2019-12-31	Ministry of Health	0.0 m	6.5 m	6.5 m
Bolivia (TB)	BOL-T-UNDP	2019-12-31	UNDP	0.0 m	10.7 m	10.7 m[1]
El Salvador (HIV)	SLV-H-MOH	2018-12-31	Ministry of Health	3.8 m	1.3 m	5.1 m
	SLV-H-PLAN	2018-12-31	Plan International	2.2 m	4.8 m	7.0 m
Guyana (malaria)	GYA-M-MOH	2019-12-31	Ministry of Health	1.2 m	0.4 m	1.6 m
Nigeria (HIV)	NGA-H-LSMOH	2017-12-31	Lagos MOH	9.6 m	0.0 m	9.6 m[2]
TOTALS				**16.8 m**	**23.7 m**	**40.5 m**

[1] $1.7 million was added to the unfunded quality demand (UQD) register.
[2] This is not additional to what has already been approved for Nigeria.

See separate article in this issue for additional information on some of these country awards.

Additional funding for regional applicants

Four regional programs received $23.4 million. The biggest award went to the MOSASWA Cross-Border Initiative for a malaria grant ($9.8 million). See Table 2 for details on all four awards.

Table 2: Funding for regional grants approved by the Global Fund, December 2016 ($ million)

Applicant	Component	Grant name	Grant end date	Approved Funding
Alliance for Public Health Ukraine	TB/HIV	QMZ-C-APH	2019-12-31	3.9 m
Asian Pacific Network of People Living with HIV/AIDS (APN+)	HIV	QSA-H-APN+	(2020-03-31)	3.6 m[1]
Australian Federation of AIDS Organizations (AFAO)	HIV	QSE-H-AFAO	2018-12-31	2.3 m
ITPC-West Africa	HIV	QPR-H-ITPC	2019-12-31	3.8 m[2]
MOSASWA Cross-Border Initiative	Malaria	QPA-M-LSDI	2019-12-31	9.8 m[3]
TOTALS				**23.4 m**

[1] Conditional-Go. If the grant is approved, the end date would be 31 March 2020.
[2] Converted from euros at 1.0577
[3] This amount includes $4.0 million that was contributed by Goodbye Malaria, a private sector donor

See separate article in this issue for additional information on some of these regional awards.

Additional funding for shortened grants and early applicants

Two shortened and eight early applicant grants received additional funding in the amount of $138 million. The largest number of awards (six) went to Myanmar, an early applicant. The biggest awards also went to Myanmar grants – i.e. $26.3 million for a TB/HIV grant managed by UNOPS; $25.9 million for a TB/HIV grant managed by Save the Children; and $25.1 million for a malaria grant managed by UNOPS. See Table 3 for details on all of the awards in this category.

Table 3: Additional Funding for shortened grants and early applicants approved by the Global Fund, January 2017 ($ million)

Applicant (component)	Grant name	Principal recipient	Additional approved funding
EMMIE (malaria)	QMP-M-PSI	Population Services International	0.7 m
Iraq (TB)	IRQ-T-IOM	International Organization for Migration	3.0 m
Myanmar (malaria)	MYN-M-SCF	Save the Children	5.8 m
	MYN-M-UNOPS	UNOPS	25.1 m
Myanmar (TB/HIV)	MYN-H-SCF	Save the Children	25.8 m
	MYN-H-UNOPS	UNOPS	26.3 m
	MYN-T-SCF	Save the Children	5.5 m
	MYN-T-UNOPS	UNOPS	16.4 m
Regional Artemisinin Initiative (RAI) (Malaria)	QMU-M-UNOPS	UNOPS	15.5 m
Zimbabwe (malaria)	ZWE-M-MOHCC	Ministry of Health and Child Care	8.2 m
TOTAL			**132.3 m**

In all cases, the awards were designed to allow the components to provide services through to the end of 2017.

Funding for initiatives on UQD register

Seven unfunded quality demand initiatives from five countries were awarded $22 million in funding. See Table 4 for more details.

Table 4: Funding approved for UQD initiatives, January 2017 ($ million)

	Grant name	Principal recipient	Approved funding	Revised UQD[2]
Bangladesh (TB)	BGD-T-BRAC	BRAC	1.9 m	19.2 m
	BGD-T-NTP	National TB Program	2.1 m	
C.A.R. (TB/HIV)	CAF-C-IFRC	IFRC	4.6 m[1]	NIL
Philippines (TB)	PHL-T-PBSP	Philippine Business for Social Progress	5.3 m	NIL
Viet Nam (TB)	VNM-T-NTP	National TB Program	3.0 m	36.8 m
Myanmar (TB)	MYN-T-SCF	Save the Children	5.1 m	12.0 m[3]
	MYN-T-UNOPS	UNOPS		
TOTALS			**22.0 m**	**68.0 m**

[1] Converted from euros at 1.0577.
[2] This refers to how much is left in the UQD register for each country after these awards.
[3] With the $5.1 million in funding awarded, the UQD for Myanmar TB is reduced to zero. However, at the same time, new UQD for Myanmar TB/HIV as an early applicant receiving additional funding will be registered in the amount of $12.0 million.

Below, we provide additional information on the UQD initiatives listed in Table 4. Unless otherwise indicated, the source of the funding is portfolio optimization.

The **Philippines** was awarded $5.3 million to implement initiatives that were on the UQD register. The additional investment will focus on scaling up coverage of programmatic management of drug-resistant TB. The program aims to enrol an additional 1,100 MDR-TB patients in 2017 by transitioning newly enrolled patients to shorter regimen treatment. Activities supported by additional funds include procuring pharmaceuticals, health products and equipment; providing living support to patients; and expanding the decentralization of programmatic management of drug-resistant TB.

The $3 million in additional funding for **Viet Nam** will be used to conduct TB active case finding in communities in 24 additional districts in eight provinces; to expand the use of the nine-month regimen for MDR-TB treatment; to increase the percentage of notified cases of bacteriologically confirmed, drug resistant, Rifampacin-resistant TB or MDR-TB from 20.5% in 2013 to 65.6% in 2017; and to increase the percentage of HIV-positive registered ART patients undergoing TB treatment from 60.5% in 2013 to 90% in 2017.

The **Central African Republic** was awarded $4.6 million. The interventions that will be implemented with this money include the following: expanding ART; strengthening the capacity of the TB and HIV national programs; decentralizing MDR-TB case management through the procurement of GeneXpert machines and training of health and lab workers in three additional sites; and scaling up viral load testing.

Bangladesh received $4 million for UQD initiatives. Half of that money came from portfolio optimization. The other half came from a contribution made by Comic Relief, a private sector

donor. The additional investment will be used to expand the public-private mix in Bangladesh, focusing on a social enterprise model which has already been run as a successful pilot in three TB screening centers in Dhaka since 2014; and using a similar model to reach new urban settings and to leverage BRAC's extensive networks into the community.

The $5.1 million for **Myanmar** to fund UQD initiatives has been integrated into the budget for Myanmar TB/HIV early applicant funding (see Table 3).

TOP

7. NEWS: Additional information on the funding awards to country applicants

$41 million approved for six grants from five countries

David Garmaise 12 February 2017

As reported in a separate article in this issue, among the funding from the 2014-2016 allocations awarded by the Board in December, $40.5 million went to six grants from five components and countries that have not previous received funding. See the table for details.

Table: Funding for country grants approved by the Global Fund, December 2016 ($ million)

Country (component)	Grant name	Grant end date	Principal recipient	Approved funding		
				Existing	New	Total
Algeria (HIV)	DZA-H-MOH	2019-12-31	Ministry of Health	0.0 m	6.5 m	6.5 m
Bolivia (TB)	BOL-T-UNDP	2019-12-31	UNDP	0.0 m	10.7 m	10.7 m[1]
El Salvador (HIV)	SLV-H-MOH	2018-12-31	Ministry of Health	3.8 m	1.3 m	5.1 m
	SLV-H-PLAN	2018-12-31	Plan International	2.2 m	4.8 m	7.0 m
Guyana (malaria)	GYA-M-MOH	2019-12-31	Ministry of Health	1.2 m	0.4 m	1.6 m
Nigeria (HIV)	NGA-H-LSMOH	2017-12-31	Lagos MOH	9.6 m	0.0 m	9.6 m[2]
TOTALS				**16.8 m**	**23.7 m**	**40.5 m**

[1] $1.7 million was added to the unfunded quality demand (UQD) register.
[2] This is not additional to what has already been approved for Nigeria.

This article provides additional information on three of the awards.

Nigeria (HIV)

The award of $9.6 million to State of Lagos constitutes the first ever state level grant to Nigeria. The funding is for HIV and the principal recipient is the Lagos Ministry of Health. In its report to the Board, the Grant Approvals Committee (GAC) stated that this funding was part of a project piloting a decentralized portfolio management approach for Nigeria. The GAC said that "while the volume of financing represents less than 1% of the overall Nigeria portfolio, entering into a direct grant at the state level is a strategically important approach

aimed at reducing risk and improving impact." The GAC said the shift to state-level grants is expected to achieve greater impact over time "by both tailoring programmatic activities more precisely to state-specific contexts, as well as leveraging additional financial resources to address the large funding gap that currently exists in Nigeria."

The grant will contribute to the goal of the Lagos Ministry of Health to achieve 80% antiretroviral coverage by 2020. The grant includes providing clinical HIV services in all facilities in three high-burden local government areas: Epe, Ikorodu and Oshodi-Isolo. It is complementary to programs funded by PEPFAR which involve scaling up services in eight other local government areas in the state.

The grant will also contribute to the following planned outcomes:

- providing people living in the state of Lagos with access to high-quality, patient-centered prevention, diagnosis and treatment services for TB/HIV;
- reducing new HIV infections and improving the quality of life for those infected and affected within the state of Lagos; and
- decreasing HIV-related mortality per 100,000 population from 116 in 2013 to 70 in 2017.

According to the GAC, the state-level program is in line with the national strategic plan and national guidelines. The program will "report" to the Nigeria CCM "and other relevant national entities to ensure appropriate coordination."

In its report to the Board, the GAC noted that the State of Lagos has pledged significant domestic commitments to co-finance this program; that partners working with the state of Lagos were providing significant support – "high-level communications were ongoing between technical agencies, the Secretariat and the state government"; and that national-level programs were collaborating with the state of Lagos, particularly in relation to services for key populations and private sector health care (such as birthing centers).

It should be noted that the $9.6 million award to the State of Lagos represents reprogramming of existing funds to be transferred from a national grant, NGA-H-NACA, and so does not increase the total program budget previously approved by the Board for Nigeria TB/HIV.

With respect to domestic contributions, the GAC said that the State of Lagos has one of the highest health sector budgetary allocation in Nigeria, accounting for 9.7% of the State budget in 2016. The government has given priority to health sector spending and is aiming to improve health service delivery to the poor by ensuring universal access to an essential package of care; improving access to health services; increasing quality of care; and providing financial access for vulnerable groups. A dedicated budget line from the Ministry of Health shows a 24% increase in 2016. In addition, the State of Lagos has committed an additional $850,000 to health spending for 2017 to support health systems strengthening.

Bolivia (TB)

Bolivia received the highest award ($10.7 million) for a grant for which the principal recipient is UNDP. The goals of the Bolivia TB program are, by 2020, to reduce the incidence of TB by 17% and the mortality of TB/HIV co-infection by 15%. The strategies for achieving these goals include:

- providing services for the care, case detection, diagnosis and treatment of all forms of TB;
- strengthening care services and increasing the treatment success rate of MDR-TB; and
- ensuring the continuity of the cooperation and joint management mechanism between the TB/HIV programs.

Total domestic financial commitments amount to $21 million, representing 54% of total resources available for the next implementation period. Domestic financing will mainly cover the needs related to the procurement of second-line drugs, hospital services for MDR-TB patients, and management of adverse reactions to anti-TB drugs.

Algeria (HIV)

The award of $6.5 million to Algeria is the first Global Fund grant in Algeria since the closure of an HIV grant in 2008.

The HIV epidemic in Algeria is characterized as low but is concentrated in key populations. There are wide data gaps but prevalence in 2014 was estimated at 5.1% for sex workers, 6.8% for men who have sex with men, and 1.1% for people who inject drugs. The program focuses on these most-at-risk groups, as well as vulnerable populations such as people in prisons and mobile populations. The program aims to strengthen community stakeholders in order to mobilize funding and conduct fundraising activities to ensure sustainability of the activities following transition. (Algeria became ineligible for further HIV funding in 2017, which entitles the country to transition funding for its HIV component in 2017-2019.)

Strategies to achieve this goal include the following:

- making use of national health care facilities to extend the geographic coverage of HIV testing;
- developing actions that target prevention and reduction of the risk of sexually transmitted infections and HIV; and
- developing a system for referring HIV-positive people between referral centers and health care facilities.

The grant will also contribute to the following planned outcomes:

- increasing the percentage of people living with HIV on anti-retroviral therapy who have an undetectable viral load after 12 months from 53% in 2015 to 77% in 2018;
- increasing the percentage of sex workers who take a HIV test over the reporting period and who know the results from 29.5% in 2014 to 40% in 2018;

- increasing the percentage of men who have sex with men who take an HIV test over the reporting period and who know the results from 31% in 2015 to 37% in 2018; and
- increasing the percentage of people who inject drugs who take a HIV test over the reporting period and who know the results up to 24% in 2018.

Total domestic financial commitments amount to $111,794,085, representing 95% of total resources available for the next implementation period. Government HIV commitments represent a 54% increase compared to the previous implementation period. According to the GAC, the Secretariat will work with local authorities to seek private and domestic funding for key population interventions, prioritizing those essential services currently most reliant on external sources in order to avoid service interruption.

Because this is a transition grant, it calls for the development of a sustainability plan within three years. A program management unit is currently being put in place; it will include staff from the Ministry of Health.

TOP

8. NEWS: More information on funding awarded to regional applicants

$23 million approved for five programs

David Garmaise 12 February 2017

As reported in a separate article in this issue, among the funding from the 2014-2016 allocations awarded by the Board in December, $23.4 million went to five regional programs that had not previously received funding. See the table for details.

Table: Funding for regional grants approved by the Global Fund, December 2016 ($ million)

Applicant	Component	Grant name	Grant end date	Approved Funding
Alliance for Public Health Ukraine	TB/HIV	QMZ-C-APH	2019-12-31	3.9 m
Asian Pacific Network of People Living with HIV/AIDS (APN+)	HIV	QSA-H-APN+	(2020-03-31)	3.6 m[1]
Australian Federation of AIDS Organizations (AFAO)	HIV	QSE-H-AFAO	2018-12-31	2.3 m
ITPC-West Africa	HIV	QPR-H-ITPC	2019-12-31	3.8 m[2]
MOSASWA Cross-Border Initiative	Malaria	QPA-M-LSDI	2019-12-31	9.8 m[3]
TOTALS				**23.4 m**

[1] Conditional-Go. If the grant is approved, the end date would be 31 March 2020.
[2] Converted from euros at 1.0577.
[3] This amount includes $4.0 million that was contributed by Goodbye Malaria, a private sector donor.

This article provides additional information on three of the awards.

MOSASWA Cross-Border Initiative (malaria) (Southern Africa)

The MOSASWA cross-border initiative was awarded $9.8 million. It spans three countries: Mozambique, South Africa and Swaziland.

The funding request succeeded on its second try. When the concept note was submitted in March 2016, the Technical Review Panel did not recommend it for funding because it was not convinced that the proposed approach would generate the desired impact. After some discussion, it was decided that the applicant could revise and re-submit the concept note. The TRP and the Grant Approvals Committee (GAC) found the re-submitted note to be more strategically focused.

Of the $9.8 million awarded, $4.0 million comes from Goodbye Malaria, a private sector donor, who approached the Secretariat with an offer to provide the program with additional funding. An agreement with the donor was signed in November 2016. The money will be used to expand interventions in the concept note.

The GAC said that while South Africa and Swaziland have relatively low malaria case burdens and are on the road towards elimination, malaria prevalence in Mozambique reaches 55% in some areas. Malaria is still the major cause of morbidity and mortality in Mozambique, accounting for 44% of all outpatient consultations and 29% of hospital deaths. The goal of the program is to work collaboratively to accelerate the malaria response from control to pre-elimination in southern Mozambique and accelerate the transition from pre-elimination to elimination of malaria in Swaziland and South Africa. It aims to achieve zero local transmission in Swaziland, South Africa and Maputo province in Mozambique by 2020, and achieve pre-elimination status elsewhere in southern Mozambique by 2025.

Alliance for Public Health Ukraine (TB/HIV) (EECA)

The Alliance for Public Health Ukraine was awarded $3.9 million for a regional TB/HIV grant.

This is another request that took two tries to make it. At first the TRP did not recommend the concept note for funding because it was not convinced that the focus was strategic. However, following a discussion between the TRP and the GAC, it was agreed that the request could proceed to grant-making with a new focus: a pilot program targeting cities in Eastern Europe and Central Asia with highest disease burden to maximize impact on regional epidemics. The idea was that cities would be prioritized for inclusion in the regional program based on (a) their ability to commit resources (financial or in-kind) and (b) the likelihood that implementation during the pilot phase would be effective.

The pilot program will be implemented in five cities: Almaty, Kazakhstan; Beltsi (Balti), Moldova; Odesa, Ukraine; Sofia, Bulgaria; and Tbilisi, Georgia. The program has the following objectives:

- to develop and implement a model to reach the 90-90-90 targets for the HIV and TB response for key populations;
- to establish effective partnerships between municipalities and non-governmental and civil society organizations;
- to ensure sustainable commitments of municipal funding for key population programs; and
- to increase knowledge management and promote responses on HIV and TB among cities.

The GAC also requested the applicant to work closely with the Secretariat to address issues of sustainability and responsible transition from Global Fund resources to other sources of sustainable long-term funding. In addition, the GAC recommended investment in operational research to establish effectiveness of this pilot program and documentation of lessons learned to inform future strategic investment decisions and scale-up.

APN+ (HIV) (Asia-Pacific)

The Board has conditionally approved $3.6 million for the regional HIV grant managed by the Asia Pacific Network of People Living with HIV. The funds would be added to an existing APN+ grant which ended on 30 September 2016. The grant was awarded a six-month non-costed extension which will run until 31 March 2017. The rationale for the extension is to enable the grant to continue while the applicant meets the conditions attached to this award.

The funds would support a program that is to be implemented in 11 countries – Bangladesh, Cambodia, Indonesia, Lao, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam – where HIV epidemics are concentrated in key populations, including men who have sex with men, transgender people and people who inject drugs. The GAC said that these groups face stigma, discrimination, human rights abuses, coercion and criminalization, often resulting in limited access, uptake and poor retention in care. “Despite the relatively high HIV incidence amongst these key populations, there is limited evidence on which to base advocacy and programs for them.”

According to the GAC, the program seeks to capitalize on the strength of regional networks that have more influence than country-level networks of the targeted key populations, which may not be well positioned to advocate on key legal and regulatory issues. The strategic focus and added value of APN+ are critical in promoting a comprehensive package of services in the region and in improving treatment coverage data among key populations and people living with HIV.

So, why is approval of these funds conditional? The report of the GAC to the Board states that the Secretariat had major concerns about the way the current grant is being implemented,

concerns such as unsatisfactory grant documentation; TRP clarifications that have not been sufficiently addressed by the applicant; and inadequate country-level implementation arrangements and implementer capacity. So, the new grant will complete grant-making only if the following conditions are met:

- A new program management unit must be in place by 15 March 2017. It must include a program manager, a monitoring and evaluation officer, and a finance officer dedicated to the grant.
- The new program management unit must complete the grant budget negotiations, by no later than 1 April 2017.
- All issues requested for clarification by the TRP must be answered to the satisfaction of the TRP and/or the Global Fund Secretariat, as relevant, by 31 January 2017.

TOP

9. ANNOUNCEMENT: New publication makes the case for continued U.S. investment in the Global Fund

Aidspan staff 12 February 2017

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria has published an issues brief on *The Case for U.S. Investment in the Global Fund and Global Health*.

As the title makes clear, this 8-page brief makes the case for the U.S. continuing to invest in global health generally, and in the Global Fund. “By challenging the status quo in how the world fights disease,” the brief says, “the Global Fund represents an efficient and innovative model of U.S. health leadership and diplomacy. U.S. investment in global health represents one of the few areas that have won consistent, bipartisan American support, or produced such concrete economic, security and humanitarian gains for the U.S. and the world.”

The brief will be welcomed by many people concerned about the impact that the change of administration in the U.S. might have on that country’s development aid.

TOP

10. ERRATUM: Amounts invested in targeted prevention activities for AGYW in two countries

Aidspan staff 30 January 2017

In an article on investments in adolescent girls and young women (AGYW) in GFO #304, we incorrectly stated the amount invested in targeted prevention activities among AGYW in two countries: Kenya and Mozambique.

The corrected article is available here. The changes have also been made in the Word and PDF versions of GFO #304, available on that same page.

TOP

This is issue #305 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).

TOP