Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

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BY DAVID GARMAISE

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BY AIDSPAN STAFF

The Developing Country NGO Delegation to the Board is seeking new members.

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Board members chose not to consider either of the two short-listed candidates

David Garmaise 28 February 2017

Citing concerns about the process, the Global Fund Board has decided to prolong the search for a new executive director.

The decision was taken on 27 February at the Board Retreat in Geneva, Switzerland. "Due to issues encountered in the recruitment process, the Board felt they were unable to bring the process to conclusion," the Fund said in a brief news release. "While expressing its complete support for the work of the Nomination Committee, the Board decided to restart the process."

Until recently, the Fund had been expected to choose between the candidates who had been short-listed by the Board's Executive Director Nomination Committee (EDNC). When the Board Retreat got underway, there were two candidates, as follows:

- Dr Muhammad Ali Pate, a visiting scholar at Harvard's Chan School of Public health, a former World Bank health specialist, and a former health minister of Nigeria; and
- Subhanu Saxena, a drug executive who in August 2016 stepped down as chief executive of Cipla, a major Indian pharmaceutical company.

However, in the days leading up to the Board meeting, concerns about the process began to take center stage. In the end, Aidspan understands, the two candidates were not even interviewed by the full Board.

The EDNC had also listed a third candidate – Helen Clark, Administrator of the United Nations Development Programme (UNDP) and a former prime minister of New Zealand – but she dropped out of the race well before the Board Retreat.

The EDNC was chaired by Jan Paehler, the vice-chair of the Board's Ethics and Governance Committee, and included Amy Baker, Michèle Boccoz, Sarah Boulton, Hristijan Jankuloski, Vinand Nantulya, Filipe da Costa from various Board delegations; and two independent members, Eric Goosby and Mphu Ramatlapeng.

"The Board is committed to a process that adheres to the highest possible standards, and is fair, transparent, merit-based, and conducted with due diligence and professionalism," said Norbert Hauser, Chair of the Board.

"The Board's overarching priority is to continue looking for a new Executive Director to provide visionary leadership and implement an ambitious new strategy to end AIDS,

tuberculosis and malaria as epidemics" the news release said. It added that more information would be provided as soon as possible.

Events leading up to the decision

It has been a tumultuous couple of weeks.

As we reported in our last issue, on 13 February the final report of the EDNC was sent to Board members and alternates via a secure portal. The report contained the names of the finalists for the position (i.e. the short list) as well as a rationale for picking them. The committee had been mandated to provide up to four names. Board members and alternates were asked to keep the list strictly confidential.

However, as seemed inevitable, word leaked out as to who the final candidates were. Emails were flying in all directions, but the first person to "go public" with the information was Donald McNeil of the New York Times. McNeil revealed that there were three candidates on the list and he identified them as Dr Pate, Mr Saxena and Ms Clark.

McNeil wrote that whoever is selected would likely draw harsh scrutiny from the Fund's largest donor, the U.S. "While all might have been considered excellent candidates for the job in earlier years, global health officials are worried that their backgrounds could push the Trump administration away from historical commitments to the Fund."

(The United States has always donated a third of the Global Fund's budget and is by far its greatest source of support.)

McNeil said that Dr Pate has used Twitter posts to call Mr Trump a fascist, saying he has much in common with ISIS for his anti-Muslim stance. (Later in the same article, McNeil explained that Dr Pate did not say these things about Mr Trump directly. Rather, he re-tweeted tweets from other people saying these things.)

Concerning Mr Saxena, McNeil wrote that "American officials may look askance at the hiring of an executive from a large pharmaceutical company for whom the Global Fund has been a major customer. By 2015, six million Africans were receiving antiretroviral drugs made by Cipla."

Regarding Ms Clark, McNeil said that "the Trump administration has expressed hostility toward United Nations programs." He added that the administration has considered cutting its support for U.N. international operations by at least 40%.

McNeil quoted Seth Faison, the Global Fund's Director of Communications, as saying that no candidate should withdraw.

"Lots of people said things about Trump during the campaign who now are working with him," he said of Dr Pate.

Of Mr. Saxena and Ms. Clark, Faison said that U.N. connections and business connections were unavoidable in virtually any candidate not from a major donor country. The director

does not oversee buying from drug companies, he said, and the Fund gives money to many recipients, including $300 million to UNDP and $800 million to Nigeria.

“Anyone who ever worked in any government that got funds from the Global Fund would be off limits, which is not realistic,” Faison said. A director could recuse himself from decisions with potential conflicts, Faison added, and a different fund representative could approach the U.S. during the next appeal for donations.

Aidspan understands that on 14 February, in a letter to Board Chair Norbert Hauser, Ms Clark withdrew from the race. She was critical of the selection process. The letter was not made public. Shortly after, Aidspan understands, Jan Paehler, Chair of the EDNC, sent a letter to the Board refuting Ms Clark criticism of the selection process.

Later, on 17 February, an article in Firstpost revealed that the three finalists had been ranked by the Nomination Committee in the following order: Dr Pate, Mr Saxena and Ms Clark.

Prior to the deliberations of the full Board, the two finalists were interviewed via teleconference by representatives of the three civil society constituencies on the Board – Dr Pate on 20 February, and Mr Saxena on 24 February.

Reaction

The reaction of people to what was transpiring made it clear that they were concerned about the suitability of the candidates as well as the selection process. Although no one was speaking publicly, the release of the names on the short list generated widespread consternation among many of the Global Fund’s constituencies.

Some of the concerns echoed what Donald McNeil reported in the New York Times – i.e. that at least two of the candidates on the list – Muhammed Pate and Subhanu Saxena – might antagonize U.S. officials. (Once Helen Clark withdrew, these were the only candidates left.)

Regarding Mr Pate, people questioned why the EDNC gave serious consideration to someone who had publicly attacked President Trump. In addition, people pointed out that in May 2013, the Nigerian Parliament adopted a very repressive anti-gay law while Mr Pate was working for the government. They said that Mr Pate did not speak out against the law, either then or after he left the government. Others claimed that Mr Pate has no record of any advocacy or support for LGBT rights or other key human rights issues.

With respect to Mr Saxena, people said that his recent tenure as CEO of Cipla raised questions about his suitability for the position of Executive Director of the Global Fund. They also pointed out that Saxena has no clear record of advocacy on human rights and gender equality issues.

Michael Igoe said in an article on 24 February in *Devex*, an online platform for development professionals, that *Devex* had spoken to several “well-placed global health and development leaders” and that “each expressed mixed feelings and some disappointment that the selection process had not generated candidates known for visionary global health leadership.”

In an article in *Science*Insider on 27 February, Jon Cohen said that Dr Pate told him in an email that he has no plans to reapply for the position. Dr Pate called the Board's decision "unfair and unjustified." Dr Pate later tweeted, "I think @GlobalFund board should resign for incompetence."

Finally, to put the Board's decision in perspective, objections have been raised about every E.D. candidate ever proposed to the Global Fund, including the current incumbent, Mark Dybul.

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2. NEWS and ANALYSIS: MENA workshop promotes engagement of key populations

MSM and KP advocates' Global Fund knowledge enhanced and action plans developed at start of new allocation period

Charlie Baran 27 February 2017

A workshop attended by representatives of networks of men who have sex with men (MSM), and other Global Fund stakeholders, has produced a series of country work plans designed to "assert the voice of key populations in country coordinating mechanisms (CCMs)" throughout the Middle East and North Africa region (MENA).

"The most important outcome of the workshop, in my view, was the work plans that participants developed," said meeting co-organizer, Zakaria Bahtout of the Marrakech-based International Treatment Preparedness Coalition-MENA, or ITPC-MENA, host of the Fund's MENA Regional Coordination and Communication Platform. "They will be a kind of road map that will guide them to have more impact on the work of CCMs," including the development of funding requests and oversight of program implementation. The country work plans, which are owned by the organizations who attended the workshop, were careful to consider the particulars of each country's CCM membership, and the funding request's application type, scope, and timeline (i.e. anticipated submission window).

The workshop, part of a larger effort to strengthen the engagement of key population networks in Global Fund grants in the MENA region, was held in Marrakech, Morocco on 19 and 20 December 2016. It was co-hosted by ITPC-MENA, M-Coalition – a fairly new network of MSM organizations in MENA – and the Global Forum on MSM and HIV (MSMGF). The MENA Regional Coordination and Communication Platform, a component of the Community, Rights and Gender Strategic Initiative, which is hosted by ITPC-MENA, developed a strategic partnership with M-Coalition and, jointly, they convened the workshop. Participants included MSM advocates and CCM members from Algeria, Egypt, Lebanon, Mauritania, Morocco and Tunisia.

According to the meeting organizers, the goal of the workshop was, "to support key population leaders and organizations in the MENA region to engage with and make the best

use of the Global Fund or other relevant funding opportunities to support their country-level programming." The workshop facilitator, Canadian Global Fund veteran and independent health and development consultant Michael O'Connor, led the group through sessions on understanding and engaging with Global Fund processes, such as country dialogue, funding request development, grant-making, grant implementation and program monitoring.

"The emphasis was on equipping specific key population representatives and getting them up to speed on Global Fund processes. But having CCM representatives was also very helpful, as they are direct entry points for follow-up back in their respective countries," said Nadia Rafif, an ITPC-MENA board member, MSMGF's policy director, and a meeting co-facilitator.

The exchange among CCM members was a key added value of the workshop, according to M-Coalition's Executive Director Elie Ballan. "In my opinion, the most important outcome of the meeting was the sharing of experiences of CCM representatives among each other. Being a representative of a key population on a CCM has its own obstacles, from having one's voice heard and input taken into account, all the way to defying stigma surrounding one's position. Thus having CCM members explain their experience and how they dealt with different situations [helped advocates see] better ways to raise concerns and key issues in CCM meetings."

"Although … there were representatives of MSM and people living with HIV at the workshop, it would have been even more impactful to also have representatives of other key populations and more countries working with the Global Fund, as that would have given a deeper perspective and further discussion to examine and learn from more case studies from the region," noted Mr Ballan.

Next steps

Mr Bahtout, the workshop co-organizer, felt good about the fact that the meeting accomplished its objectives. He indicated that many of the MSM representatives described themselves as ignorant about the Global Fund at the beginning of the meeting, but left feeling "enabled to get more involved in all negotiations related to the Global Fund and their CCMs."

At the end of the workshop, representatives of each country made commitments to specific actions they would take once they got home, in the form of the country work plans. Commitments included reporting back to local civil society and key population stakeholders, and their CCMs, on what was learned at the Marrakech meeting; finalizing and implementing the country work plans they developed; and ensuring the participation of key populations in upcoming CCM meetings and funding request development processes. The work plans, which are owned and implemented by the country-level organizations themselves, will all be finalized and activated by the end of the first quarter of 2017.

For its part, ITPC-MENA, as host of the Regional Communication and Coordination Platform, reiterated its mandate to "provide support to all civil society organizations in the region to access technical assistance regarding Global Fund processes as needed."

Barriers to working in MENA region surface

Although the workshop was a generally positive experience for those in attendance, some of the major challenges of working in the region were evident even before the workshop began.

“One problem is the under-representation of certain countries in the region which face extraordinary challenges, leaving them isolated from these kinds of dialogues,” said Ms Rafif. For example, participants from Syria, Palestine, Yemen and Iraq were unable to attend, due to ongoing political and military conflicts in those countries, and the resulting barriers to international travel for residents. Ms Rafif added that some invited participants from Sudan and Egypt were unable to attend because their visas were denied.

Early in the proceedings, one participant inquired about the absence of representatives from the Gulf States (specifically Bahrain, Kuwait, Qatar, Saudi Arabia and United Arab Emirates). The facilitators explained that because these countries were classified as “high income,” the Global Fund did not support any programs there. The absence of the Fund, and the political realities of some of the Gulf States means that there are few, if any, active networks of MSM there. Nonetheless, Mr Ballan made clear that M-Coalition was ready and willing to accept new members from the Gulf States, or anywhere else in the region.

The path forward for MENA Global Fund recipients is fraught with challenges and questions. When MENA countries do receive grants, they tend to be small – based on the Fund’s allocation model – and focused on services for key populations. The expectation is that the mostly middle-income countries will shoulder the bulk of the cost of their HIV, TB, and malaria responses. In fact, some MENA countries, such as Algeria, are marked for complete “transition” out of Global Fund support over the 2017-2019 period, with others to follow.

Thus a specter hangs over all the discussions in Marrakech and beyond: What will MSM and other key populations in the region do when the Fund leaves? The workshop’s organizers, presenters, and participants all hope that events like this will strengthen bonds and supports among marginalized communities in MENA so that they too can realize the Global Fund’s goals of ending the epidemics, with or without the Fund’s direct support.

In this context, Mr Ballan highlighted the importance of these types of dialogues, which involve stakeholders working in countries at various stages of Global Fund transition, and having a range of familiarity with the Fund and its processes.

“CCM representatives were able to understand different approaches to participating in CCM meetings through the experiences of CCM members from other countries,” Mr Ballan said. “Representatives of countries transitioning out or no longer eligible for the Global Fund had opportunities to discuss further planning to bridging the gap in the funding. It was also very beneficial for representatives who were working on the Global Fund for the first time,” allowing for a more in-depth understanding of the Fund and how to make it work best for key populations.

The overall trend is one of progress. As Ms Rafif observed, “Five years ago it would have been impossible to imagine key populations even having seats on CCMs in MENA. Now we have KP seats in Morocco, Tunisia and Algeria, and more to come soon.”

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3. NEWS: A private donation of $6 million for a gender-based violence intervention in South Africa

Funds are from a donor who wishes to remain anonymous

David Garmaise 28 February 2017

A private donor has provided $6 million to fund a gender-based violence intervention in South Africa. The intervention had been registered as unfunded quality demand (UQD).

In December 2016, the Global Fund signed an agreement with the donor, who wishes to remain anonymous.

The money will top up two existing TB/HIV grants. The Global Fund Board recently approved $2.8 million for Grant ZAF-C-AFSA, for which the principal recipient is the AIDS Foundation of South Africa. The Board also approved $3.2 million for Grant ZAF-C-NACOSA, which is being managed by the Networking HIV/AIDS Community of South Africa. The Board was acting on the recommendation of the Grant Approvals Committee.

The additional funding will support the two PRs to deliver a comprehensive package of services for survivors of rape and sexual violence in 11 prioritized Thuthuzela Care Centres, which offer services and shelter to the survivors of gender-based violence. Using an integrated approach to treatment and care, the PRs will deliver gender-based interventions for gender-based and intimate-partner-violence survivors, with a focus on young women and girls and other key populations.

The additional funds will allow the two grants to increase their targets. The number of gender-based and intimate-partner-violence survivors provided with service packages will increase by 66,922, allowing the program to reach 248,550 survivors. The number of gender-based and intimate-partner-violence survivors provided with HIV testing and counselling will increase by 46,338, allowing the program to reach 159,966 survivors.

The $6 million investment is the fourth private sector investment in the UQD register since it was established.

Thuthuzela Care Centers

According to SANGONeT, the Southern African NGO Network, Thuthuzela Care Centers (TCCs) are one-stop facilities that have been introduced as a critical part of South Africa’s anti-rape strategy, aiming to reduce secondary trauma for the victim, to improve conviction rates and to reduce the cycle time for finalizing cases. The Thuthuzela integrated approach to

rape care is one of respect, comfort, restoring dignity and ensuring justice for children and women who are victims of sexual violence.

There are 50 TCCs across South Africa.

Except where otherwise noted, the source of the information in this article is GF-B36-ER06, the GAC's funding recommendations to the Board. This document is not available on the Global Fund website.

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4. NEWS: New modular framework raises the profile of some key populations

Transgender people and prisoners receive greater emphasis than before

Gemma Oberth 27 February 2017

In December 2016, the Global Fund published a new Modular Framework Handbook. The modular approach is the Global Fund's way of organizing programmatic and financial information for each grant, sorting budget lines and performance targets according to set categories. The modular approach was first introduced with the new funding model and was implemented as part of the 2014-2016 funding cycle.

For the 2017-2019 cycle, the Fund no longer requires the modular template as an attachment to the funding request, but applicants must still articulate their requests using the modules and interventions laid out in the framework. The budget template and performance framework, two documents that form part of the funding request, are aligned to the modular approach. The new modular framework came into effect in January 2017, with several important updates and changes. The table below provides an updated list of modules, by component.

Some of the most notable changes are among the key population modules. First, the Global Fund has now separated activities for HIV prevention for men who have sex with men (MSM) and transgender (TG) people into two separate modules. Previously, these were combined into one module called "Prevention programs for MSM and TGs." The arbitrary lumping together of these two key populations had been criticized (see Lancet article), predominantly for masking or misclassifying epidemics among trans communities. MSM and TG have clear and distinct identities, social and sexual networks and public health needs. The disaggregation of MSM and TG programming (and indicators and targets) in the new modular framework is in line with the latest international guidance that conflation of MSM and TG should stop.

Another key population which is significantly elevated in the new modular framework is prisoners. Under the previous modular framework, activities for prisoners could fall under the HIV module called "prevention programs for other vulnerable populations (please specify)." And the TB care and prevention module had an intervention called "key affected populations" which could include active case finding among groups such as prisoners;

displaced people; migrants and ethnic minorities/indigenous populations; miners; children; urban poor; and the elderly.

Table: Updated modules for the 2017-2019 funding cycle

Component	Module
HIV	Prevention programs for general population
	Comprehensive prevention programs for men who have sex with men
	Comprehensive prevention programs for sex workers and their clients
	Comprehensive prevention programs for people who inject drugs and their partners
	Comprehensive prevention programs for transgender people
	Comprehensive programs for people in prisons and other closed settings
	Prevention programs for other vulnerable populations (please specify)
	Prevention programs for adolescents and youth, in and out of school
	Prevention of mother-to-child transmission
	HIV testing services
	Treatment, care and support
	TB/HIV
	Programs to reduce human rights-related barriers to HIV services
	Program management
TB	TB care and prevention
	TB/HIV
	Multidrug-resistant TB
	Program management
Malaria	Vector control
	Case management
	Specific prevention interventions
	Program management
RSSH	Procurement and supply chain management systems
	Health management information system and monitoring and evaluation
	Human resources for health, including community health workers
	Integrated service delivery and quality improvement
	Financial management systems
	National health strategies
	Community responses and systems
	Program management

In the new modular framework, there is a dedicated HIV module called “Comprehensive programs for people in prisons and other closed settings,” which covers a gamut of interventions including community empowerment; addressing stigma and discrimination; behavioural interventions; condoms and lubricant; pre-exposure prophylaxis (PrEP); harm reduction; sexually transmitted infection (STI) services; and prevention and management of co-morbidities. The new framework also updates the TB care and prevention module to include a specific intervention called “Key populations – Prisoners” which goes well beyond

active case finding to include infection control; mobile outreach, including regular chest x-rays; TB preventive therapy; linkages to care on exit from detention; and linkages to harm reduction programs for prisoners who use drugs.

Despite these improvements, there are some areas where the new modular framework falls short. Although gender and gender equality is a significant priority in the Global Fund's new Strategy 2017-2022, there is no stand-alone module that would facilitate countries to budget and program in this area. However, gender-based violence and treatment programs are listed as interventions in the HIV prevention modules for the general population and for adolescents and youth; and fall within the scope of some of the key population interventions.

There is also an intervention under the "Programs to reduce human rights-related barriers to HIV services" module called, "Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity." Finally, each TB module has an intervention on removing human rights and gender-related barriers.

Although this is a vast improvement over the modular template used in the previous funding cycle, some people maintain this may not be enough to end the gender inequalities that fuel the three diseases.

"We appreciate that gender and women are highlighted in many modules but given that a key objective of the Global Fund's new strategy is promoting gender equality, having a stand-alone module on gender, women and gender violence would have been helpful," said Sophie Dilmitis, Global Coordinator for Women4GlobalFund. "Having its own module could prevent countries from downplaying or sweeping gender under the rug of 'cross-cutting priorities,'" she said.

Another noticeable shortcoming in the new framework is the absence of specific modules for TB and malaria key and vulnerable populations. Where HIV has seven different modules dedicated to prevention programs for key and vulnerable populations, the other two diseases have none. Given that we have international guidance on who is considered a key and/or vulnerable population for TB and malaria, it is unclear why these are not prioritized commensurately in the new framework.

A third critique centers on why the framework only features prevention modules for key populations. Based on guidance in the latest implementation tools (see MSMIT, SWIT and TRANSIT), key population modules might be better crafted as comprehensive packages of care. The need to scale up treatment access among key populations is particularly glaring, something which the Global Fund's prevention-focused key population modules may not adequately address. For instance, while 70% of HIV-positive sex workers in Johannesburg know their status, only 24% are accessing life-saving antiretroviral therapy (ART). In Zimbabwe, just one in five young HIV-positive sex workers is on ART.

As countries gear up to submit their funding requests for the 2017-2019 funding cycle, Aidspan will monitor how countries make use of the new framework. Tracking which modules and interventions applicants choose to request funding for is often a good barometer

of national priorities. It will be telling to see how countries adapt to the changes in the Fund's framework.

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5. NEWS: Global Fund releases new resources related to the applications process

Applicant Handbook and Funding Request Status Tracker now available

David Garmaise 12 February 2017

The Global Fund has released two resources which will be of interest to persons involved in the applications process – an *Applicant Handbook*, designed to support applicants in the preparation of funding requests for the 2017-2019 funding cycle; and a Funding Request Status Tracker. This article provides information on both resources. It also reports on some items of interest contained in the Applicant Handbook.

Applicant Handbook

The Applicant Handbook offers practical information on the different stages of application process, along with guidance on best practices and lessons learned from the last funding cycle. The handbook contains some case studies. It also provides information on other resources that are available for each stage.

The main headings in the table of contents provide a quick summary of what the guide contains:

- What's in my allocation letter?
- What do I need to do before submitting a funding request?
- How do I prepare a program continuation request?
- How do I prepare a tailored and full review request?

The handbook also contains sections on the country coordinating mechanism (CCM) eligibility requirements and co-financing.

The section of the handbook on "What do I need to do before submitting a funding request?" includes a case study on the decision by Cambodia's CCM and technical partners to hire an engagement consultant to ensure that vulnerable communities were able to fully and meaningfully participate in the country dialogue.

Items of interest

Applicants were informed in their allocation letters what type of funding request they were recommended to submit. However, according to the handbook, applicants eligible to submit a program continuation request can decide to submit another type of funding request instead.

(As described in GFO articles here and here, there are three types of funding requests: program continuation, tailored review and full review. Tailored review is, in turn, divided into four sub-categories: material change, transition, challenging operating environments, and national strategy–based pilots.

(The Secretariat informed Aidspan that many applicants have the flexibility to select a different type of funding request. For example, a tailored to material change applicant could opt to do a different tailored request or a full request. The only applicants that lack the flexibility to change the type of funding request are those that the Secretariat has identified as full or tailored to transition.)

The handbook says that program continuation requests for grants that are scheduled to start earlier than 1 July 2018 must be submitted in the first window, the deadline for which is 20 March 2017. For grants that start on or after 1 July 2018, the requests must be submitted in the second program continuation submission window, which is Window 4: deadline 31 January 2018. Tailored and full requests are not limited to these two windows.

The handbook says that the process from submission of the request to grant signing will likely take, on average, nine months.

For the tailored and full review requests, page limits have been placed on the responses to each question on the funding request template. The handbook says that concept notes submitted in the 2014-2016 funding cycle often exceeded 100 pages and that this was onerous for both the applicants and the reviewers.

Key changes to grant-making (compared to 2014-2016), include the following:

- There is no modular template for applicants to fill out at the application stage. Instead, applicants will complete a performance framework template, and continue to build on this document during grant-making.
- It is no longer mandatory for all principal recipients (PRs) to undergo a capacity assessment. The assessment can be skipped for existing PRs, unless there is a particular reason for doing the assessment, such as the PR is undertaking a new area of activity.
- As part of the Fund's differentiated approach, Focused countries will complete a performance framework that has a reduced number of indicators and work plan tracking measures.

Country portfolios are categorized as Focused, Core or High Impact. Focused countries have smaller portfolios (country allocations of less than $75 million) and lower disease burdens (cumulatively, Focused countries represent 7.4% of the global disease burden). Core countries have larger portfolios (country allocations of between $75 and $400 million) with slightly higher disease burdens (16.7% of global disease burden). High Impact countries have very large portfolios (greater than $400 million) with very high disease burdens (75.9% of global disease burden).

Another change from 2014-2016 is that most funding requests will be reviewed only once by the Grant Approvals Committee (GAC); the review will be after grant-making. The Applicant Handbook explains that in the 2017-2019 funding cycle, funding requests will also be reviewed before grant-making only for components eligible for matching funds or if the extra review was specifically requested in order to provide additional grant-making guidance. In the last funding cycle, the concept notes were reviewed before grant-making, and grant documents were reviewed after grant-making.

Funding Request Status Tracker

As its name implies, the Funding Request Status Tracker will provide the current status of funding requests for components that will be submitted during the 2017-2019 funding cycle. The tracker, which is available via a page on the Fund's website here, is similar to one that was used for the concept notes from the 2014-2016 funding cycle.

For each component expected to submit a funding request, the tracker shows the type of application to be used for the request and the review window (i.e. when the request is expected to be submitted). The tracker lists the first four windows. The deadline for submissions for each of the windows is as follows:

> Window 1 – 20 March 2017
> Window 2 – 23 May 2017
> Window 3 – 28 August 2017
> Window 4 – 31 January 2018

The window shown for each component represents an estimate by the Secretariat. Countries are free to select whichever window they want.

> Important Note: For now, all components for which funding requests are to be submitted in 2018 or later are grouped together in Window 4. If necessary, a Window 5 or a Window 6 will be added later to the spreadsheet.

There are a number of columns on the spreadsheet that are currently blank. As each funding request works its way through the system, these columns will show the date of the Technical Review Panel recommendation; the date of the final GAC meeting at which the request was discussed; and the date of Board approval.

There is also a column that will show the duration of the whole process (i.e. from submission to Board approval).

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6. NEWS: Global Fund releases case studies on community engagement

Five of the eight studies are country-specific

David Garmaise 27 February 2017

A report released by the Global Fund last November provides stories of effective community engagement on HIV, TB and malaria. *How We Engage* contains eight case studies, of which five are country-specific: Cambodia, El Salvador, Kyrgyzstan, Benin and Sierra Leone.

The report also contains case studies on engaging communities in the governance of a malaria grant for the Greater Mekong region; on supporting community engagement through the regional communication and coordination platforms; and on raising the voices of women living with HIV through the Global Fund's partnership with the Robert Carr Civil Society Network Fund.

In the balance of this article, we provide information on the five country case studies.

Cambodia

The Cambodia case study describes an innovative and inclusive process of community engagement in the country dialogue and the concept note development for a stand-alone TB grant.

National consultations to prepare the TB concept note consisted of two streams conducted in parallel – the first providing technical inputs into the concept note, and the second involving consultations with communities. The consultations adopted a range of approaches, including surveys and interviews, but placed strong emphasis on focus group discussions that were held in four provincial locations and the capital, Phnom Penh, in April and May 2014, engaging more than 100 people.

The case study concluded that the successful engagement of communities was made possible by strong and effective leadership by the CCM; the government's commitment to inclusivity and transparency; advance planning; effective support from partners; and "an open, innovative, well-facilitated, well-designed and well-documented consultation process that was aligned with the process of national strategic planning."

The Cambodia experience has been adopted as a model in other countries.

El Salvador

In El Salvador, transgender organizations played an important role in the country dialogue; it is this role that is described in the case study.

"To help them prepare," the report said, "trans groups held their own 'mini-dialogue' that provided them with an initial, separate space to develop their ideas and inputs before participating in the larger inter-sectoral dialogue meetings."

As a result of the participation of trans groups, country dialogue participants agreed that the concept note should include specific programming for trans people, including strengthening the capacity of transgender groups; advocacy for a gender identity law; and a tailored package of services to be provided at "comprehensive prevention community centers."

Kyrgyzstan

The Kyrgyzstan case study documented the approaches used to strengthen community involvement in the preparation of a TB/HIV concept note in 2014-2015. A 2014 consultation had identified a number of gaps and challenges in programming for key populations, as well as barriers to effective community engagement.

With financial support provided by the Global Fund's Community, Rights and Gender Special Initiative, the Eastern Europe and Central Asia Technical Support Hub (EECA Hub) of the International HIV/AIDS Alliance facilitated "pre-dialogue" and country dialogue meetings with key populations and other civil society organizations and held numerous focus groups and individual meetings with service providers and government officials. This process closely engaged TB communities in the national dialogue around a Global Fund proposal for the first time.

An interesting aspect of the process in Kyrgyzstan was a "retroactive" drafting of the concept note. What happened was that in December 2014 and January 2015, additional technical assistance was provided by the Canadian HIV/AIDS Legal Network to develop recommendations for the content of the "community systems strengthening" and "removing legal barriers" modules of the new concept note.

The community systems strengthening component focused on capacity building for key populations and other community organizations, particularly with regard to engaging in dialogue with the government through national networks. It was designed to complement requirements for inclusion of civil society in the design, delivery and evaluation of services in the service components of the proposal. The removing legal barriers component focused on increasing legal literacy among key populations and establishing a network of "street lawyers" to provide legal assistance.

These recommendations were largely included in the concept note by the committee tasked by the CCM with writing the proposal. However, some civil society organizations were concerned that the writing process had lacked transparency, particularly with regard to how the activities and approaches proposed by civil society had been reflected and prioritized and who was responsible for finalizing the concept note. Also, access to the final form of the full concept note was limited and the document was prepared in English, which many civil society members did not speak or read.

As a result, at a workshop in April 2015, 30 civil society participants drafted their own "concept note" for the two modules. The programs proposed by the group bore a close resemblance to what had been submitted in the actual concept note. This retroactive process helped to build understanding about Global Fund processes in an environment where civil society engagement on these issues had previously been suboptimal.

Benin

The Benin case study illustrates how targeted TA and support for civil society can impact programming at the grant-making stage, well after submission of the original concept note. Although civil society had participated in country dialogues for HIV, TB and malaria, knowledge about the Global Fund was limited. Several organizations expressed the need for targeted support to enable them to constructively influence the grant-making process and play a more effective role in grant monitoring and implementation.

Five NGOs submitted a joint request to the Global Fund Community, Rights and Gender Special Initiative seeking TA in two key areas. First, they requested support for strengthening attention to key populations, gender and human rights in the implementation of new grants. Second, they requested support for further development of an alliance of stakeholders involved in the fight against the three diseases in Benin – the National Health Alliance – that had been established in May 2015. The aim of the alliance was to improve the visibility and participation of civil society in the country's HIV, TB and malaria programs generally, and particularly to advocate for the needs of key populations.

The technical assistance was provided by the Canadian HIV/AIDS Legal Network and an independent consultant knowledgeable about Benin who had expertise in community strengthening and organizing.

As a result, an entirely new module was developed during grant-making, focusing on removing legal barriers. The module includes activities such as legal assessments, trainings, dialogue and support services benefiting people living with HIV, people who inject drugs and people at risk of sexual and gender-based violence. The module is being implemented through two national NGOs with prior experience in gender and human rights programming.

Regarding the National Health Alliance, the TA providers identified opportunities to expand the alliance's membership and expertise by including key population groups, human rights organizations, prison groups, health service user groups and social science and health research organizations that monitor access to prevention, treatment and care in the country. They also worked with alliance members to identify priority activities, including acting as a watchdog to monitor implementation of Global Fund–supported programs and undertaking advocacy to improve the quality of care and patient monitoring, address discrimination, promote law reform, increase TB case detection and net use among vulnerable and key population groups, and tackle gender-based violence.

Sierra Leone

The focus on the Sierra Leone case study was on strengthening civil society. The Ebola outbreak, which hit Sierra Leone hard, revealed the importance of being able to draw on the capacity of community organizations to support the frail health sector response to the disease. This experience helped to create a wider appreciation among stakeholders in Sierra Leone of the need to build community capacity and increase community engagement in other areas of health, especially HIV, TB and malaria programming, and to increase the focus of these programs on key populations.

With this in mind, civil society organizations in the country formed the Consortium for the Advancement of the Rights of Key Affected Populations (CARKAP) as a platform to advocate for and deliver community-based health services and to promote gender-based and human rights–based approaches, particularly for TB and HIV.

CARKAP participated as the leading civil society voice in the early phase of the country dialogue for the development of three proposals for HIV/TB, malaria, and health and community systems strengthening.

Because CARKAP was a relatively new entity that lacked a formal governance structure or significant resources, it was agreed that CARKAP should receive TA through the Community, Rights and Gender Special Initiative.

The TA was provided in three phases by EANNASO, the Eastern Africa National Networks of AIDS Service Organizations. In the first and most important phase, in August 2015, a consultant supported CARKAP's participation in the ongoing national dialogue process, coordinated CARKAP member inputs into the TB/HIV proposal, and worked with CARKAP members to draft the community systems strengthening module. The module consisted of four major activities:

1. community-based monitoring of HIV, TB and malaria programs to ensure accountability;
2. support for civil society groups to convene twice-yearly meetings with parliamentarians and other policy-level stakeholders, with a focus on advocating for increased government allocation of funds to the health sector, particularly for HIV, TB, and malaria;
3. improving civil society participation in policy and strategic decision-making by initiating a transparent and representative selection process for the civil society seat on Sierra Leone's Health Sector Coordinating Committee; and
4. institutional capacity building, planning, and leadership development for CARKAP and its member organizations.

A second phase of TA supported CARKAP and its members as the country responded to comments from the Technical Review Panel on its proposals. This work included ensuring that the community systems strengthening component was fully maintained and that CARKAP's priorities for key populations were reflected in programming and budgets.

These efforts paid off when $1 million was approved for the community systems strengthening component.

The third phase of TA included support for institutional capacity building, formal registration of CARKAP, and further refining its structure; and for developing a modality for the consortium to implement community-based monitoring as a Global Fund sub-recipient.

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7. ANNOUNCEMENT: Developing Country NGO Delegation issues "call for membership"

Aidspan Staff 27 February 2017

The Developing Country NGO Delegation to the Board of the Global Fund is looking for new members for the period 2017 to 2019. On 21 February, the delegation issued a "call for membership," inviting nominations from individuals representing and working with NGOs in the global south.

The length of term is two years, with the possibility of renewal. The closing date for nominations is 17 March. More information is available here.

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