Independent observer of the Global Fund

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NEWSLETTER

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in 2011 and 2016 by the Office of the Inspector General have revealed persistent issues in financial and grant management, stymieing progress towards ending the three diseases in the country.

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BY CHARLIE BARAN

In May, Indonesia's country coordinating mechanism submitted several funding requests, including a joint TB-HIV proposal and two matching funds requests. The joint TB-HIV request, which was submitted for full review, outlines how the country plans to achieve global and national targets.

5. NEWS: Dispute erupts on Moldova CCM; Global Fund Secretariat declines to intervene

BY TINA ZARDIASHVILI AND DAVID GARMAISE

Six of the seven civil society members of the Moldova country coordinating mechanism have appealed to the Global Fund Secretariat to intervene in a decision of the CCM on budget allocations and implementation arrangements for an HIV funding request that Moldova submitted in March 2017. The Secretariat has declined to intervene. Moldova is trying to cope with a 43% reduction in its allocation.

6. NEWS: Finding the source of drug thefts in Malawi has proved challenging, the Global Fund's OIG says

BY DAVID GARMAISE

A new report from the Office of the Inspector General says that the problem of drug theft in Malawi is widespread and pervasive, and that it is easier to find evidence of stolen drugs being sold than it is to find evidence on how they were stolen.

7. NEWS: A major contributor of Global Fund–related TA, GMS will close its doors in September

BY DAVID GARMAISE

Grant Management Solutions, a project of USAID and a major contributor of Global Fund–related TA, will cease its operations in September. Funding for the GMS project comes from the 5% that the U.S. withholds from its contribution to the Global Fund. There is no word yet on whether USAID will announce a successor project to GMS.

8. ANNOUNCEMENT: Aidspan seeks additional correspondents for GFO

BY DAVID GARMAISE

Aidspan would like to add to the ranks of its correspondents for Global Fund Observer. The greatest need is for correspondents to cover the following regions: East Africa, West Africa, Central Africa, MENA, South Asia and Southeast Asia.

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ARTICLES:

1. NEWS and ANALYSIS: Activists stunned by Global Fund decision to end funding for regional HIV programming in Africa

Eight grants worth nearly $60 million are affected by the decision

Gemma Oberth 22 August 2017

The Global Fund recently announced a list of priorities for multi-country funding for the 2017-2019 cycle. Of the $260 million available, some is ear-marked for pre-identified applicants and some will be open to competitive applications, though the eligible regions and objectives of the grants are prescribed by the Global Fund (see GFO article).

Noticeably absent from the list is any funding for multi-country approaches for HIV in Sub-Saharan Africa – the region hardest hit by the disease. The Global Fund has indicated that the decision was based on technical partners' guidance and information. Activists have called it "frustrating" and "irresponsible."

(Aidspan invited Seth Faison, the Global Fund's Head of Communications to comment on a draft of this article. He provided a statement which we have included at the end of this article.)

Currently, the Global Fund is investing $59.3 million in eight multi-country HIV grants in Africa (see table), the majority of which end in 2018 without possibility of renewal.

Aidspan has previously reported on several multi-country HIV grants in Africa (see GFO articles here, here and here).

In addition to ending funding for existing programs, the decision means there will be no opportunities for new multi-country HIV programs in the region.

In its Frequently Asked Questions document, the Global Fund addresses why more money has not been allocated to HIV multi-country programs. The Fund states that while HIV has received proportionately less than TB and malaria in multi-country funding, it has received more in matching funds. Matching funds are additional funding that is availed at the country level, tied to increased prioritization of certain program areas in a country's allocation (see GFO story).

Yet matching funds and multi-country grants are completely different types of investments. "One of the criteria for the development of the regional grants was related to ensuring that activities could not be covered by national grants," says Shaun Mellors, Director of Knowledge and Influence at the International HIV/AIDS Alliance. "It is definitely not

Table: Current Global Fund multi-country HIV grants in Africa

Principal recipient	Grant	Grant agreement amount (US$)	Grant end date
Kenya AIDS NGOs Consortium (KANCO)	QPB-H-KANCO	$5,566,264.00	Sept. 2018
Abidjan-Lagos Corridor Organization (OCAL)	QPF-H-ALCO	$9,512,171.47	Dec. 2018
African Network for the Care of Children Affected by AIDS (ANECCA)	QPA-H-ANECCA	$3,798,118.00	Oct. 2018
AIDS and Rights Alliance for Southern Africa and Enda Santé (ARASA-ENDA)	QPA-H-UNDP	$10,522,144.00	Dec. 2018
Handicap International (HI)	QPF-H-HandINT	$3,135,762.55	Dec. 2019
Humanist Institute for Cooperation with Developing Countries, Southern Africa (HIVOS)	QPA-H-HIVOS	$11,465,336.00	Dec. 2018
ITPC-West Africa	QPF-H-ITPC	$3,779,463.99	Dec. 2019
SADC Phase 2	QPA-H-SADC	$11,526,269.00	Dec. 2017

possible or appropriate for national grants to cover regional activities or processes. This is becoming an excuse not to fund regional advocacy and policy work," says Mellors. Alliance partners are involved in three of the eight grants listed in the table above.

Inherent in many multi-country HIV programs are longer-term outcome targets, such as setting judicial precedent and influencing policy. Managing the ARASA-ENDA grant, Deena Patel has previously told Aidspan that "This is a human rights grant. We all know that a lot of the work takes a long time and we can't always predict the outcomes."

The ARASA-ENDA grant is focused on removing legal barriers for key populations to access HIV and other health services through strategic litigation and locally-led advocacy. The KANCO grant aims to reform drug policy at the East African Community level. The Hivos grant is strengthening networks of sex workers, men who have sex with men and transgender communities in Southern Africa. These objectives clearly require more than three years of investment.

In agreement with Patel, Mellors says "These processes not only take time to show impact but many of them are dealing with very difficult and sensitive topics such as trying to change social norms amending policy related to sexual orientation, harm reduction, and other issues." He underscored the importance of careful planning and timing when dealing with such sensitive topics, particularly so that programs do not backfire.

"In practice, a three-year grant cannot have a long-term impact," says Solange Baptiste, Executive Director of the International Treatment Preparedness Coalition (ITPC). ITPC-West Africa's multi-country Global Fund grant supports a regional community treatment observatory which advocates for the removal of barriers to treatment access, particularly for key populations, women, and young people living with HIV. "A three-year grant can

demonstrate results, but the impact comes only after about five years, especially for advocacy initiatives and impact at a regional level," she said.

Many are disheartened and discouraged by the Global Fund's decision, particularly as current grants have only just begun to hit their stride. Hivos' grant – "KP REACH" – has had little over a year of implementation. ITPC-West Africa's was launched just six months ago.

"From the beginning, the idea behind KP REACH was to expand the work after 2018, adding an additional four countries to the current eight," says Sithembile Chiware, Program Director for the KP REACH grant at Hivos' Regional Office for Southern Africa. Chiware said the grant is demonstrating just how important regional network strengthening for key populations is. "It is great that the Global Fund gave us the opportunity to invest in this important work, and sad that we cannot build further after 2018," she said.

Another PR echoed this sentiment: "We've seen great results from our grant, and it would be exciting to see what else we could achieve with another three years."

Aidspan asked these PRs if there are other potential sources of funding that might enable these regional programs to continue. ITPC-West Africa said that there are no foreseeable donors that can support the level and nature of the work that the Global Fund is currently funding. The Alliance said that it does not have funding to continue any of the regional programs, and that if they do not find funding soon they will indeed close. Hivos said it is more likely that funding would be secured by individual organizations in the partnership and not as a consortium, thereby reducing the effective regional coordination of HIV programming for key populations.

With most – if not all – of the Global Fund's multi-country HIV grants in Africa left with little choice but to close down in 2018/2019, activists question the value of such short-term funding in what are undoubtedly long-term objectives. Mellors called this "a wasted investment." He said the fact that neither the Global Fund nor any of its technical partners see the need to continue investing in regional HIV programming in Africa means that they clearly do not understand policy and advocacy processes.

Statement from the Global Fund Secretariat

Invited to comment on a draft of this article, Seth Faison, Head of Communications, provided Aidspan with the following statement:

> "The Global Fund's allocation for 2017 through 2019 includes more funds to support HIV programs in Africa than in the previous period, including catalytic funding that has a strong emphasis on serving women and girls in southern and eastern Africa. Catalytic funding priorities were developed in close consultation with technical partners, including WHO and UNAIDS, and were approved by the Global Fund Board.
>
> "Multi-country grants can be important, and yet all funding choices have to be weighed against a corresponding reduction elsewhere. With a firm commitment to

funding for maximum impact, the Global Fund Board authorized decisions that prioritize funding where it can help the greatest number of people.

"In addition, the Global Fund prioritizes multi-country grants in regions where country allocations are decreased overall. In Africa, country allocations are being increased.

"Your article implies that funding for HIV programs in Africa is being reduced. That is not true for the overall allocation, nor is it true for catalytic funding. Please consider:

- Matching funds for HIV are over 80% for Africa ($124.2 million vs $25.8 million in other regions).
- Matching funds overall are two-thirds for Africa ($209.6 million vs $103.4 million elsewhere).
- HIV matching funds + multi-country combined: 66% for Africa ($131.7 million vs $68.3 million elsewhere).
- Total matching funds + multi-country combined: 48% for Africa ($277.6 million vs. $295.4 million elsewhere), mainly due to the large amount given to the Regional Artemisinin-resistance Initiative (RAI) in Southeast Asia ($119 million)."

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2. NEWS: Changes to the role and structure of CCMs likely as the Global Fund develops a CCM evolution plan

Regional consultations set for August and September

David Garmaise 22 August 2017

The Global Fund has embarked on a process that could see major changes made to the role and structure of country coordinating mechanisms (CCMs). A key part of the process is a series of regional consultations which the Global Fund's CCM Hub is organizing together with several of the Fund's partners, including GIZ BACKUP Health, the International HIV/AIDS Alliance and Initiative 5%. BACKUP Health is participating on behalf of the German Federal Ministry for Economic Cooperation and Development and the Swiss Agency for Development and Cooperation.

Background

At its meeting in November 2016 in Geneva, Switzerland, the Board discussed a report prepared by the Secretariat on the Global Fund's business model. The report concluded that there are strong advantages to the Global Fund's current business model but that improvement should be made in three areas, one of which was strengthening CCMs.

The report noted that many of the key challenges CCMs face were identified in an OIG audit of CCMs, on which a report was released in February 2016. These challenges were as follows: insufficient CCM involvement in oversight of grants; variable engagement and empowerment of civil society and key populations on CCMs; and inappropriate linkages with key actors in-country.

To address the report's recommendation that CCMs be strengthened, the Global Fund initially decided to develop a "CCM Strategy." The strategy was subsequently re-named the "CCM Evolution Project." The goal of the project is to evolve CCMs to achieve greater impact.

Regional consultations

So far, the CCM Evolution Project has "evolved" behind closed doors – i.e. within the Secretariat and within two committees of the Board: the Strategy Committee and the Ethics and Governance Committee. However, the regional consultations will bring the discussion out in the open. Five consultations have been scheduled, as follows:

Siem Reap, Cambodia – 29-30 August
Addis Ababa, Ethiopia – 5-8 September
Ukraine – 5 September
Abidjan, Côte d'Ivoire – 12-15 September
Panama City, Panama or Lima, Peru – 19-20 September

Siem Reap

Eight CCMs have been invited to the consultation in Siem Reap: Thailand, Philippines, Cambodia, Bhutan, Papua New Guinea, Sri Lanka, Timor Leste and Kazakhstan.

The preliminary agenda for the consultation in Siem Reap calls for discussion on how CCMs could evolve in the following four areas: (1) functioning and CCM secretariat; (2) composition and engagement (3) national programs coordination and linkages; and (4) oversight.

The agenda also includes a discussion of differentiation as it could apply to CCMs. This refers to the notion that there should be different models of CCM structure and functioning, depending on the context. For example, there could one model for CCMs in challenging operating environments, another model for CCMs in high impact countries, etc.

Addis Ababa

Fifteen CCMs are being invited to the consultation in Addis Ababa: Ethiopia, Kenya, Lesotho, Liberia, Malawi, Namibia, Nigeria, Rwanda, Sierra Leone, Sudan, Tanzania, The Gambia, Uganda, Zambia and Afghanistan. CCMs are being asked to send a three-person delegation: one representative from the Government; one member of the CCM's oversight committee; and one person from either civil society or key populations.

The letter of invitation to the Addis Ababa consultation states that the first two days will be devoted to a review of the current CCM model and that participants will be asked to "develop, discuss, and recommend concrete steps and actions to be implemented in 2018 and beyond." The second two days will provide a platform for learning exchange, especially on CCM governance, and on the CCM eligibility requirements related to oversight and the engagement of civil society and key populations. The letter said that CCMs will have the opportunity to present good practices and challenges in these areas and to discuss approaches to improve CCM performance.

The letter of invitation included four questions that the organizers of the consultation suggested be discussed with "your CCM and constituents." A form was provided to record the responses. CCMs were asked to submit the response in advance of the workshop. The four questions are as follows:

- What do you see as the top three issues and advantages of your current CCM model?
- How could the CCMs best address the issues and build on the advantages?
- In light of the new Global Fund Strategy, what are the top one or two ways in which CCMs can evolve?
- Based on the country context (conflict, size…), should the CCMs have different responsibilities and characteristics?

Ukraine

Eleven CCMs are being invited to the regional consultation in Ukraine: Albania, Bosnia & Hercegovina, Bulgaria, Iran, Kazakhstan, Macedonia, Moldova, Montenegro, Romania, Tajikistan and Ukraine.

Abidjan

Twenty-one CCMs have been invited to the regional consultation in Abidjan: Benin, Burkina-Faso, Burundi, Cameroon, C.A.R., Chad, Comoros, Côte d'Ivoire, Djibouti, DR Congo, Gabon, Guinea-Conakry, Madagascar, Mali, Morocco, Mauritania, Niger, Republic of Congo, Sénégal, Togo and Tunisia.

The letter of invitation for the Abidjan consultation is similar to the one for Addis Ababa. One difference concerns the agenda for the last two days of the consultation. For the Abidjan consultation, CCM members and other stakeholders who are interested are being asked to reflect on how technical assistance – and, in particular, the 5% Initiative – can play a role in CCM evolution. The objective of this part of the agenda is to review the contributions of the 5% Initiative, to share best practices, and to define new approaches in the context of CCM evolution.

Panama City or Lima

Ten CCMs are being invited to the LAC consultation meeting: Panama, El Salvador, Belize, Surinam, Jamaica, Paraguay, Cuba, Dominican Republic, Honduras and Guatemala.

Non-attendees

The Secretariat told Aidspan that it will give all "non-attending CCMs" a questionnaire to provide feedback on CCM challenges, solutions, and ways to evolve the CCM model.

Next steps

Following the consultations, the Secretariat will prepare a proposal for revamping the role and structure of CCMs. The proposal will be discussed and refined by the Strategy Committee and the Ethics and Governance Committee, and the Board will be asked to approve the proposal at its meeting in May 2018.

Guidance documents and training materials will also need to be prepared.

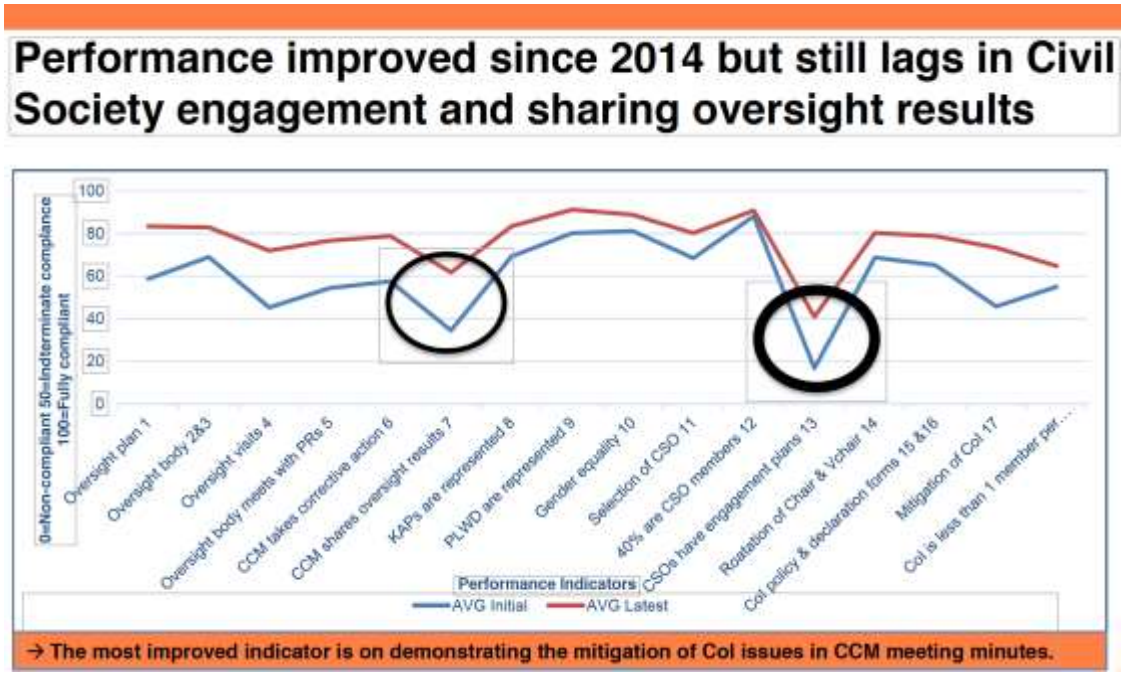
Aidspan understands that some Board delegations have expressed a concern that the consultations process is too rushed.

GFO should be in a position to report in more depth on the CCM Evolution Project after some of the regional consultations have taken place.

Update on CCMs

To guide the discussions on CCM evolution, the Secretariat has prepared an update on the size and structure of CCMs; CCM performance; and the factors that influence CCM performance and grant performance. The following is a summary.

Figure: Performance of CCMs



Source: The Global Fund

Size and structure of CCMs

According to the Secretariat:

- The size of CCMs ranges from five members to 39 members.
- On average, civil society representatives make up about 50% of the total membership, which is 10 percentage points more than the minimum set by the CCM eligibility requirements.
- The majority of CCMs are chaired by a government official.
- Total funding for CCMs has remained relatively steady in the last four years, ranging between $8.2 million and $9.2 million annually. On average, CCMs receive $90,000 a year. Over that same period, total funding for regional coordinating mechanisms (RCMs) has increased significantly, from $0.2 million in 2013 to $1.8 million in 2016. On average, RCMs receive $180,000 a year. While the number of CCMs is relatively finite, the number of RCMs is largely determined by the initiatives in place to fund multi-country approaches.

CCM performance

CCM performance against the four CCM eligibility requirements is measured using the performance assessments that are conducted every year or every second year. The Secretariat said that:

- Performance has improved since 2014 but still lags in two areas: sharing oversight results (Indicator 7) and civil society engagement (Indicator 13) (see figure). Indicator 7 measures whether CCMs are sharing oversight results with the Global Fund Secretariat and in-country stakeholders on a quarterly basis. Indicator 13 measures whether the CCM has a clearly defined process for members to solicit input from, and provide feedback to, their constituents.
- High impact CCMs do better due to increased partner engagement. Fourteen CCMs and one RCM account for most of the low-performing coordinating mechanisms. Not surprisingly, there is a strong correlation between low-performing CCMs and challenging operating environments.

Factors affecting CCM performance and grant performance

Based on an analysis, the Secretariat found that stronger CCM performance is correlated with several factors the Global Fund can influence – i.e. the amount of CCM funding, turnover of CCM members and size of the CCM. The analysis also revealed that CCM performance has a small but positive correlation with grant performance.

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3. NEWS and ANALYSIS: Nigeria's TB/HIV funding request to the Global Fund sent back for iteration

Portfolio plagued with challenges

Gemma Oberth 22 August 2017

On 4 August 2017, Nigeria was notified that its TB/HIV funding request – submitted on 28 May 2017 – was not invited to proceed to grant-making. The Technical Review Panel (TRP) recommended a further iteration of the funding request. This means that the country must re-work and resubmit its funding request, addressing the TRP's concerns. The country will resubmit its funding request in Window 4 on 7 February 2018.

Nigeria is the Global Fund's largest investment portfolio. For the 2017-2019 funding cycle, the country was allocated $660.7 million for the three diseases, representing 6.4% of total Global Fund investments over that period. To date, Global Fund investments in Nigeria top $1.8 billion. This funding has supported nearly a million people on HIV treatment, detected nearly half a million TB cases, and distributed nearly 130 million insecticide-treated bed nets.

Nigeria's current HIV and TB grants end on 31 December 2017. As a result of the TRP's decision, grant extensions will be required to ensure there are no gaps in the availability of life-saving drugs or the provision of essential services.

For HIV and TB, Global Fund resources make up about a quarter of total resources available in the country. Another quarter comes from other donors, including PEPFAR. Domestic resources make up nearly half of total funding.

According to Aidspan's sources in country, the TRP requested better descriptions in the funding request of the following aspects of the proposed program: the decentralization of service delivery; interventions targeting adolescents and young people; key population size estimates; human rights considerations; donor coordination; and the financial sustainability of the response.

Studies have shown that donor coordination in Nigeria is hampered by fragmented leadership at the national level. There is the National Planning Commission, the National Agency for the Control of AIDS, the HIV/AIDS Division of the Ministry of Health, and the Global Fund country coordinating mechanism – all of which communicate poorly and have many overlapping responsibilities.

Financial sustainability issues are a shared concern among several of Nigeria's major funding partners. PEPFAR's 2016 Sustainability Index for Nigeria rates domestic resource mobilization as "unsustainable and requires significant investment" – the lowest of four possible categories. Due to lack of domestic investments in the procurement of antiretroviral drugs and other essential commodities, PEPFAR also rated service delivery in Nigeria as unsustainable.

Challenges with the decentralization of service delivery are another shared concern. PEPFAR pointed to the absence of formal recognition for community HIV/AIDS service delivery

strategies as a key issue. Stakeholders who participated in the development of Nigeria's TB/HIV Global Fund funding request voiced similar concerns.

"An initial examination of the funding request drafting roadmap showed that there was no dedicated space to discuss civil society concerns or community systems strengthening," said Dr Cheikh Traore, a Lagos-based health and human rights consultant who supported civil society to engage in the funding request development process. "As a result, the initial funding priorities identified by the Ministry of Health and Country Coordinating Mechanism (CCM) did not specifically define community activities," said Traore.

A civil society caucus was held two weeks before the submission date, with a specific objective to review the draft funding request and improve some of the proposed community and key populations interventions. The process was led by Civil Society for HIV/AIDS in Nigeria (CiSHAN) and the International Center for Advocacy on Right to Health (ICARH), with support from the International Council of AIDS Service Organizations (ICASO) and the Eastern Africa National Networks of AIDS Service Organizations (EANNASO). Some people felt this engagement happened too late in the process to effectively influence the funding request.

"Timing is important," says Ize Adava, the Executive Director of CiSHAN. "In my opinion, we could have done better if we began the process in good time." Adava noted that the entire funding request development process was rushed, not only the civil society consultations. "Up until April it felt like nothing was happening, despite the fact that we were to submit in the May window," Adava told Aidspan. "One can only imagine all that was crammed into the weeks that followed."

Plagued with challenges

The TRP's decision to send Nigeria's TB/HIV funding request back for iteration is the latest setback for a portfolio that has been plagued with challenges.

A 2011 audit by the Office of the Inspector General (OIG) uncovered $7 million in misappropriated funds which had to be paid back to the Global Fund (see GFO article). The audit report also identified a number of weaknesses, primarily in financial management, procurement and sub-recipient (SR) management, and advanced 53 recommendations to address these issues.

By October 2015, $3 million had yet to be repaid. In January 2015, The Global Fund's Management Executive Committee adopted a policy for recoveries that said that as a last resort, if all recovery efforts fail, the Fund will reduce the allocation to the country concerned by a factor of 2:1. In a letter to the CCM on 23 September 2015, the Head of the Global Fund's Grant Management Division, Mark Edington, said that $5.3 million might have to be deducted from Nigeria's next allocation (see GFO article). "If any reduction is necessary, it will be made reluctantly," Edington said. Ultimately, Nigeria's allocation for the 2017-2019 funding cycle was not reduced, according to local media reports.

When Global Fund grants were approved in 2014, incentive funding in the amount of $45.7 million was awarded to Nigeria's malaria program, conditional upon the government matching that amount with domestic funding through investments in long-lasting insecticide-treated bed nets (LLINs). The government risked losing the incentive funding when it failed to meet a 31 March 2017 deadline for coming up with the matching funds (see GFO article). (The matter is still under discussion.)

Another OIG audit in 2016 rated the performance of Nigeria's grants as "ineffective" in controls, governance and risk management processes. This was the lowest of five possible ratings. This audit also uncovered $20 million in unsupported procurement expenditures and $7.7 million in unsupported expenditures related to human resources and the payment approval process (see GFO article). Released on the same day as the audit report, a separate OIG investigation report described evidence of systematic embezzlement of program funds, fraudulent practices, and collusion by staff of a sub-recipient for an HIV grant to Nigeria (see GFO article).

In the report on its 2016 audit, the OIG said that the Global Fund faced a number of challenges in Nigeria, including grants not achieving impact targets, poor quality of health services, treatment disruptions, fraud, corruption and misuse of funds. The OIG noted that in the previous two years, the Global Fund had made efforts to reduce the risk in the portfolio. However, the OIG said, these efforts resulted in minimal improvements in the risk profile of the portfolio, which, it said, "has even deteriorated."

In the OIG's view, ineffective grant implementation arrangements were the root cause of most of the significant challenges. Although health care delivery had been fully devolved to the state level governments, Global Fund–supported programs were currently implemented at the national level, the OIG said, negatively affecting accountability, oversight and impact of the programs over the long term.

When it approved five TB/HIV grants to Nigeria in December 2015, the Global Fund did so reluctantly because of serious concerns about operational and systems weaknesses and risks. The concept note remained in grant-making for well over a year, well above the norm. Ultimately, the Fund decided that because of the size of the country, its high disease burden, and the importance of the Nigeria grants in the overall portfolio, not to approve the grants was "not a preferred option at this stage if the Global Fund is to fulfil its mission." (See GFO article.)

Despite all these challenges, Nigeria "is a pivotal country for ending the three epidemics," Edington told Aidspan, earlier this year. The Fund has put several measures in place to improve the effectiveness of its investments in the country. In recent years, the Global Fund has begun to engage with state level governments and to provide grants directly to the states. Further, there are now approximately 40 local fund agent staff conducting oversight in Nigeria. As an additional safeguard to reduce the mismanagement of funds, a fiscal agent was installed in May 2015, with a staff of 17 full-time experts, controlling all expenditures of select principal and sub-recipients.

"Only with success in Nigeria, can the Global Fund hope to deliver on its 2017-2022 Strategy targets," says Edington. As the country prepares for iteration of its TB/HIV funding request, concerted and coordinated efforts from a wide range of stakeholders will be needed to ensure the success of this critical portfolio.

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4. NEWS: Indonesia's funding requests to the Global Fund prioritize finding missing TB cases, HIV prevention services for key populations

The full review TB-HIV request outlines how the country plans to achieve global and national targets

Charlie Baran 22 August 2017

On 24 May 2017, Indonesia's CCM submitted several funding requests (FRs) to the Global Fund. The primary request, a joint TB-HIV proposal, included a within-allocation request of $195.8 million ($104.3 million for TB and $91.9 for HIV) – *Editor's note: There is a problem with the math in the FR* – and a "prioritized above allocation request," or PAAR, of $80.7 million. Two associated matching funds requests were also submitted: TB ($15 million) and HIV ($2 million). The CCM proposed an implementation period of 1 January 2018 to 31 December 2020 for the grants emanating from these FRs.

SUMMARY INFORMATION			
Applicant	CCM Indonesia		
Component(s)	Tuberculosis, HIV & RSSH		
Principal Recipient(s)	TB: Ministry of Health, Aisyiyah, and LKNU HIV: Ministry of Health, Spiritia Foundation, and the Indonesia AIDS Coalition (IAC)		
Envisioned grant(s) start date	1 January 2018	**Envisioned grant(s) end date**	31 December 2020
Allocation funding request	195,812,057	**Prioritized above allocation request**	80,672,771

Under the Global Fund's new differentiated application process, the joint TB-HIV request was submitted for *full review*, which the Fund describes as, "a comprehensive overall review of a program's approach and strategic priorities." This is the most exhaustive type of application in the new process. The Fund suggests a specific application modality for each country in its allocation letters.

TB component

According to the FR, "The national TB program requires a paradigm shift and an acceleration approach which will set it 'back on track' to achieve its national strategic targets as well as the global benchmarks the country committed to." The TB component is based on the revised National Strategic Plan for TB Control 2016-2019; the TOSS TB strategy (a "test and treat"–like approach) launched in 2016; findings of the latest Epidemiological Review 2017 and TB Impact Modeling and Estimates (TIME Impact); and findings and recommendations of the Joint External Monitoring Mission from January 2017.

The FR describes several key contextual factors driving the TB response in Indonesia. One major factor is persistent problems with case notification to the National TB Program (NTP). Recent epidemiological reviews suggest that up to 70% of the "missing TB cases" may actually be receiving care but are simply not reported to the NTP. Many care providers in Indonesia do not report TB cases to the NTP because they are "not linked up to the system" – often because they are private providers. About half of all TB patients in Indonesia who receive care obtain their care from "non-NTP providers."

This not only hampers national program planning, but also limits the Ministry of Health's ability to assess quality of care for many patients. The FR suggests that this is one reason for the procedural and paper work burden associated with reporting such cases. However, beginning in 2016, TB case reporting became mandatory for all providers, so as "to provide a stronger basis for engagement of the private sector in quality TB care and notification." But the change in regulations will not solve the notification issue on its own.

Another contextual factor is low multi-drug resistant TB (MDR-TB) diagnosis. Last year, the NTP only diagnosed 8% of the estimated 32,000 MDR-TB cases in Indonesia.

Finally, the FR describes a number of key and vulnerable populations for TB which require special attention in the TB response due to elevated risk or reduced access to services. These key populations include children, the elderly, the urban poor and people living with diabetes mellitus.

Based on these factors and lessons learned from the current 2016-2017 Global Fund grants, the NTP has revised its National Strategic Plan. "The key element of the revised strategy is the radical change from a centralized to a district-based approach," the FR said. This change is expected to improve diagnosis, notification and care for TB patients, including MDR-TB patients and TB patients living with HIV. A major thrust of the response will be, "a tiered geographic targeting strategy of TB and HIV interventions and service packages as a means of concentrating resources in locations where they will have the most impact."

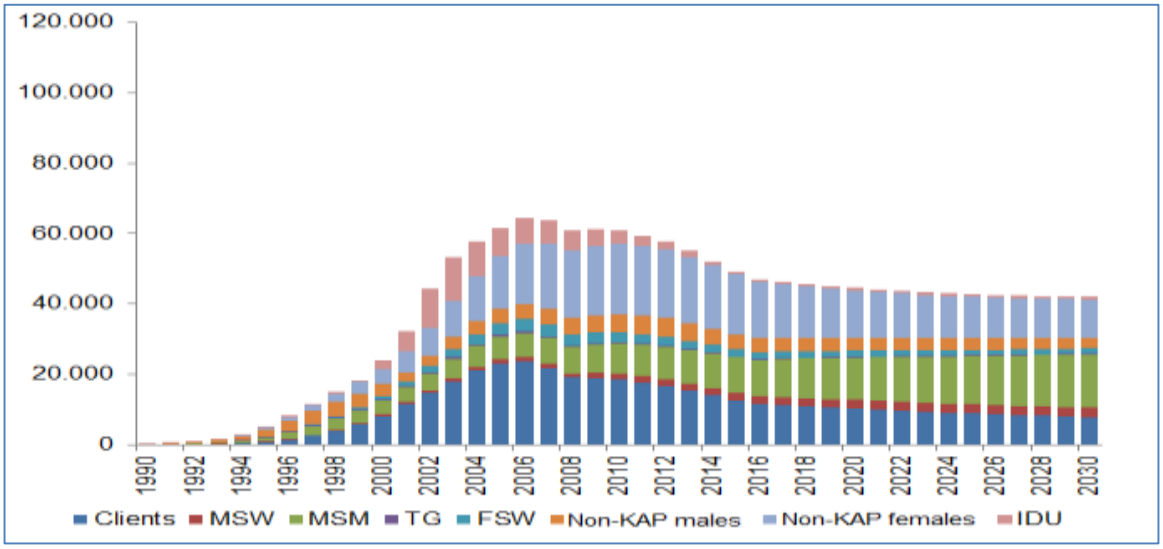
Two TB-specific modules are proposed in the within-allocation FR: *TB care and prevention* and *MDR-TB*. Both modules aim to increase detection of missing cases, notification to the NTP, and to ensure that quality of care aligns with national standards. In addition, two TB/HIV modules are proposed: *TB/HIV*, which encourages greater coordination between the two disease programs at the national and sub-national levels, and *Programs to reduce human rights-related barriers to TB & HIV services*, which provides support for building community capacity to prevent, document and respond to human rights crises in the context of TB and HIV. Another module, *RSSH*, includes a range of interventions to strengthen the HIV and TB responses through community and health systems.

HIV component

Recent epidemiological modeling estimates that about 63% of new HIV infections in Indonesia are among key affected populations (KAPs), while 64% of people living with HIV overall are "non-KAP." Among KAPs it is believed that HIV incidence has stabilized and begun to decrease – except among men who have sex with men (MSM), who are

experiencing increasing HIV incidence. This modeling also suggests that with current levels of intervention, overall HIV incidence will remain flat at 40,000-50,000 new cases annually, until 2030, with MSM making up an increasing portion of those new cases over time (see figure). The ineffectiveness of current approaches to produce a net decrease in HIV incidence for KAPs is thus a major driver of the epidemic in Indonesia, according to the FR.

Figure: Estimated and Projected Annual Number of New HIV Infections, 1990-2030



Source: TB, HIV and RSSH Funding request from Indonesia, 24 May 2017

Another driver, as described in the FR, is low HIV treatment coverage. "Indonesia lags behind other countries in the region in terms of antiretroviral therapy (ART) coverage, the FR says. "While some success has been achieved in increasing the number of persons on ART (reaching nearly 78,000 by the end of 2016), the most recent 'cascade' data available indicate that further progress is needed." The "cascade" refers to the numbers of people living with HIV who are diagnosed, enrolled in care, on treatment, and virally suppressed. In most countries, the number decreases in each category, creating a visual 'cascade' effect on charts, depicting fewer and fewer people receiving services or achieving a clinically positive outcome.

Other key contextual factors in the HIV response described in the FR include under-utilization of available services; lagging outcomes in prevention of mother-to-child transmission (PMTCT) and pediatric HIV treatment; persistent stigma and discrimination against key populations and people living with HIV; and a "deteriorating enabling environment." The deteriorating environment is primarily evidenced by a widespread crackdown on sex work and sex workers, the emergence of a government-endorsed anti-LGBT movement, and a continued campaign against people who inject drugs, according to the FR.

While domestic financing for HIV has been steadily increasing –12% annually between 2009 and 2014 – this funding is directed primarily to HIV treatment and care. Very limited domestic resources are allocated to prevention programs for key populations and none is targeted to civil society organizations. In response to this gap, the HIV component of the

proposed Global Fund grant focuses on KAP prevention and civil society and community systems.

The HIV programs proposed in the FR are intended to accelerate progress toward the achievement of National HIV and AIDS Strategic Plan targets, the UNAIDS 90-90-90 targets, and the overall goal of "ending HIV and AIDS in Indonesia by 2030." To do so, actions will be taken at each stage of the cascade, all with a primary focus on key populations.

The interventions proposed in the within allocation and PAAR requests aim to provide treatment for 215,000 people living with HIV; provide 10.7 million HIV tests; and increase prevention service coverage for key populations, using "innovative approaches" (see table).

Table: Proposed KAP prevention coverage target inc*reases*

KAP	2016 coverage (actual)	2020 coverage (proposed)
Transgender people	48%	72%
Men who have sex with men	58%	90%
Female sex workers	60%	90%
People who inject drugs	57%	59%

The foundation of the HIV component is shared with TB: the tiered geographic targeting of interventions. This is functionally a devolution of HIV services to various sub-national districts. Built on this foundation are eight HIV-specific modules, in addition to the TB/HIV modules discussed above. Four of the eight modules are prevention programs for key populations (MSM, transgender people, sex workers and their clients, and people who inject drugs). A fifth key population, "people in prisons and other closed settings," is addressed with a prevention, testing and treatment module. The remaining modules – PMTCT, HIV testing, and treatment, care and support – address other factors impacting Indonesia's overall treatment coverage and treatment cascade.

Funding landscape, co-financing, and sustainability

Full review and tailored funding requests require applicants to describe factors related to the overall funding landscape, domestic co-financing of the relevant disease responses, and program sustainability, which refers to the financing of programs if and when Global Fund support is no longer available.

Domestic financing for TB and HIV in Indonesia has grown, and this is projected to continue over the next funding cycle. The contribution of domestic funding to TB has risen to $52 million in 2017, representing a 70% increase over recent levels, and domestic financing for HIV is projected to grow from $69.3 million in 2017 to $85.5 million in 2020, an increase of 23.4%, according to the FR. One of the main contributors to domestic financing growth of late has been the establishment of the National Social Health Insurance program, which is described in the FR as the largest single-payer health insurance program in the world. But despite this growth in spending, the FR notes that domestic funding for health as a percentage

of GDP remains comparatively low. And while the government of Indonesia has signaled its intent to fully finance its HIV and TB responses, "No clear timetable has been communicated."

The domestic increases are generally positive news, as such increases are central to the Fund's idea of program sustainability. But the fact that Indonesia today has an allocation from the Global Fund of nearly $200 million suggests that the country is a long way from transitioning away from Fund support. Thus, discussions of complete self-funding are not terribly advanced.

Matching funds

As indicated at the start of this article, the Indonesia CCM also submitted two matching funds requests. The Global Fund specified not only the dollar ceiling for each request, but also the strategic priority to be addressed. (For more information on matching funds and other catalytic investments, see articles in GFO 300, GFO 303, and GFO 309.)

The TB matching funds request of $15 million is for "Finding missing TB cases." The request, which reflects the full amount available, builds on the $30 million in the within-allocation request for this same priority.

The strategic priority indicated for the HIV matching funds is "Reducing human rights barriers." The matching funds offer as per the allocation letter is $2.7 million, whereas the amount requested is $2.0 million, reflecting the amount allocated for reducing human rights barriers in the main FR. The proposed interventions, as required, build on the relevant interventions in the main FR, and are aimed at reducing barriers to accessing HIV services among key populations, people living with HIV, and TB patients. The interventions aim to reduce stigma and discrimination among MSM and transgender people; improve legal literacy (also for MSM and transgender people); and improve laws, regulations and policies relating to HIV and HIV/TB.

Implementation arrangements

The funding request nominates the Ministry of Health, Aisyiyah (an Islamic women's NGO), and LKNU as principal recipients (PRs) for the TB component. The MOH and Aisyiyah are PRs for Indonesia's current TB grant. The LKNU, a new addition, is the health arm of a socio-religious Islamic organization. Both Aisyiyah and LKNU are civil society organizations. According to the FR, the second CSO PR (LKNU) was appointed to improve the performance of the CSOs and to help them develop a long-term role in TB control (i.e. until elimination is achieved).

The Ministry of Health, Spiritia Foundation (an HIV civil society organization), and the Indonesia AIDS Coalition are listed as PRs for the HIV component, a continuation of their roles with Indonesia's 2016-2017 HIV grant.

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5. NEWS: Dispute erupts on Moldova CCM; Global Fund Secretariat declines to intervene

One issue is the decision to abandon dual track financing

Tina Zardiashvili and David Garmaise 22 August 2017

Six representatives of civil society organizations (CSOs) on Moldova's National Coordination Council for National HIV/AIDS Prevention and Control Programs – the body that fulfils the functions of a country coordinating mechanism in Moldova (hereinafter "CCM") – have appealed to the Global Fund Secretariat to intervene with respect to how the voting was conducted for a decision made on budget allocations and implementation arrangements for an HIV funding request that Moldova submitted in March 2017. The request is now in grant-making.

The Secretariat has declined the request to intervene.

Currently, Moldova is using dual track financing (DTF). It has two HIV grants. The PR for one of them is the Center for Health Policies and Studies (PAS). The PR for the other grant is the Coordination, Implementation and Monitoring Unit of the Health System Projects (UCIMP), a unit of the government.

The underlying issue is about the best way to handle severe reductions in Moldova's allocation from the Global Fund. On a per-year basis, Moldova's allocation was cut by 43% in 2017-2019. Moldova received $9.8 million per year in 2014-2016 for HIV and TB combined (based on the assumption that the 2014-2016 allocations were exceptionally designed to cover four years). For 2017-2019, its allocation per year was reduced to $5.6 million.

Two of the six CSOs are networks representing multiple CSOs: the Union of NGOs Active in HIV/AIDS Prevention and Harm Reduction; and the Platform of Organizations active in TB Control. The other four CSOs are the League of People Living with HIV/AIDS; Gender DocM; Soros Foundation Moldova; and the PAS Center (the current PR for one of Moldova's HIV grants).

CSOs have seven seats on Moldova's 33-member CCM. The seventh CSO, Positive Initiative, did not join the other CSOs in the appeal.

Disputed decision

The disputed decision was made on 29 June 2017 when the CCM considered three different scenarios put forward by the technical working group that the CCM established to prepare the funding request. The scenarios were:

1. to go over budget and hope to obtain additional funding from the Global Fund;
2. to keep both PRs and let them decide how to reduce the costs of managing their respective programs; and

3. to go with just one PR and adopt different approaches to how prevention services are organized.

The discussion primarily focused on two ways of achieving savings: (a) reducing administrative costs; and (b) reducing the costs of the prevention programs. With respect to the latter, the working group discussed the possibility of integrating the services provided to key populations into one big project instead of having multiple separate projects – i.e. one for each population, which is the way the prevention program is currently organized. (In Moldova, the key populations are persons who inject drugs, sex workers, men who have sex with men, and persons living with HIV.)

The working group also discussed a unified approach to calculating the costs per beneficiary of prevention services; however, it is not clear how this would result in savings.

Ultimately, the CCM decided to go with just one PR, UCIMP, and to introduce innovative program approaches, including unification of the cost per beneficiary and replacing multiple prevention projects with one big project. Positive Initiative supported this decision; the other six CSOs were opposed.

Under the CCM's plan, UCIMP will have just one sub-recipient: Positive Initiative.

The PAS Center representatives told Aidspan that that the six CSOs were opposed to the unified approach to calculating per beneficiary costs for prevention services. They believe that the calculations amount to playing around with the numbers without any clear rationale. The PAS Center believes that the costs of prevention services must be based on the costs of providing a package of minimal services which is different for each key population.

The six CSOs sent a letter to the Global Fund Secretariat in which they are argued that there were procedural violations concerning how the CCM decision was taken. One of the violations, the CSOs said, was that no information on the three scenarios was circulated in advance of the 29 June meeting. Other alleged violations were as follows:

- failure to observe the agenda;
- misinterpretation of the CCM's conflict of interest policy (by letting non-CCM members participate in the voting process; and
- adopting the decision with insufficient number of votes.

In the letter, the CSOs asked that the 29 June decision be revoked, and that the technical working group be recalled to do more work on the budget of the funding request.

Response to the CSO's letter

In response to the letter from the CSOs, René-Fréderic Plain, Manager of the CCM Hub for the Secretariat, said:

> "The Global Fund investments in Moldova, as in many other countries, are managed by the CCM. The CCM is governed and operates according to its internal policies and

> regulations. The CCM's eligibility requirements were validated at the time of the Funding Request submission and are monitored every year or once every two years by a third party through an 'Eligibility and Performance Assessment,' which is then validated by the Global Fund. We believe these processes provide sufficient safeguards. The process of determining the organization or organizations that manage Global Fund grants within a country is the sole responsibility of the CCM. The Global Fund does not take a position on the matter."

The CCM, which was copied on the letter from the CSOs, also responded. It rebutted each argument made by the CSOs, and it said that the CSOs' appeal constituted "unilateral misinformation of public opinion, the donor (GF), the development partners; and manipulation of civil society organizations represented in CCM, thus discrediting and intimidating those who do not support their position."

Reaction from PAS Center

The PAS Center also prepared a position paper. Although both the paper and the letter from the six CSOs emphasize the alleged procedural violations, most observers believe that the CSOs are more concerned about the decision itself and about the fact that the government was basically ignoring the wishes of a large portion of civil society, including the key populations themselves.

In its position paper, the PAS Center said that in January 2017, the CCM "reconfirmed through unanimous vote" its intention to apply using the program continuation option and also reconfirmed the current implementation arrangements. According to the Center, "the Technical Review Panel has confirmed that the country should continue its program along the same directions and with the same arrangements."

The PAS Center said that the decision to go with just one (government) PR was "a political decision, not based on technical grounds, inconsistent with previously expressed commitments, adopted with procedural irregularities and not meeting the necessary number of votes."

The PAS Center said that throughout the grant-making phase, its team has on many occasions been subject to bullying tactics.

The PAS Center said that it was concerned that the government PR, UCIMP, is not a completely state agency. Although it is under the health ministry, it is fully dependent on international financing. Therefore, the Center said, selecting this PR would not enhance the sustainability of Moldova's HIV programs. (Although Moldova HIV is not on the Global Fund's list of components expected to transition by 2025, a transition plan has nevertheless been developed. No date has been fixed for the transition, however.)

Alexander Curashov, Advocacy Director of Positive Initiative, thinks that at this stage it is not that important whether the PR is from civil society or government. He argues that after the Global Fund program is fully taken over by the government, there will be no need to have

a PR. In the meantime, Curashov said, the role of the PR will be to support the national HIV program team to increase its capacity to manage the program.

Other reaction

Several comments were posted on the website of the East Europe and Central Asia Union of PLWHIV (ECUO). Vladimir Zhovtyak, President of ECUO told Aidspan that his network is concerned about the situation. "The procedural violations, ignorance of the position of CSOs, and their exclusion from the decision-making process, are unacceptable."

Anna Dovbakh, Executive Director, Eurasian Harm Reduction Network (EHRN), said: "All, NGOs, communities, and the state, have the same proclaimed goals: to ensure sustainability of HIV care continuum services for vulnerable groups in conditions of reduced Global Fund financing… It is a pity that in the decision-making process on the main program indicators, we failed to organize a full-fledged discussion and reach a consensus with the leaders of communities and NGOs. But I hope that wisdom and a common understanding of goals will win, and we'll be able to establish a constructive dialogue and further work to ensure the survival of services for those in need."

Gennady Roschupkin, Technical Coordinator, European Coalition on Male Health (ECOM), said that "the government of Moldova is not only excluding communities from the decision, they are trying to change the rules suggested by the Global Fund." This was a reference to the CCM's decision to go with just one (government) PR.

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6. NEWS: Finding the source of drug thefts in Malawi has proved challenging, the Global Fund's OIG says

Easier to find evidence of stolen drugs being sold than how they are stolen

David Garmaise 22 August 2017

The problem of drug theft in Malawi is widespread and pervasive, the Office of the Inspector General (OIG) says. "Figuring out the cause is an ongoing collaborative effort between the Malawian authorities, the Global Fund, USAID and other significant donors."

This information is from the report on a "proactive" investigation that the OIG conducted into anti-malarial product theft from public health facilities in Malawi. The report was released on 10 August 2017.

The OIG normally conducts reactive investigations which are usually triggered by whistle-blowers or by information from the Secretariat. "The aim of a proactive investigation is to introduce an intelligence-led component to identify high fraud risk areas and determine if they have materialized," the OIG said.

Whatever the label, the report reads like a case study of the considerable efforts the OIG has expended over the years to try to resolve the problem of drug theft in Malawi.

To date, the Global Fund has provided over $1.24 billion in grants to Malawi, including five grants totaling $167.5 million in support of Malawi's National Malaria Control Program (NMCP). The program is dependent on the procurement and distribution of essential commodities, including anti-malarial drugs. Between 2009 and 2016, over $26 million in malaria grant funds were used to purchase over 7.5 million blister packs of artemisinin combination therapy (ACT) drugs, the most effective treatment for uncomplicated malaria.

The OIG has partnered with USAID to organize public campaigns to encourage people to report instances of drug theft. *I Speak Out Now!,* the OIG's campaign, and *Make a Difference*, the USAID's counterpart, both use the same hotline numbers.

From its launch in April 2016 to June 2017, a total of 114 reports were received by the hotline, of which 62 related to the diversion of ACTs from the public health system. However, the majority of the reports related to the illicit sale of ACTs, rather than their theft.

The OIG has also worked closely with officials in the Malawi government, particularly the Drug Theft Investigations Unit (DTIU). The OIG reported that between August 2016 and April 2017, the DTIU, in conjunction with the Malawi Police Service, took action against 62 individuals suspected of stealing or selling medicines from the public health system. Of the 62 people, 16 were public health workers who were subsequently prosecuted for theft of medicines; to date, three of them have been convicted.

Although public health workers may account for a portion of the thefts, the OIG said that it is not in a position to definitively identify one cause over another. It is much easier to find evidence of stolen drugs being sold than it is the find evidence of how the drugs are stolen. While the OIG has commissioned three "market surveys" in the last two years, and while the surveys have identified a number of private vendors and pharmacies illegally selling ACTs that had been purchased by the Global Fund and other donors, the surveys do not reveal the illicit channels through which these commodities have passed.

The OIG said that although investigations that focus on the illegal sale of stolen medicines can eventually identify the sources of the medicines, this part often requires additional investigative steps, as well as additional time and resources. The OIG, therefore, is continuing to analyze the information received through the hotline, prioritizing the reports, and detailing where thefts are taking place and by whom, for local enforcement action.

The OIG said that a number of "vulnerabilities" in the supply chain have been identified which could provide opportunities for theft. These include: non-reconciliation of stock data between deliveries, stock counts and stock cards; inadequate and ineffective systems and processes to account for commodities; and inadequate storage facilities.

Aidspan has written about the problem of drug theft in Malawi before (see GFO article). Aidspan also reported on the OIG's 2016 audit of grants to Malawi.

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7. NEWS: A major contributor of Global Fund–related TA, GMS will close its doors in September

No successor project announced yet

David Garmaise 22 August 2017

USAID's Grant Management Solutions project (GMS), a major provider of Global Fund–related technical assistance (TA) is ending in September. The purpose of GMS is to improve the functioning of Global Fund grants – primarily through urgent, short-term TA – and thereby increase the effectiveness and efficiency of prevention, care and treatment interventions for HIV, TB and malaria.

There is no word yet on whether USAID will launch a new project similar to GMS to provide Global Fund–related TA.

Funding for the GMS project comes from the 5% that the U.S. withholds from its contribution to the Global Fund and makes available to USAID to provide Global Fund–related TA. The first phase of the GMS project ran from 2007 to 2012. GMS' contract was then renewed for a second phase which covered the period from October 2012 to September 2017.

GMS comprises 29 partner organizations. Management Sciences for Health (MSH) is the principal partner. It is MSH that signs the contracts with USAID. GMS has international, regional and sub-contracting partners. International partners (six in all) include Pact and the International HIV/AIDS Alliance. Regional partners (12) include the Curatio International Foundation, Oasis Financial and Management Services, and Fundacion Plenitud. Sub-contracting partners (10) include the Euro Health Group and Results in Health.

According to its website, GMS has a staff of at least 25 people.

Up to June 2017, GMS had provided TA to grantees in 61 countries and supported more than $2.5 billion worth of grants. During its second phase, GMS helped 91 principal recipients (PRs) and sub-recipients (SRs) establish or strengthen organizational structures and procedures.

GMS also helped to strengthen the functioning of country coordinating mechanisms (CCMs), including (a) helping them to become eligible to submit proposals to the Global Fund; and improving governance and oversight.

In addition, GMS developed a number of tools that will continue to be useful resources for Global Fund grantees and stakeholders after the project ends. These tools include: grant management dashboards, an SR management tool, and a regional dashboard. The grant management dashboards were originally known as the "CCM dashboard." They were later adapted for use by PRs (the "PR dashboard") – hence the generic term "grant management dashboard." GMS has also developed a CCM Summary dashboard.

According to GIZ's BACKUP Health program, the GMS project has been developing grant dashboards in collaboration with the Global Fund Secretariat and the German IT company SAP since 2013. In July, BACKUP's newsletter reported that a dashboard handover event was held on 15-19 May 2017 in Dakar, Senegal, focusing on the suite of dashboard tools and methods for introducing them. Applications, materials and guidance for using the grant dashboards were handed over to consultants, TA partners, and staff of the Global Fund Secretariat. The event was one of a series of activities organized by GMS to ensure the sustainability of GMS tools and approaches after the project ends. BACKUP Health was among the TA partners participating in the event. The newsletter said that BACKUP Health will continue to support the introduction of dashboards for PRs and CCMs within the framework of its TA services to improve grant performance.

Since GMS was a major provider of Global Fund–related TA, Aidspan asked USAID if it intended to establish another vehicle to carry on the work of GMS. USAID's Office of HIV/AIDS Communication Team would only say that "the USG remains committed to supporting countries in achieving their national disease strategies and grant targets. We are funding multiple on-going activities across the three diseases and for strengthening health systems."

Might we expect to see an announcement from USAID about a successor project to GMS sometime in September? Aidspan has seen no indication that this will happen. Given the current political climate in the U.S., nothing is certain. Also, since GMS has organized handover events for tools it pioneered, such as the grant management dashboard, one might conclude that any successor project will look quite different.

More information on the activities of GMS is available at www.gmsproject.org.

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8. ANNOUNCEMENT: Aidspan seeks additional correspondents for GFO

David Garmaise 22 August 2017

Aidspan is seeking additional correspondents for Global Fund Observer (GFO).

GFO currently has several correspondents, some of whom cover events in particular regions. Other correspondents have a global remit. You have seen their names on GFO articles. They make a major contribution to the newsletter.

We need more such correspondents. We particularly need them in regions that we believe we have not been able to adequately cover – i.e., East Africa, West Africa, Central Africa, MENA, South Asia and Southeast Asia.

We also need more correspondents who can focus on Global Fund–related issues generally, as opposed to in any particular region. Finally, we need additional correspondents in two regions that we are currently covering: South Africa, and Eastern Europe and Central Asia (EECA).

We are looking for people who have a very good knowledge of Global Fund operations in a particular region, or globally; and who can write well in English or French. Currently, all GFO articles are drafted in English; some are translated into French for GFO's sister publication, Observateur du Fonds Mondial (OFM). In future, however, we hope to be drafting original articles in French.

Aidspan pays its correspondents on a per article, flat fee basis. On average, our correspondents file 1-2 stories a month.

If you are interested in being a correspondent, please send an email and your C.V. to David Garmaise, Editor of GFO at david.garmaise@aidspan.org. Please also send a copy to info@aidspan.org.

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This is issue #318 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.

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GFO Newsletter is now available in English and French.

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

Aidspan Executive Director: Ida Hakizinka (ida.hakizinka@aidspan.org).

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