

GLOBAL FUND OBSERVER (GFO) NEWSLETTER, a service of Aidspace.

Issue 33 – Monday 18 October 2004. (For formatted web, Word and PDF versions of this and other issues, see [www.aidspace.org/gfo/archives/newsletter](http://www.aidspace.org/gfo/archives/newsletter) )

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**1. NEWS: Global Fund Fails to Gain Sufficient Non-US Donations to Release Full US Pledge**  
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The Global Fund has not succeeded in raising the full amount needed from non-US donors to meet the US condition for handing over its full 2004 pledge of \$547 million.

At the start of this year, the US Congress appropriated \$547 million to be given to the Fund during 2004, on condition that the amount given by the US does not exceed 33% of all donations made this year. The original cut-off date by which non-US cash contributions (not just promises) had to be received by the Fund was July 31. Randall Tobias, head of PEPFAR (the US President's Emergency Plan for AIDS Relief), then extended this cut-off date to September 30.

But as of that date, the Fund had only received enough to warrant a 2004 US contribution of \$460 m., \$87 m. less than the maximum potential US contribution.

Additional amounts have been promised by non-US donors for payment during the last three months of 2004, particularly \$123 m. from Italy. But unless Mr. Tobias uses the discretion he has to further extend his cut-off date, those anticipated additional payments will not release the increased US payment that the Fund has been hoping for.

The Fund and PEPFAR both declined to comment.

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**2. COMMENTARY: Weak Donor Support May Result in a Shrinking Global Fund  
by Hélène Rossert, Vice-Chair of the Global Fund**

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The Global Fund to Fight AIDS, TB and Malaria has demonstrated great momentum by launching four funding rounds in just over two years. But despite the recommendations of the Partnership Forum in July, where participants expressed strong support for a launch of Round 5 by early 2005, there now appears to be a reduction of support from several donors, many of whom do not support the launching of a new round in the coming months. Recipients need to come together to restate their need of a strong Global Fund. The truth is that those who seek to delay the launch of a fifth round are those who have doubts about channeling significant resources through the Fund and remain unconvinced about its effectiveness as the main financial mechanism to fight the three diseases. It is tragic that the Fund should be unable to launch a new round owing to a shortage of funds at a time when a majority of donors including the US, the United Kingdom and others have announced increased allocations to global AIDS.

At the establishment of the Fund there was widespread agreement that in order to make a reasonable impact on the growing pandemics it was necessary to intensify action and scale up interventions to a level that was several times greater than what has actually been achieved. Although the Fund has contributed to expanding many national programs, the unmet need for prevention, treatment and care programs remains very great indeed. Some of the donors seem to have forgotten or set aside their previous commitment to collective emergency action. Some argue that the increase in funding is sufficient for now and that we are heading for absorption problems, even though most countries continue to face serious deficits in funding their national AIDS, TB and malaria programs. Others point to the delays in implementation of Global Fund-financed programs as evidence that more time rather than money is needed. These donors resist the logic that increased capacity can only be created with increased investments in human resources, infrastructure and systems, all of which need more financial resources.

The debate about whether and when to launch Round 5 has brought into broad daylight the divide between those who believe the Global Fund should be demand-driven (i.e. that the level of financing and number of rounds should be dictated primarily by the needs of recipient countries) and those who hold the view that the Fund should be supply-led (i.e. that the level of financing and number of rounds should be dictated primarily by how much the donors choose to give). The current lack of commitment to financing a new round in early 2005 suggests not only that the Global Fund will be supply-driven, but that it will be just another ordinary fund. We should all be gravely concerned about the gradual reduction of commitment to the Fund.

The board needs to take advantage of the clear recommendations that came out of the Partnership Forum and seize the opportunity to review the Comprehensive Funding Policy (CFP) and thereby facilitate an early launch of Round 5. The CFP requires that the entire two-to-three-year cost of any signed grant be placed in the bank by the Fund before the grant starts. Drawing upon some of the USD 2 billion currently held in the Fund's Trustee account would go a long way to easing the financial shortfall needed to finance renewals and a new round.

A review of the CFP is in my view urgently needed. It would be in keeping with the planned donor conference and the shift towards a replenishment mode, which will provide more stable and predictable financial flows to the Fund. Two years and more since the establishment of the Fund, much of the original rationale for the adoption of a conservative funding policy no longer applies. As we approach the Replenishment Conference, it would be somewhat illogical if donors did not foresee the need for a review of funding policy. It would suggest that they do not consider their own future pledges as sufficient security to guarantee present expenditure. The current funding policy is out of date and overdue for review.

*[Hélène Rossert ([hrossert@aides.org](mailto:hrossert@aides.org)) is Vice-Chair of the board of the Global Fund, and is the board member representing Developed Country NGOs. A medical and public health doctor, she is the General Director of the French organization AIDES, one of Europe's largest community-based NGOs fighting AIDS.]*

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**3. NEWS: Feachem Speaks Out on AIDS in India**

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India has the world's largest number of HIV-infected people, Global Fund Executive Director Richard Feachem said during a visit to India last month.

According to UN data, the number of people with HIV in India is 5.1 million, behind South Africa with 5.6 million. But, "I don't believe in the official statistics. India is already in first place," Feachem said.

"I am happy to be wrong. But I think I will be proved right, soon," he said. "There are large gaps in AIDS surveillance in India. So how can you say there are only 5.1 million infections?" he asked, adding, "The India epidemic is on an African trajectory ... It is a grave, ticking time bomb."

India's response, he said, is "way short of what is necessary to turn around the epidemic."

In a press conference a few days later in Tamil Nadu, the Indian state with the highest numbers of HIV/AIDS cases, the health minister, Anbumani Ramadoss, said there is no reason to get alarmed over the number of AIDS patients, as only 0.5 per cent of the population is infected.

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**4. COMMENTARY: An Open Letter to Richard Feachem and The Board of the Global Fund by Rajiv Kafle**

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*Editor's note: The biggest challenge facing the Global Fund is to ensure that grant disbursements actually lead to people receiving the promised treatment and prevention services. Often, despite good will and hard work on the part of many, entrenched bureaucracy or political unrest can provide major barriers. Nepal, which is close to civil war and has had three changes of government since its \$4 million Round 2 HIV grant was approved in January 2003, is one such country. Four days ago, Rajiv Kafle, an HIV-positive activist in Nepal, wrote the following open letter to the Global Fund leadership at the end of a frustrating day.*

Thursday 14 October 2004

Dear Dr. Feachem and Global Fund Board members,

I woke up at 5 today. I was invited to Nepal's UN day celebration. Everyone was invited – from the Prime Minister to a group of street kids – and they all looked happy. But that certainly wasn't true of the people I had to meet.

First was the head of UNAIDS in Nepal. He was quite frustrated over the government's slowness in coming up with an agreement in which the UN will help implement Nepal's Round 2 Global Fund HIV grant. "This is not working," he said. He looked like the commander of an army that is losing a battle. He has spent more time on this than anyone else from the UN, and he knows what works and what doesn't. However, the last thing I wanted to hear early in the morning was that it is not working. Many of us have devoted lots of energy for more than a year now to make this work.

Then we were joined by the Chair of the UN theme group. She too was not very hopeful. The Ministry of Health, as the Principal Recipient of the grant, has to agree to an arrangement in which the UN system will serve as the grant's Management Support Agency. And it has to do so soon, or – so the Fund tells us – a new PR will have to be found, which will turn the clock back to zero.

The Fund's board approved the grant nearly two years ago, in January 2003. Coincidentally, I had attended that board meeting, as a member of the Developing Countries NGO delegation. A journalist had asked if I was happy that my country was receiving the grant. I had answered "No," because I thought that the money probably would not reach the right people. However, over the course of the following year we did a lot of advocacy to get the money reallocated so that it will go to the right people. As a result of that, the government even started the ARV program early, anticipating that they would receive the Global Fund money to continue it and build the number under treatment up to

2,500. But now the chances don't look so good. This is a challenge for the Fund, too. If it changes PR or cancels the grant, many who have started ARVs will die.

I left the UN building wondering yet again what I can do to help solve this crisis. Next, I had to visit a friend in the hospital. He had stayed with us in our center for a long time. Recently his health started to deteriorate. His TB medicines were not working. I sat next to him. I simply have no words to explain how he looked. He has gone blind and he cannot speak much. He asked me softly, "Am I dying?" I immediately answered "NO, you will get well soon, and together we will celebrate the Dashain festival that starts next week." I am a liar. He is dying. The doctors had told us they were waiting until he gained some weight and adjusted to the TB meds so they could then put him on ARVs. Well, now he may not need the ARVs. I can't take any more death, my little group already had five this year.

Just next to the hospital is the National Center for AIDS and STD Control (NCASC), which comes under the Ministry of Health. I went to meet the director there. I told him that we are organizing a protest in his office next week for not putting more people on ARVs as he had promised. The government started with 25 people in April and had promised to scale it up to 125 by September. I showed him the poster we had printed for the protest. It read "ACTION ALERT!!"

His face had a similar expression to that of the UNAIDS man I had talked with this morning. He said "I worked very hard when I had to prepare for my marriage; I worked harder still when I had to arrange my son's marriage; and now in the past one year I have worked the hardest of all to make this Global Fund project work. Please help me for the last time." He added, "I will retire in four months but I am committed to make this work."

He took out a document and gave it to me. This was the contract he had drafted, at the request of the Global Fund, between the government and the UN system. The UN has already done nearly all the required work covered by the contract – procurement plan, monitoring and evaluation plan, and more. But this need for a formal contract before money can flow is a real problem. The Ministry insists that the contract be approved by the cabinet, the top council of government. In these troubled times, cabinet meetings mostly focus on security issues. He explained to me that there may not be enough time to meet the Fund's deadline. And in a rather hopeless tone he asked me "How is the Global Fund different from any other mechanism?" I said nothing. But I left him thinking that I will surely write a letter to Richard Feachem and ask him the same question.

*[Rajiv Kafle ([rajhiv2002@yahoo.com](mailto:rajhiv2002@yahoo.com)) is Coordinator of Nav Kiran Plus, an HIV counseling and rehabilitation NGO in Nepal that is caring for 60 people. A former board member of GNP+, the Global Network of People Living with HIV/AIDS, he has led sit-ins with other people living with HIV/AIDS in front of the UN building in the capital Kathmandu, urging officials to prioritize care and support programs.]*

*[Editor's follow-up note: Taufiqur Rahman, Global Fund Portfolio Manager for Nepal, has responded privately to Rajiv, and has sent the following comment to GFO: "We are acutely aware of the critical need for urgent, decisive action to move the Nepal grants forward and are exploring all options to make this happen. We are taking concrete steps in consultation with donors and partners to make sure funds flow immediately from the Principal Recipient, the Ministry of Health, to sub-recipients. Our actions will ensure the PR disburses funds for ARV procurement within the next four weeks and we will provide an update on the situation to GFO in November."]*

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**5. ANALYSIS: The Global Fund's "Slow-Moving" and "Well-Performing" Grants**  
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In an analysis by GFO of all 212 Global Fund grants for which a grant agreement has been signed, 25 grants were identified as "slow-moving" and 22 were identified as "well-performing".

Sixty percent of all grant agreements have a Principal Recipient (PR) from the governmental sector, and 40% have a PR from civil society, the private sector, or a multilateral agency. But GFO found that every one of the 25 "slow-moving" grants is one of those that has a governmental PR. This confirms

the views of many that although at times there is no choice but to use a governmental PR, when there is an option, it is often better to use some other kind of PR.

GFO's criteria for a grant being "slow-moving" are that the first disbursement had not been sent by six months after the grant agreement was signed; or that the second disbursement had not been sent by one year after the first disbursement; and/or that less than 20% of the two-year grant amount had been disbursed by the Global Fund by one year after the grant agreement was signed.

These provide only very rough and preliminary measures of grant performance. The measure that really matters (for which almost no data is yet publicly available) is the extent to which the people who are supposed to receive treatment and other services are actually receiving them.

Among GFO's other findings are that grant agreements for eleven Round 1 and 2 grants have still not been signed, well over a year and a half since Round 2 grants were approved; and that eighteen Round 3 grants are in danger of being canceled before they even start, because a year has passed without a grant agreement being signed.

GFO's detailed findings are as follows.

#### Severely delayed Round 1 and 2 grant agreements

Eleven of the 153 Round 1 and 2 grants have not even reached the point of having grant agreements signed, despite the fact that the Round 2 grants were approved one-and-three-quarters years ago and Round 1 grants were approved two-and-a-half years ago.

The grants in question, with a five-year value of \$294 m., are as follows:

- Afghanistan: Round 2 – Integrated (\$3 m.)
- Iran: Round 2 – HIV/AIDS (\$16 m.)
- Korea, DPR: Round 1 – TB (\$5 m.)
- Malawi: Round 2 – Malaria (\$40 m.)
- Namibia: Round 2 – HIV/AIDS (\$105 m.)
- Namibia: Round 2 – Malaria (\$6 m.)
- Namibia: Round 2 – TB (\$2 m.)
- Nigeria: Round 2 – Malaria (\$44 m.)
- South Africa: Round 2 – HIV/TB (\$25 m.)
- Sudan: Round 2 – Malaria (\$33 m.)
- Zimbabwe: Round 1 – HIV/AIDS (\$14 m.)

#### Round 3 grants at risk of being canceled before starting

Eighteen of the 72 Round 3 grants are in danger of being canceled before they even start.

At its June 2004 meeting, the Global Fund board agreed that for Round 3 grants and later, if a proposal is approved by the board but a grant agreement is not signed within a year, the approval of the proposal will normally be revoked.

The median time from Board approval to signing of a Round 3 grant is 6 months. Round 3 grants were approved on 15 October 2003, exactly a year ago. Thus, according to the June board decision, unsigned Round 3 grants should as of now "no longer be considered approved" unless the Board decides to allow a further exceptional time extension based on information received from the Secretariat and CCMs. This time extension will be limited to a maximum of 3 months.

The 18 Round 3 grants that were unsigned as of October 12, with a five-year value of \$302 m., are as follows:

- Angola: Malaria (\$38 m.)
- Comores: HIV/AIDS (\$1 m.)
- East Timor: TB (\$2 m.)

- Guatemala: HIV/AIDS (\$41 m.)
- India: HIV/TB (\$15 m.)
- Iran: HIV/AIDS (\$10 m.)
- Korea, DPR: Malaria (\$9 m.)
- Multi-country Americas (Andean): Malaria (\$26 m.)
- Multi-country Americas (OECS): HIV/AIDS (\$10 m.)
- Myanmar: HIV/AIDS (\$54 m.)
- Myanmar: Malaria (\$27 m.)
- Pakistan: Malaria (\$2 m.)
- Pakistan: TB (\$13 m.)
- Russian Federation: TB (\$11 m.)
- Sudan: HIV/AIDS (\$21 m.)
- Suriname: HIV/AIDS (\$5 m.)
- Swaziland: TB (\$3 m.)
- Yemen: HIV/AIDS (\$15 m.)

### "Slow-moving" grants

Twenty-five of the 212 grants for which a grant agreement has been signed can be defined as "slow-moving", based on criteria developed by GFO. The criteria are as follows:

- A. The grant agreement was signed more than six months ago, but the Global Fund has not yet sent the first disbursement. (This suggests that the PR is having problems meeting some conditions that have been set by the Fund.)
- B. Or: The first disbursement was sent by the Global Fund more than a year ago, but no further disbursement has been sent since then. (Normally, disbursements are to be sent every three months. The delay suggests that the PR is having problems implementing what it had said it would during the first few months.)
- C. And/or: The grant agreement was signed more than a year ago, but less than 20% of the two-year grant amount has been disbursed by the Global Fund thus far. (This again suggests that the PR is having a problem with grant implementation.)

Note that there will be many cases in which a grant is slow-moving in ways that are not captured using these criteria. Also, sometimes a grant is slow-moving for reasons beyond the control of all players. Finally, speed of spending money is not the only factor to consider. Sometimes things have to be done – like getting agreements in place – that do not cost money but that still take considerably longer than was anticipated.

The 25 "slow-moving" grants, with a five-year value of \$845 m., are as follows:

- Croatia: Round 2 – HIV/AIDS – PR: Ministry of Health and Social Welfare (Reason B)
- Ethiopia: Round 1 – TB – PR: Federal Ministry of Health (Reason B)
- Ethiopia: Round 2 – Malaria – PR: Federal Ministry of Health (Reason B)
- Georgia: Round 2 – HIV/AIDS – PR: Health and Social Projects Impl'n Center (Gov't) (Reason B)
- Kenya: Round 2 – HIV/AIDS – PR: Ministry of Finance (Reason C)
- Kenya: Round 2 – Malaria – PR: Ministry of Finance (Reasons B & C)
- Kenya: Round 2 – TB – PR: Ministry of Finance (Reasons B & C)
- Lesotho: Round 2 – HIV/AIDS – PR: Ministry of Finance and Dev't Planning (Reason C)
- Lesotho: Round 2 – TB – PR: Ministry of Finance and Dev't Planning (Reason C)
- Mozambique: Round 2 – HIV/AIDS – PR: National AIDS Council (Gov't) (Reason A)
- Mozambique: Round 2 – Malaria – PR: Ministry of Health (Reason A)
- Mozambique: Round 2 – TB – PR: Ministry of Health (Reason A)
- Nepal: Round 2 – HIV/AIDS – PR: Ministry of Health (Reason C)
- Nepal: Round 2 – Malaria – PR: Ministry of Health (Reason C)
- Nigeria: Round 1 – HIV/AIDS – PR: National Action Committee on AIDS (Gov't) (Reason C)

- Nigeria: Round 1 – HIV/AIDS – PR: National Action Committee on AIDS (Gov't) (Reason C)
- Pakistan: Round 2 – HIV/AIDS – PR: Ministry of Health (Reason C)
- Pakistan: Round 2 – Malaria – PR: Ministry of Health (Reason C)
- Swaziland: Round 2 – HIV/AIDS – PR: Nat. Emrg. Rsp. Cn'cil on HIV (Gov't) (Reasons B & C)
- Swaziland: Round 2 – Malaria – PR: Nat. Emrg. Resp. Cn'cil on HIV (Gov't) (Reason B)
- Thailand: Round 2 – HIV/AIDS – PR: Ministry of Public Health (Reasons B & C)
- Vietnam: Round 1 – TB – PR: Ministry of Health (Reason C)
- Yemen: Round 2 – Malaria – PR: Ministry of Public Health and Population (Reason C)
- Zambia: Round 1 – HIV/AIDS – PR: Ministry of Finance and National Planning (Reason A)
- Zimbabwe: Round 1 – Malaria – PR: Ministry of Health and Child Welfare (Reason B)

### "Well-performing" grants

Twenty-two of the 212 grants for which a grant agreement has been signed can be defined as "well-performing", based on the criterion that during the first year (or less) since the grant agreement was signed, more than half of the two-year grant amount was disbursed by the Global Fund.

Note that there will be many cases in which a grant is well-performing in ways that are not captured using this criterion.

The 22 "well-performing" grants, with a five-year value of \$483 m., are as follows:

- Benin: Round 2 – TB – PR: UNDP
- Congo (Democratic Republic): Round 2 – TB – PR: UNDP
- Cote d'Ivoire: Round 3 – HIV/AIDS – PR: CARE Cote d'Ivoire (NGO)
- Estonia: Round 2 – HIV/AIDS – PR: Ministry of Social Affairs
- Ethiopia: Round 1 – TB – PR: Federal Ministry of Health
- Georgia: Round 3 – Malaria – PR: Health and Social Projects Impl'n Center (Gov't)
- Ghana: Round 2 – Malaria – PR: Ministry of Health
- Indonesia: Round 1 – Malaria – PR: Ministry of Health
- Jordan: Round 2 – HIV/AIDS – PR: Ministry of Health
- Kenya: Round 1 – HIV/AIDS – PR: Sanaa Art Promotions (NGO)
- Lao PDR: Round 2 – TB – PR: Ministry of Health
- Multi-country W. Pacific: Round 2 – Malaria – PR: Sec't of the Pacific Community (Gov't)
- Multi-country W. Pacific: Round 2 – TB – PR: Sec't of the Pacific Community (Gov't)
- Nicaragua: Round 2 – Malaria – PR: Federación NICASALUD (NGO)
- Rwanda: Round 3 – Malaria – PR: Ministry of Health
- Somalia: Round 2 – Malaria – PR: UNICEF
- South Africa: Round 1 – HIV/TB – PR: National Treasury (Ministry of Finance)
- Togo: Round 2 – HIV/AIDS – PR: UNDP
- Ukraine: Round 1 – HIV/AIDS – PR: International HIV/AIDS Alliance (NGO)
- Ukraine: Round 1 – HIV/AIDS – PR: International HIV/AIDS Alliance (NGO)
- Zambia: Round 1 – Malaria – PR: Central Board of Health (Ministry of Health)
- Zambia: Round 1 – Malaria – PR: Churches Health Association of Zambia (FBO)

### Comparative analysis

GF grants to PRs that are part of government are significantly more often "slow-moving" (25 out of 127, or 20%) than GF grants to civil society and private sector PRs (0 out of 47) or grants where UNDP or UNICEF is PR (0 out of 38).

Sector of PR	Grant agreements	"Slow-moving"	"Well-performing"
Government	127	25 (20%)	12 (9%)
Civil society and private sector	47	0 (0%)	6 (13%)
UNDP and UNICEF	38	0 (0%)	4 (11%)
<b>Total:</b>	<b>212</b>	<b>25 (12%)</b>	<b>22 (10%)</b>

GF grants to countries in Sub-Saharan Africa and South Asia are significantly more often "slow-moving" (20 out of 109, or 18%) than GF grants to other parts of the world (5 out of 103, or 5%).

Region	Grant agreements	"Slow-moving"	"Well-performing"
E. Asia & Pacific	33	2 ( 6%)	4 (12%)
E. Europe & Central Asia	23	2 ( 9%)	4 (17%)
Latin America & Caribbean	32	0 ( 0%)	1 ( 3%)
N. Africa & Middle East	15	1 ( 7%)	2 (13%)
S. Asia	15	4 (27%)	0 ( 0%)
Sub-Saharan Africa	94	16 (17%)	11 (12%)
<b>Total:</b>	<b>212</b>	<b>25 (12%)</b>	<b>22 (10%)</b>

GF grants to the fifteen countries that also receive PEPFAR grants are significantly more often "slow-moving" (12 out of 50, or 24%) than GF grants to non-PEPFAR countries (13 out of 162, or 8%).

(Note 1: "PEPFAR countries" are Botswana, Cote d' Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia.)

(Note 2: The point about the PEPFAR analysis is that the more choices a country has for obtaining funding for AIDS programs, the less reason it has to focus all its energy on making a particular one work.)

"PEPFAR countries" or not	Grant agreements	"Slow-moving"	"Well-performing"
PEPFAR countries	50	12 (24%)	7 (14%)
Non-PEPFAR countries	162	13 ( 8%)	15 ( 9%)
<b>Total:</b>	<b>212</b>	<b>25 (12%)</b>	<b>22 (10%)</b>

Combining all the above highlights: 12% of all GF grants agreements are "slow-moving." But 32% of all GF grants that are made to government PRs in "PEPFAR countries" in Sub-Saharan Africa are "slow-moving."

### Discussion

The best test of whether a grant is well-performing is: Are the people who are supposed to receive services actually receiving those services? Such data is, however, only just starting to become available.

The second best test is: Is the PR spending the money it has received in the ways, and with the timing, that was previously agreed? Some such data is available, but only retrospectively. When the PR requests the second disbursement, it must document what it did with the first disbursement. But in those cases where the first disbursement has been sent by the Fund – possibly a year or more ago – and no request has yet been received by the Fund for the second disbursement, it is very hard for outsiders to know what has been going on since the first disbursement was sent.

So in this analysis, we are dependent upon noting when the Fund sends out each disbursement, and how much it is for. The normal procedure followed by the Fund is that soon after the grant agreement is signed, the Fund sends the PR a first disbursement covering two quarters (six months). During the second quarter, the PR informs the Fund what happened during the first quarter, and requests a second disbursement covering the third quarter. If the Fund is satisfied with that performance, it will send the second disbursement towards the end of the second quarter.

GFO will from time to time repeat this analysis of "slow-moving" and "well-performing" grants. In addition, Aidspace (publisher of GFO) hopes over the coming months to develop a web-accessible database showing, for each grant and country, (a) how many people are/were supposed to receive treatment and other services (quarter by quarter) as a result of Global Fund grants; (b) how many people have actually received those services; (c) how many people have died of AIDS/TB/malaria during each quarter (based on projections by others).

(Note: The GFO analysis above was conducted using data posted to the Global Fund web site on 12 October 2004. The source data is accessible under "Funds Committed and Disbursed" on the left hand side of [www.TheGlobalFund.org](http://www.TheGlobalFund.org). For country-specific grant progress reports, click on "Choose a country" at the same web location, then look under "Disbursement requests," when available. GFO's analysis did not include the three Ukraine grant agreements that have already been canceled by the Fund.)

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END OF NEWSLETTER  
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This is an issue of the GLOBAL FUND OBSERVER (GFO) NEWSLETTER.

The GFO NEWSLETTER is an independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria ([www.theglobalfund.org](http://www.theglobalfund.org)). The GFO Newsletter is emailed to some 6,000 subscribers in 160 countries once to twice a month.

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GFO is a free service of Aidspan ([www.aidspan.org](http://www.aidspan.org)), based in New York, USA. Aidspan is a nonprofit organization that promotes increased support for, and effectiveness of, the Global Fund.

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People interested in writing articles for GFO are invited to email the editor, above.

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