

GLOBAL FUND OBSERVER (GFO), an independent newsletter about the Global Fund provided by Aidspan to over 8,000 subscribers in 170 countries.

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### [2. ANNOUNCEMENT: Volume 2 of Aidspan's Round 11 Applying Guide Will Be Released Soon](#)

Aidspan will release the English version of Volume 2 of "The Aidspan Guide to Round 11 Applications to the Global Fund" as soon as possible after the 15 August launch of Round 11. Volume 2 will provide guidance on many of the questions on both the regular proposal form and the new common health systems strengthening (HSS) proposal form.

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An independent panel commissioned by the Australian government says that there is "a case for a substantial increase in core funding to the Global Fund given its strong focus on results."

### [6. NEWS: New Publication Provides Varied Perspectives on the Global Fund](#)

A new publication, "Access, Accountability and Rights: Your Voices, Your Views on the Global Fund," contains articles prepared by the Key Correspondent (KC) Team, a network of community-based writers hosted by the International HIV/AIDS Alliance. The articles are on five themes: women and children; human rights; saving lives and value for money; risk management; and country-level partnerships.

### [7. ANNOUNCEMENT: Call for Nominations for the Communities Delegation on the Global Fund Board](#)

People wishing to serve on the Global Fund Board's communities delegation have until Friday, 12 August to apply.

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## 1. ANALYSIS: How Much Funding Will Be Available for Round 11?

### *Global Fund Will Issue Statement on Funding About the Time Round 11 Is Launched*

In a report provided to the Global Fund Board in May 2011, the Global Fund Secretariat forecasted that \$1.5 billion would be available to fund the initial period of Round 11 proposals recommended by the Technical Review Panel (TRP). This includes proposals for disease and health systems strengthening (HSS) components in the general pool, proposals for disease components in the targeted pool, and the second wave of national strategy applications (NSAs).

The \$1.5 billion forecast was based on the assumption that all donors would honour their pledges, and that donors that traditionally do not make pledges would provide similar amounts of funding as in the past. Given the current global economical insecurity, these assumptions might appear to be optimistic. For instance, since this estimate was made, the Netherlands announced a pledge for 2011-2013 that was less than its previous three-year pledge, and less than the Global Fund had been expecting. See [Article 5](#) in this issue.

The Global Fund Secretariat is expected to issue a statement concerning funding at or about the time that Round 11 is launched (on 15 August).

For Round 10, the Global Fund approved \$1.7 billion in funding for the first two years of all proposals recommended by the TRP. For Round 9, the Fund approved \$2.38 billion in funding for the first two years. This amount was after the 10% “efficiency” cuts. Round 9 included the first learning wave of NSAs.

For Round 8, the Fund approved \$2.75 billion in funding for the first two years (after the 10% efficiency cuts).

The Global Fund has not always had enough money on hand to immediately fund the first two years of all proposals recommended by the TRP. In several rounds, the Fund had to delay formal approval of funding for some grants. However, the delays have never lasted for more than a few months.

Although, in the past, the Global Fund has always approved funding for the first two years of each grant (the “initial period”), it may or may not do so for Round 11. The situation is more complicated under the new grant architecture. In the past, the end of the first two years marked the end of Phase 1 of a grant. Prior to the end of Phase 1, a performance review was carried out before funding for Phase 2 (usually for three years) was approved. However, under the new grant architecture, fixed implementations periods of (usually) three years have replaced the Phase 1–Phase 2 formula. For more information on how grants will work in the future, see this GFO [article](#).

In cases where approval of a Round 11 proposal results in a new single-stream-of-funding (SSF) agreement being signed with a PR (rather than an existing one being supplemented), one might expect that the Board would approve funding for the first three years of the new interventions in the proposal (i.e., the first implementation period). However, it is unlikely that the Fund will have enough money on hand to approve funding for three years for a large number of proposals. It depends on many factors, including the total cost of proposals recommended for funding and how well the Global Fund’s fundraising efforts are doing. But it would be surprising if the Fund decided to approve funding for any proposal for a period longer than two years.



### 3. NEWS: TRP's Report on Round 10 Provides Clues to What Applicants Should Include in Their Round 11 Proposals

Here is a question for consultants and committees writing proposals for Round 11: Would you like to know now what the Technical Review Panel (TRP) wants to see in the proposals when it reviews them early in 2012?

Well, the TRP has provided plenty of clues. The TRP does so whenever it issues a report at the end of a round of funding. This article summarises the observations and recommendations of the TRP for Round 10. The article is based on two articles previously published in *GFO*, supplemented by additional information taken from the TRP's Round 10 report.

In its Round 10 report, the TRP made the following observations and recommendations:

**Multiple SRs.** The TRP does not support the trend in Global Fund grants towards having more and more sub-recipients (SRs) – for two reasons (1) it results in large amounts of money being spent on overhead; and (2) it makes coordination between the PRs and the SRs more challenging.

**Financial gap analysis.** The TRP said that “too often” applicants “fail to present a robust and accurate financial gap analysis.” The TRP recommended that, before Round 11, technical partners provide support to countries in developing clear, detailed and evidence-based financial gap analyses for the diseases and for the health sector.

**Prevention of mother-to-child transmission (PMTCT) interventions.** The TRP said that Round 10 applicants did not always clearly present the country context when describing their preferred treatment regimen, and that applicants did not always demonstrate their ability to conduct CD4 monitoring. The TRP said that applicants should clearly describe how health care workers will be trained to implement the selected option; and how existing country guidelines on the provision of antiretrovirals (ARVs) will impact the implementation of the selected regimen. In addition, the TRP said, future proposals should also clearly demonstrate the country capacity to implement its preferred option.

**Advocacy, communication and social mobilisation (ACSM) interventions in Round 10 TB proposals.** The TRP noted that, often, ACSM interventions were not strategic and the strategies not well elaborated. The TRP said that applicants tended to include a “laundry list” of activities, without evidence to support the chosen interventions. In addition, the TRP said, most Round 10 proposals did not include activities involving community partners.

**Gender.** Applicants should ensure that activities addressing gender inequalities are integrated throughout the proposed interventions. Failure to undertake a gender analysis could compromise the success of proposals.

**Stigma, discrimination and human rights.** Applicants should include more interventions addressing stigma and discrimination. The issues of stigma and discrimination should be addressed together, and should complement measures to address gender inequality. In their proposals, applicants should also address issues of the criminalisation of key populations and should embrace the role of civil society organisations in the social de-criminalisation of these populations.

**ARVs.** Applicants should make more use of community approaches to improving adherence to ARVs.

**Patient care.** Requests for patient support should include supporting evidence to allow the TRP to assess the feasibility and impact of such activities.

**Behaviour change communication (BCC).** Because designing appropriate BCC interventions is challenging, applicants should consider proposing pilot approaches before going to scale on BCC interventions. When requesting funding for BCC, applicants should provide evidence of the impact of previous or existing BCC interventions, where such evidence exists. BCC requests should be based on a needs assessment, and should include a plan for assessing the impact of the proposed interventions. In addition, applicants should include impact or outcome indicators for BCC activities, not just output indicators.

**Budgets.** Applicants should ensure that their budgets have the required detail, clarity and accuracy.

**Human resources.** For proposals where funding is being requested for human resources, applicants should provide a strategy on how they plan to try to retain their current health workers.

**Training.** All in-service training requests should be based on a training needs assessment, and should include a plan for a training impact assessment. In addition, applicants should use impact indicators to measure the effect of training efforts.

**Performance frameworks.** Applicants should focus more on outcome and impact indicators, and should make sure that these indicators are meaningful. In addition, applicants should ensure that they include indicators to measure the quality of interventions such as care and prevention services.

**U.N. agencies as implementers.** If applicants want to nominate a U.N. agency as PR, or select a U.N. agency as SR, they should provide a strong justification. Applicants should also provide a plan for transitioning from the U.N. agency to a local PR or SR.

**Technical assistance (TA).** Applicants should make better use of local TA providers because this may represent better value for money. In addition, in their proposals, applicants should clearly distinguish between technical assistance and the contracting out of services.

**Most-at-risk populations (MARPs) proposals.** Applicants should provide more contextual information regarding these populations, including surveillance data or special survey reports.

### **Other observations**

The TRP's report on Round 10 contained a number of other observations that, for space reasons, are not summarised in this article. These include observations on:

- reproductive health and contraceptives interventions
- hepatitis C interventions
- supplemental feeding for orphans and vulnerable children
- assumptions used in calculating malaria episodes
- the inclusion of insecticide resistance monitoring in proposed vector control programmes for malaria proposals
- management of childhood TB
- laboratory diagnostics for TB
- management of multi-drug-resistant TB (MDR-TB)
- operational research in TB proposals

- requests for TB patient support
- implementing TB interventions in prisons

Applicants interested in what the TRP had to say about these topics should consult the report itself.

### **Regional and multi-country proposals**

In Round 10, the TRP recommended five out of 15 eligible regional and multi-country proposals. According to the TRP, the recommended proposals clearly demonstrated the value-added of a regional or multi-country approach. However, the TRP said that it continues to question the value-added of most regional and multi-country proposals. In particular, the TRP questioned the relevance of including service delivery interventions in these proposals because this may contribute to the creation of parallel systems in-country and may duplicate national activities. For the TRP to recommend a multi-country or regional proposal, the TRP said, applicants must make a compelling case.

*The two GFO articles on the report of the TRP on Round 10 are available [here](#) and [here](#). The TRP's observations are contained in "Recommendations and Lessons Learned from the Round 10 Proposal Review Process," which is 15 pages long, and which constitutes Part 5 of the "Report of the Technical Review Panel and the Secretariat on Round 10 Proposals." The report is available, in its entirety, on the Global Fund website [here](#).*

*Readers may also want to consult an information note prepared by the Global Fund on the "Most Common Weaknesses Identified by the TRP in Round 10 Proposals," available on the Fund's website [here](#).*

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## **4. NEWS: New Information Notes for Round 11**

The Global Fund has been issuing new information notes for Round 11 at a fairly constant rate. When we went to press, there were 22 information notes listed on the Fund's website [here](#). Below, we provide details on six of them. This is followed by a list of all 22 notes.

**Matching Resources to Need: Opportunities to Promote Equity.** In Round 11, applicants are required to include an assessment of inequities, gaps and barriers in the current national responses to the diseases. The term "inequities" refers primarily to obstacles faced by specific sub-populations in accessing services. The purpose of this information note is to explain how applicants can conduct an equity assessment and then use the Round 11 proposal to address inequities. The information note describes four key steps to conducting an equity assessment, as follows:

1. Making the assessment process participatory
2. Gathering evidence to assess equity
3. Analysing the evidence to identify gaps and opportunities
4. Translating the analysis into service delivery areas (SDAs), budgets and performance frameworks in the Round 11 proposal

The information note contains a list of sources that may be able to provide technical assistance on conducting equity assessments.

**Food and Nutrition.** This information note explains the rationale for including food and nutrition support in Global Fund proposals, and provides guidance on how to go about it.

**Non-Country Coordinating Mechanisms.** This information note describes the criteria for non-CCM applications, and explains what documentation applicants need to provide to show that they meet at least one of the criteria.

**HIV and Human Rights.** This information note lists the seven human rights-related programme areas that UNAIDS recommends be included in national AIDS responses, as follows:

1. Programmes to reduce stigma and discrimination
2. Programmes to sensitise law enforcement agents and law and policy makers
3. HIV-related legal services
4. Programmes to train health care workers in non-discrimination, confidentiality and informed consent
5. Programmes to monitor and reform laws, regulations and policies relating to HIV
6. Legal literacy programmes (such as “know your rights or laws” campaigns)
7. Programmes to reduce harmful gender norms and violence against women, and to increase their legal, social and economic empowerment in the context of HIV

The information note also explains how human-rights based approaches can be incorporated into all programming.

**Scaling Up Comprehensive Prevention of Mother-to-Child Prevention (PMTCT) Interventions [sic].** This information note explains what would be required to eliminate mother-to-child transmission of HIV, and provides a comprehensive menu of interventions that applicants could include in their proposals.

**Value for Money.** This information note outlines the Global Fund’s approach to value for money in Round 11 proposals. The note explains that the Technical Review Panel (TRP) will assess value for money in three areas: effectiveness, efficiency and additionality.

### **Complete list of information notes**

When we went to press, the following information notes were available on the Global Fund website [here](#). We have listed the information notes by three categories that we have defined. On the Fund’s website, the notes are also listed by category, but they are not the same categories as the ones we use below.

#### **HSS and disease-specific topics**

- Addressing Sex Work, MSM and Transgender People in the Context of the HIV Epidemic
- Collaborative TB/HIV Activities
- Food and Nutrition for HIV and TB Programming
- Health Systems Strengthening
- HIV and Human Rights
- Scaling Up Comprehensive Prevention of Mother-to-Child Prevention (PMTCT) Interventions [sic]
- Tuberculosis and Human Rights



The Global Fund's mid-term replenishment meeting will likely be held in Australia in March 2012. This is the meeting that takes place in the middle of each replenishment period, at which the Global Fund provides an update on its needs and what it has received, and donors sometimes agree to additional or modified pledges.

## Related developments

Meanwhile...

... The **Netherlands** announced that it is pledging €163.5 million (US\$232 million) to the Global Fund for 2011-2013. In US dollar terms, this is less than the previous three-year pledge from the Netherlands, and less than the Global Fund had been expecting. However, as the Global Fund noted in a press release, the latest pledge comes at a time when the Netherlands has reduced its overall budget for development assistance. The Netherlands is the tenth largest donor to the Global Fund, and has been among the most generous in terms of its contributions (as a percentage of gross national income). Since the Global Fund was created in 2002, the Netherlands has pledged more than €648 million, including this latest pledge.

... As reported in *GFO 152*, **Germany** has released the first half of its promised €200 million 2011 contribution to the Global Fund. Germany attached a condition to the release of the funds – namely, that the money is to be used only in countries where international organisations, such as the U.N. Development Programme (UNDP), are responsible for implementing the programmes. The Global Fund said that it will work with Germany to clarify the conditions, but that the Fund is "bound by a basic principle that public donors cannot restrict their contributions to specific recipients."

... In **Italy**, the Italian Civil Society Forum on HIV/AIDS drafted an open letter to Italian Prime Minister Silvio Berlusconi, urging him to reconfirm "the Italian historical commitment to the Global Fund." The Italian Government has not yet disbursed its promised 2009 and 2010 contributions to the Global Fund, and has not yet announced any pledge for 2011-2013.

*Information for this article was taken from the [report](#) "Independent Review of AIDS Effectiveness," Australian Government, April 2011; from "Stronger Poverty Focus an Encouraging Sign for Aid Increase," [press release](#), Results International (Australia), 14 July 2011; from "Global Fund Welcomes the Netherland's Decision to Commit €163.5 Million," Global Fund, [press release](#), 15 July 2011; from "Global Fund Welcomes Germany's Decision to Renew Funding," Bankkaufmann.com, [online](#), 1 July 2011; from "Germany to Restore Half of Global Fund Donations Withheld Earlier This Year," NewsMedical, [online](#), 6 July 2011; and from "Italy Fund the Global Fund," Aids Action Europe, [online](#).*

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## 6. NEWS: New Publication Provides Varied Perspectives on the Global Fund

In Indonesia, the dependency of the government on foreign aid is a matter of great concern. Global Fund money is used by the government as an excuse not to allocate government funding for HIV prevention, treatment, care and support. The fact that international funding is only temporary seems not to be considered, and the government seems in denial about the fact that, sooner or later, international funding will be discontinued.

These are the views of one author in a new publication called "Access, Accountability and Rights: Your Voices, Your Views on the Global Fund." This 48-page publication was



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

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