



Independent observer
of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 224: 6 August 2013

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ARTICLES:

1. NEWS: Identifying a Monitor for Viet Nam's Drug Treatment Centres Becomes a Condition of Global Fund Support

Advocates have long been critical of the Fund's approach to supporting activities in these compulsory centres

The Vietnamese government has agreed to identify an international, independent non-governmental organisation to monitor conditions in all compulsory drug treatment centres where the Global Fund to Fight AIDS, Tuberculosis and Malaria supports interventions.

This commitment is contained in an agreement signed in May 2013 between the Global Fund and the Ministry of Health (MOH) of Viet Nam for an \$85 million HIV grant. The MOH is the principal recipient for the grant. The Global Fund said that as of 1 January 2014, all support for services in these centres will be conditional on this monitoring.

This information was contained in the [31 July issue](#) of Global Fund News Flash.

This development constitutes another step in the evolution of the Global Fund's approach to the problems of human rights abuses in drug treatment centres in South-East Asia, and particularly in Viet Nam. For several years, human rights advocates have taken the Global Fund to task for providing funding to the drug treatment centres.

According to a [report](#) released in September 2011 by Human Rights Watch (HRW), the Global Fund had, since 2008, funded the provision of HIV and TB prevention, testing and treatment services in the centres. In addition, HRW said, the Global Fund had funded the training of the staff of the centres on drug relapse prevention and HIV and TB prevention, treatment and care.

In its report, HRW said that Viet Nam's system of drug treatment centres was ineffective in treating drug addiction, and was characterised by forced labour and inhumane and abusive treatment of detainees. HRW said that support from the Global Fund and other donors for HIV prevention and treatment programmes in these centres raised questions about the effectiveness of these programmes and about the ethics of addressing HIV while seeming to ignore serious human rights abuses. HRW called on the Global Fund to review its assistance to ensure that no funding supports policies or programmes that violate international human rights law.

In a letter to HRW dated 11 June 2011, then Global Fund Executive Director Michel Kazatchkine said that although the Fund believes that detention centres for drug users do not provide effective treatment and rehabilitation, “depriving detainees from accessing life-saving treatments and the means to protect themselves from HIV and other preventable conditions is inhuman. Until these centers are closed, the Global Fund will not exclude funding effective, evidence-based HIV prevention and AIDS treatment in the centers if detainees are otherwise unable to access these services.” (See [GFO article](#)).

Steps taken

However, Mr Kazatchkine said the Global Fund had taken several steps to ensure that all activities implemented with Global Fund money were compliant with human rights laws, norms and obligations. First, he said, the Fund reprogrammed existing grants so that they focused solely on support, treatment and prevention of HIV and TB.

Second, Mr Kazatchkine said, at the signing of Round 9 grants to Viet Nam in early 2011, the Global Fund committed to undertake a thorough review of activities in the drug treatment centres conducted with grant funds. Finally, he said, in May 2011 the Global Fund initiated “a broad consultative process that will result in a further reprogramming of Global Fund grants in Viet Nam aimed at disallowing all peripheral activities in detention centers.”

In the News Flash article, the Global Fund said that the international organisation that will monitor the conditions in the drug treatment centres will be required to have extensive experience in monitoring and providing emergency medical relief in treatment facilities and closed settings. It also said that the organisation cannot be directly involved in the daily operations of the centres, must enjoy unimpeded access, and must be empowered to make recommendations to the Viet Nam government based on any findings.

The Global Fund believes that these additional safeguards will help to ensure that the services available in the centres through Global Fund resources are provided on a voluntary basis, and that medical treatment is provided in accordance with international human rights standards.

The Global Fund also said in the article that it has been “closely working with its Vietnamese counterparts to ensure a sensible timeframe for the closure” of the drug treatment centres. The article

did not provide any details.

Joe Amon, Director of Health and Human Rights at HRW, is quoted in a 31 July [blog](#) by Antigone Barton on Science Speaks as saying that the requirement for a monitoring organisation is a step in the right direction. Science Speaks is a project of the US-based Center for Global Health Policy. According to the blog, in July Mr Amon co-authored an [article](#) in the International Journal of Drug Policy in which he said that agencies and organisations have taken a less passive approach to the centres in recent years, expressing concerns about the abuses and calling for their closure.

How human rights abuses will be monitored in a country where the government doesn't allow independent organisations to work unhindered remains a question, Amon said. "There are a lot of people who hope there's progress being made in Viet Nam, but the restrictions make it hard to know."

Mr Amon said that the long-term approach should be to move funding away from the compulsory drug treatment centres, and to support the release from the centres of people who need medical care.

Support for key populations

In the News Flash article, the Global Fund announced that the grant signed in May also provides seed funding to the domestic networks of sex workers, people who inject drugs, and people living with HIV. The Fund said that this funding is expected to strengthen the networks' sustainability, their involvement in the national response, and their ability to advocate for the human rights of their communities.

[This article was first posted on GFO Live on 3 August 2013.]

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2. NEWS: Observations on the Global Fund by a Retiring Board Member

Alvaro Bermejo, Executive Director of the International HIV/AIDS Alliance, recently stepped down (at the end of his two-year term) as a member of the Global Fund Board representing Developed Country NGOs. In an interview in the Alliance newsletter, Mr Bermejo reflected on the events of the past few years and on his experience as a Board member. This article contains excerpts from the interview.

On how the Global Fund has changed...

"I would challenge anybody to name a multi-lateral organisation that has changed faster than the Global Fund has in the last two years. There are certainly none in global health. It has overhauled its governance system, introduced a new funding model (NFM), hired a new management team, and restructured its Secretariat so it is better focused on the fund's core business (grant management). All of this while continuing to support grants that have turned around the epidemics in country after country. No wonder stakeholder confidence has soared from a low point in late 2011.

“I won’t say it’s been simple, or that it hasn’t been painful. Of course it has, and I’m still convinced that some of that pain – the cancellation of Round 11 – could and should have been avoided. But the change was clearly necessary and it was done with courage.

“While it was a huge effort that many of us contributed to, three people deserve, in my view, special credit: Simon Bland and Mphu Ramatlapeng, Chair and Vice-Chair of the Board (up until June 2013), and Gabriel Jaramillo, member of the High Level Panel turned Global Fund General Manager (until January 2013) for much of the transition.”

On the way forward...

“Looking forward, Mark Dybul, the Global Fund’s new Executive Director, couldn’t have made a better start. He’s working tirelessly and strategically to turn the emerging scientific developments into high impact interventions and translating the recovered donor confidence into actual pledges.”

On the new funding model...

“In my day-to-day work I get to see, to feel, the Global Fund from the ground up. Alliance linking organisations are principal recipients for seven grants and sub recipients for many more. The initial feedback from the transition phase of the NFM has been encouraging and grant management has improved, particularly for the 20 high-impact countries, but we’ve got more work to do. The application process needs to become simpler and easier for the country stakeholders that in the end ‘own’ the programmes and determine their success or failure.

“That’s why the Alliance is concerned about the downsizing of the civil society team within the Global Fund Secretariat.”

On his Board member experience...

“It’s been a roller coaster, with many tense moments. The Board meeting in Ghana in November 2011 – just after the cancellation of Round 11 – was probably an all-time low. A time when it looked like the world had changed so much that the spirit of solidarity, activism and social justice that had created the Global Fund had all but disappeared in the face of the crisis created by our financial systems. Fortunately, it has not.”

The full interview with Alvaro Bermejo is available [here](#).

[This article was first posted on GFO Live on 5 August 2013.]

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3. NEWS: Changes in World Bank Income Classification Levels May Affect Applicants

Recent changes to the World Bank’s classification of country per capita income levels could affect access to funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria for certain

countries. The World Bank updates its classifications annually. The latest [update](#) came on 1 July 2013.

In any given year, for purposes of determining eligibility, the Global Fund uses the World Bank list from the previous year. Thus, the classifications announced on 1 July 2013 will not be used by the Fund until 2014.

Six countries went from the upper-middle-income (UMI) category to the high-income category: Antigua and Barbuda, Chile, Latvia, Lithuania, Russian Federation and Uruguay. Of these, Antigua and Barbuda, Chile, Russian Federation and Uruguay have received money from the Global Fund.

Antigua and Barbuda has received funding in the context of a regional proposal, most recently in Round 9. Chile received only one grant; it is no longer active.

The Russian Federation has five active grants, two of which are in closure. Of the remaining three grants, one is a Round 3 HIV grant (PR: Open Health Institute) that emanated from a non-CCM proposal and that was recently extended through the Transitional Funding Mechanism (TFM). Another is a Round 3 TB grant (PR: Partners in Health) that emanated from a sub-CCM proposal and that is in RCC (rolling continuation channel) Phase 2. The third active grant is a Round 5 HIV grant that emanated from a non-CCM proposal (PR: Russian Harm Reduction Network ESVERO). This grant received funding under the TFM and is slated to receive more funding under the transition phase of the NFM (as an interim applicant).

Uruguay has two active HIV grants, funded in Round 10.

Under the Global Fund's current eligibility requirements, high-income countries are not eligible to submit proposals in their own right. (They can be part of a regional proposal, however.) With respect to the two Uruguay grants, it is not clear whether the country will still be eligible for funding when the time comes to submit its request for Phase 2.

The eligibility requirements will be revised later this year to bring them in line with the new funding model (NFM). However, no change is expected regarding the eligibility of high income countries (except, perhaps, as regards their participation in a regional proposal).

One country, Hungary, went down from the high-income category to the UMI category in the World Bank's classifications.

Six countries "graduated" from the lower-middle-income (LMI) category to the UMI category: Albania, Belize, Fiji, Iraq, Marshall Islands and Tonga. One country, Mauritania, graduated from the low-income category to the LMI category. One country, South Sudan, went down from the LMI category to the low-income category.

Income level is expected to be a key part of the formula for determining funding allocations to countries under the NFM. The precise details of the formula have yet to be worked out.

Under the current eligibility requirements, LMI and UMI countries face certain restrictions with respect to their eligibility and the focus of their proposals. We do not know yet whether these

restrictions will be retained when the eligibility criteria are revised.

[This article was first posted on GFO Live on 31 July 2013.]

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4. NEWS: Observations on the Concept Note Development Process in Zimbabwe

The country coordinating mechanism (CCM) and the Ministry of Health and Child Welfare in Zimbabwe have released a report describing the country's experience submitting a concept note in the transition phase of the new funding model (NFM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In June 2013, Zimbabwe, as an early NFM applicant, was awarded \$279 million for its HIV programmes.

The 32-page report, which is based on interviews with a range of stakeholders that participated in the process, provides a chronology of the NFM application as well as a discussion of specific aspects of the process, such as the country dialogue, use of the modular tool, the role of the CCM, the participation of civil society and feedback from the Technical Review Panel (TRP).

The report was commissioned by the United Nations Development Programme (UNDP), which serves as the principal recipient (PR) for all Global Fund grants in Zimbabwe.

GFO has written before about the concept note development process in Zimbabwe, most recently [here](#). In this article, we report on some of the issues and observations in the report that were not covered in the earlier articles.

Indicative funding

According to the report, the fact that Zimbabwe was provided with an indicative funding amount was seen as the “major positive intervention of the NFM. The fact that a specific sum was ‘on the table’ in advance ... was seen to greatly increase the predictability of Global Fund financing and served as a significant source of motivation to meet the challenging deadline.”

Country dialogue

There was confusion about precisely what was meant by “country dialogue,” the report said. Some people thought it referred to the ongoing dialogue that takes place in Zimbabwe in a range of forums about the HIV response. Others thought that the country dialogue was as an additional (and Global Fund-specific) process that needed to be specifically undertaken “as a prerequisite to an application to the Global Fund.” This is how the CCM interpreted it.

However, the report pointed out, one document on the NFM prepared by the Global Fund stated that the country dialogue is “not a Global Fund process” and referred to the “alignment of the Global Fund's processes to existing country dialogue.” The report said that “this language could be

interpreted as meaning that adequate documentation of existing dialogue processes could be sufficient for the purposes of the NFM. Some clarification of this issue in future guidance may be warranted.”

To add to the confusion, the country dialogue concept was understood by some people to refer to the dialogue that is between (a) the country and (b) the Global Fund Secretariat and the TRP during the process of developing the NFM concept note.

Use of the modular tool

The report discusses several challenges encountered in the use of the modular tool. (In the NFM, the modular tool replaces the performance framework used in the rounds-based funding.) According to the report, the purpose of the modular tool was not clear, the tool was difficult to use, and completing it significantly increased the workload compared with the process used in the past.

“The need to enter detailed targets, activities and financial and budget inputs into the template felt disconnected from the country dialogue process and inconsistent with the stated aims of the NFM to promote high-level impact and strategic investment thinking,” the report said. “Interviewees were strongly of the view that this level of detail would be appropriate at a later stage of the NFM process.”

The report said that attempting to translate the national AIDS plan into the detailed modules was particularly challenging – described by one interviewee as “an exercise in fitting a square peg into a round hole.” The modular tool assumed that national plans are generic and contain a significant level of detail, which was not the case in Zimbabwe, the report said. “Accounting for cross-cutting issues, such as community systems strengthening (CSS), was also difficult, as these did not fit easily into the tool’s ‘compartmentalized’ modular format.”

Interviewees said that the Global Fund’s CSS Framework, developed in 2010, was not well reflected in the NFM’s modular tool.

Role of the CCM

Regarding the role of the CCM in the process, there was a general consensus among the people interviewed for the report that the process was “appropriately CCM-led” and that the NFM had enabled a broader national participation. However, a small number of interviewees said that the process was substantially driven by the Global Fund country team, rather than by the CCM. These people said that the specific role of the CCM in the process needs to be made more explicit.

Emphasis on human rights

Most of the people interviewed welcomed the emphasis on human rights under the NFM, but they added that the TRP needs to understand the difficult social and political context that exists in some countries. The report said that the Global Fund could be more flexible in its funding arrangements – for example, by using “alternative language” that may allow issues for key populations to be addressed more implicitly.

Other issues

The interviewees described the NFM process as “demanding” and said that for CCMs with insufficient capacity, there is a risk of the government or development partners dominating. They said that these CCMs might need some capacity building.

The report said that countries would benefit from additional information about the process that the Global Fund follows after final submission of the concept note, including the role of the new Grants Approval Committee.

The report said that Zimbabwe produced a number of materials during its NFM application process that may be of interest to other countries. These include its report on the stakeholder gap analysis meeting as part of the country dialogue, and detailed roles and responsibilities for the concept note writing team. The report suggested that the Global Fund consider making these and other materials produced by early applicant countries available to future applicants.

The report, “The Experience of Zimbabwe with the Global Fund’s New Funding Model,” June 2013, can be downloaded directly in PDF format [here](#).

[This article was first posted on GFO Live on 2 August 2013.]

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5. NEWS: New Initiative Addresses Issues Concerning In-Country Data

“Where There Is No Data” has a website, a Facebook page and a Twitter feed

A new initiative aims to publish stories and promote discussions that will help improve the ways in which in-country data is collected, interpreted and used in situations such as national strategic planning and concept note development for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The “Where There Is No Data” initiative was established by a group of researchers and consultants. Currently, the initiative is hosting a website, a Facebook page and a twitter feed.

The Global Fund has said that under the new funding model (NFM), it wants to fund applications that make a clear case based on sound analysis of the epidemiology of AIDS, TB and malaria in a given context, and of the gaps in the current response to these diseases.

The organisers of the initiative say that although standards in the collection of epidemiological and programmatic data have improved a great deal in recent years, community organisations and groups representing key populations – such as men who have sex with men, transgender individuals, sex workers, and people who inject drugs – know that in most countries there are still considerable gaps in information.

“The studies that exist may be small, or focused on specific locations, and may not always adhere to

the highest standards,” said Matthew Greenall, one of the founders of Where There Is No Data. “As a result, decision makers, many of whom are represented on country coordinating mechanisms, are quick to write off what data there is.”

Mr Greenall told GFO that in some countries, decision makers are so averse to working with these key populations that they may not even accept good quality data. At the same time, he says, although the Global Fund has set out clear principles to enable community organisations and key populations to participate actively in the development, implementation and monitoring of Global Fund grants, these groups often struggle to participate effectively.

“While they can eloquently describe the challenges they face in terms of stigma, violence, criminalisation and discrimination in access to services,” Mr Greenall said, “they are often less well equipped to participate in decisions that are based on epidemiology, attributable risk and cost effectiveness, as they must be under the NFM.”

The Where There Is No Data [website](#) will publish regular stories describing real-life examples of how research on challenging topics can be conducted; advice on methods; discussions of how research challenges have been overcome; and explanations of the different types of data and research used for developing and evaluating health programmes. The first few posts on the website addressed the challenges faced by marginalised populations in HIV programmes.

Mr Greenall said that anyone is welcome to submit articles to be posted on the website. “This is how we hope to get most of the content,” he said.

The [Facebook page](#) will feature relevant news stories, provide notifications of new content on the website, and provide a forum for discussions and requests for advice. The [Twitter feed](#) (@wtinodata) will be used to let followers know about new content on the website and Facebook page.

To start with, information on Where There Is No Data will be published in English, but users can initiate discussions in other languages on the Facebook page. People who are interested in receiving content and updates by email can subscribe to a list; instructions are on the site. Also on the site are a description of the organisers and a method for contacting the initiative.

[This article was first posted on GFO Live on 5 August 2013.]

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6. NEWS: LGBT Groups in Cameroon Forced to Suspend AIDS Education

Security concerns related to murder of Eric Lembembe

Lesbian, gay, bisexual and transgender (LGBT) organisations in Cameroon have informed the Global Fund to Fight AIDS, Tuberculosis and Malaria and other donors that have decided to halt AIDS education programmes “until their international partners help them to improve security so activists won’t be killed while trying to curb the spread of HIV among LGBT people there.”

The announcement, reported in a [post](#) on 22 July by Colin Stewart on the website 76crimes.com, came a week after the discovery of the murdered body of activist and journalist Eric Lembembe in Cameroon (see separate [post](#)).

“We need protection,” said Dominique Menoga, president of Lembembe’s anti-AIDS group, the Cameroonian Foundation for AIDS in Yaoundé.

“It was urgent that we stop so we would not be further exposed to danger. We will work with our partners to see how we can improve working conditions and especially the security of our organizations and members,” said Yves Yomb, executive director of the anti-AIDS organisation Alternatives-Cameroon in Douala.

In a memorandum to donors, the LGBT organisations stated that Cameroon’s “long-decried climate of homophobia has intensified and now has reached a critical point. The pursuit of our various missions (prevention of STIs/HIV, medical care, advocacy for rights, support of people imprisoned for their sexual orientation or gender identity) requires a minimum level of security, institutional support and financial support.”

The memorandum said that “because of the dangers of the current situation, in cities of Yaoundé and Douala, we are forced to suspend immediately the projects we have with USAID through Care Cameroon and with the Global Fund through CAMNAFAW. Minimal services will continue to be provided to our clients.”

CAMNAFAW is the Cameroon National Association for Family Welfare, principal recipient for a Round 10 HIV grant.

[This article was first posted on GFO Live on 24 July.]

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7. ANNOUNCEMENT: Aidspace Seeks to Recruit M&E Officer / Research Officer

Aidspace is seeking to recruit a Monitoring and Evaluation Officer / Research Officer to join its staff in Nairobi. The Officer will (a) direct and manage Aidspace’s monitoring and evaluation activities, and (b) support Aidspace’s research activities.

The deadline for applications is 9 August 2013.

More information concerning this job opportunity can be found on the Aidspace website [here](#). The information includes a description of the responsibilities of the position, required and preferred qualifications, and the modalities of how to apply.

[This article was first posted on GFO Live on 24 July 2013.]

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8. ANNOUNCEMENT: Aidspan Seeks Regional GFO Correspondents

Aidspan is seeking regional GFO correspondents for East Africa; Southern Africa; North Africa and the Middle East; and South Asia.

These are contract positions, involving about 5–10 hours a week at the outset, perhaps more as time goes on.

The main responsibility of the regional correspondent is to help Aidspan cover regional stories for GFO. We need people we can contact when we hear about a local or regional story, and who can find out the details and report them back to us (or even write the articles). We also want the regional correspondent to identify local stories.

The language requirements vary by region. However, all regional correspondents must be able to speak English reasonably well, sufficient to be able to communicate with Aidspan staff.

Persons interested in these positions should have a good knowledge of the Global Fund; should have good contacts in the region; should have a decent Internet connection; should be available to us on a regular basis; and should be able to meet deadlines.

Persons interested in this position should contact David Garmaise, GFO Editor, at david.garmaise@aidspan.org. If you are not interested yourself, but know people who might be interested, please pass this on to them.

Aidspan recently hired two regional correspondents: [Lídice Lopez](#) for Latin America, and [Gennady Roshchupkin](#) for Eastern Europe and Central Asia. In addition, Aidspan is completing arrangements with individuals to cover South-East Asia and West and Central Africa.

This article was modified on 6 August to remove “West and Central Africa” from the list of regions for which Aidspan is still seeking correspondents.

[This article was first posted on GFO Live on 24 July 2013.]

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AVAILABLE ON [GFO LIVE](#):

The following article has been posted on GFO Live on the Aidspan website. Click on the article heading to view the article. This article may or may not be reproduced in GFO Newsletter.

NEWS: [WHO Issues New HIV Treatment Guidelines](#)

In a move that had been expected, the World Health Organization has issued new guidelines calling for antiretroviral treatment to be initiated when CD4 counts fall to 500 or less.

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This is an issue of the GLOBAL FUND OBSERVER (GFO) Newsletter.

We welcome suggestions for topics we could cover in GFO. If you have a suggestion, please send it to the Editor of GFO (see contact information below).

Author: All articles: David Garmaise (david.garmaise@aidspan.org), GFO Editor.

GFO is an independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org). GFO is emailed to nearly 10,000 subscribers in 170 countries at least twelve times per year.

GFO is a free service of Aidspan (www.aidspan.org), a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, and that provides services that can benefit all countries wishing to obtain and make effective use of Global Fund financing. Aidspan finances its work through grants from foundations and bilateral donors.

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For GFO background information and previous issues, see www.aidspan.org/page/gfo-newsletter. For information on all approved proposals submitted to the Global Fund, see www.aidspan.org/page/grants-

[country](#). People interested in writing articles for GFO are invited to email the Editor, above.

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