Global Fund Observer

NEWSLETTER

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CONTENTS OF THIS ISSUE:

1. NEWS and ANALYSIS: Finance transformation at the Fund: new bottle, how was the wine?

Since 2012, the Global Fund has reformed its strategy and its business model and many of its operations and systems. At the ground level of the edifice is very significant and very extensive, but relatively quiet, finance reform.

2. NEWS: Global Fund announces $310 million in renewal and interim funding

The Global Fund Board has approved $247 million in renewal funding and $63 million in interim funding, for a total of $310 million. Kenya will receive a total $223 million in HIV funding.

3. NEWS: In post-conflict Côte d'Ivoire, the supply chain follows the front lines

After more than 10 years of political instability and violent security crises, Côte d'Ivoire, supported in part by the Global Fund, is working to rebuild its battered supply chain, paying special attention to the once-restive west.

4. NEWS: Georgia's new PR in HIV formally takes over

Georgia has announced a change in principal recipient for HIV funding and is overhauling its country coordination mechanism, ahead of work to prepare its concept note under the new funding model.

5. NEWS: Eastern Europe/Central Asia advocacy group seeks Global Fund support to push national financing of HIV treatment

A regional network of people living with HIV (ECUO) has submitted an expression of interest for Global Fund money to support advocacy activities at the regional level in Eastern Europe and Central Asia.

6. NEWS: Aidspan publishes guide to the new funding model

Aidspan has published a guide to the Global Fund's new funding model (NFM).

7. NEWS: Aidspan launches biennial readership survey for Global Fund Observer (GFO)

Aidspan is conducting a periodic readership survey to evaluate the needs of readers of Global Fund Observer.

ARTICLES:

1. NEWS and ANALYSIS: Finance transformation at the Fund: new bottle, how was the wine?

Deep changes in how the Fund manages its finances are reflected in a two-year process of reform

Kate Macintyre 07 May 2014

In September 2012, as part of the overall transformation of the Global Fund, the incoming new chief financial officer Daniel Camus also took up the challenge of reforming the Fund's financial management. Over the past 18 months, he has led a growing team of financial experts whose work has now touched nearly all aspects of the Global Fund's operations.

Background

Many of the reforms over the past two years originate in recommendations by the High Level Independent Review Panel (HLP) on Fiduciary Controls and Oversight Mechanisms (see GFO article). Amazingly, financial reform was not specifically mentioned in the recommendations, although the transformations underway relate to many of the HLP's recommendations. Camus' diagnosis of problems and challenges in the Fund's financial management began within days of his arrival. Now described as "shortcomings" these challenges include: limited ownership of financial data; unclear processes at all levels; no corporate planning; a lack of data integrity and reliability; inefficiency and inconsistency due to multiple entry sources under different systems; and no reliable reporting. So comprehensive is this list that "shortcomings" may be an understatement; it might be more accurate to refer to a situation of "near disaster". The reality was that prior to their reform, financial management systems were unstable, inefficient, under-resourced with potentially disastrous consequences.

What has the Fund done so far?

Each shortcoming has been, or are being, addressed by what has been called the Finance Transformation "Step Up" Project, which aims to produce, as Camus says, "more reliable,

automated and accurate financial data, using streamlined modern processes and systems" that are both secure and efficient. The 'Step Up' Project, launched in October 2012, seeks to:

1. Create simplified, clearer and automated processes, requiring a redesign or initiation of end-to-end processes that align with the way the new funding model (NFM) works.
2. Ensure financial data integrity and consistency, requiring standardization in the financial language used, and generating a comprehensive finance manual. A financial accountability framework and financial data model for use in planning and transactional data management were also generated.
3. Improve organizational efficiency by establishing clear roles and responsibilities for financial staff and management, and develop the principle of ownership and associated skills for finance processes for everyone at the Fund.
4. Develop an integrated and automated IT architecture, necessitating the creation of new or reconfigured finance systems throughout the Fund, and developing automated interfaces with structured reporting systems. This is intended to give state-of-the-art web access to information and provide access to the same finance data across the organization, to solve problems at source and speed up all transactions.

According to Adda Faye, the 'Step Up' program's project manager, the team has also "invested substantial efforts in change management to train 80 business and finance users of systems to ensure a migration of more than a thousand grants into the new systems."

"There are now three golden rules for finance," Faye said. "There must be one single point of entry for all financial data. There must be one single version of the truth. And, there must be one set of master data available in all systems."

Her illustration of how long it used to take to change a bank account details in the former system (months) or record newly signed grant agreements (months), and her demonstration of what it will take now – i.e. a few days – was impressive.

Figure 1, provided by the Finance Division, shows how the 'Step-Up' project works across the Global Fund cycle.

"Step-Up" Project within The Global Fund value chain
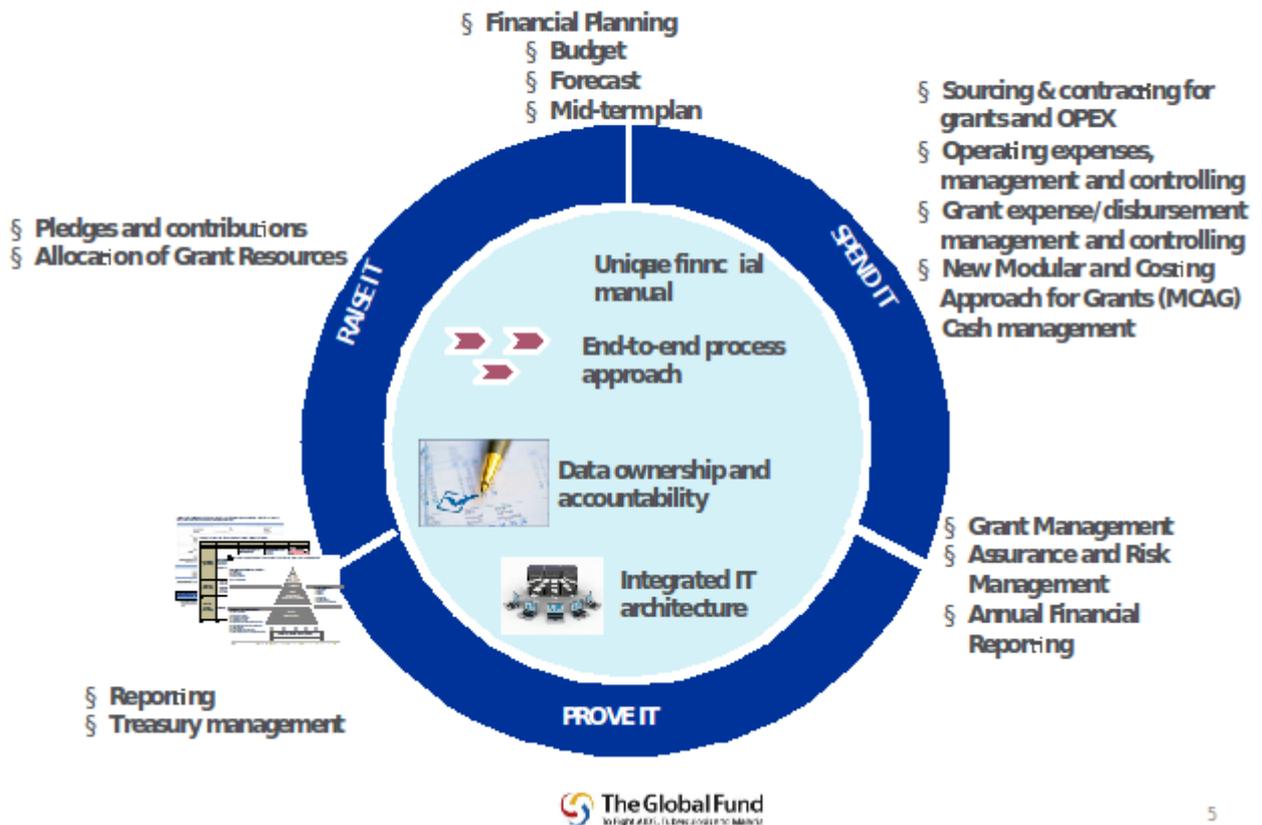
Main characteristics of the reforms

The new financial management system implements and integrates five financial software applications called 'platforms'. All grant data are entered through a single portal using the 'Salesforce' platform; this includes databases used to manage grant-making and management information including concept note management, all data generated by the NFM and all grant disbursements and procurement data.

Aidspan understands that grant data are being stored centrally in a data warehouse and will eventually be largely available on the Global Fund website. Procurement data will also be stored there, once price and quality reporting (PQR) data and other systems are integrated. There have been no decisions taken as to how much of this information will then be made public, although the Fund has in the past made PQR data available in spreadsheet format.

Grant data are collated on the 'OBIEE' platform, to enable future use of dashboards for the structured reporting of key performance indicators (KPIs) and grant performance indicators. These dashboards should be ready for testing after mid-2014, and made public later in the year.

Figure 2, provided by the Fund's Finance Division, describes the interactions and relationships between the various applications.
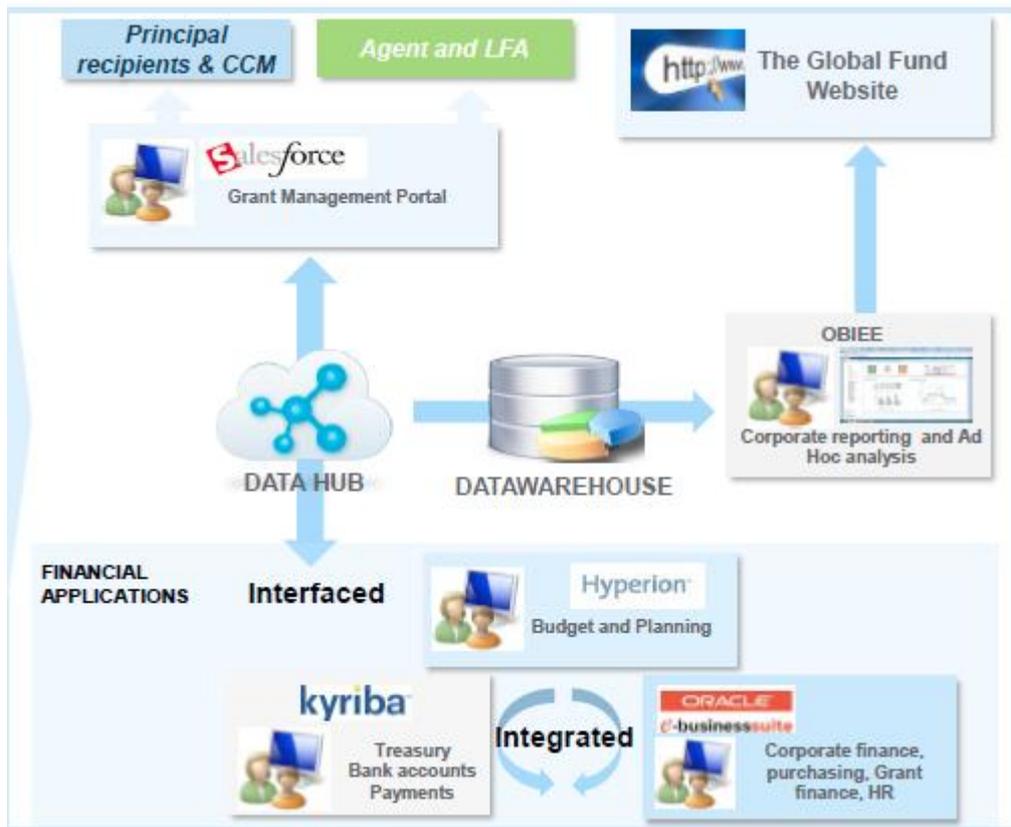
The rest of the finance data are managed across another three platforms. These platforms are necessary for the Fund to manage financial functions such as Treasury -- foreign exchange, income and transactions (ie expenditure or payments) -- and the operating budget (OPEX).

The platforms are built on an Oracle-designed system, which will coordinate corporate finance including human resources, purchasing and grant finance, and will provide an automated check of expenditure both for grants and operating costs of the Secretariat with an appropriate approval hierarchy.

This system interfaces with a tool for budgeting and planning run on Hyperion, to allow grant managers to maintain historical data and make forecasts of grant commitments and disbursements for up to three years. This system will allow for identification of any data inconsistency much earlier and more accurately than the older systems.

A final financial application called 'Kyriba' brings the Oracle and Hyperion systems together to manage the Treasury's side of the Fund. 'Kyriba' automates disbursement processes using the global banking tool known as Swift, which assigns individual codes to financial and non-financial institutions to expedite financial transactions including transfers. This should allow the Secretariat to disburse funds directly, safely and reliably while maintaining control of financial flows.

The overhaul of the financial management system will eventually see the Fund assume responsibility for the commitment and disbursement processes currently handled by the

World Bank. A detailed hand-over for the transfer of these processes via a joint workplan has been agreed and will be implemented through 2014.

The 'Kyriba' application will also underpin the implementation of a foreign exchange policy to mitigate the impact of currency fluctuations across major denominations. This will ultimately safeguard donor funds and serve as insurance on assets held.

Now that the new financial management system is in place, it is left to make sure it is user-friendly and accessible. This has required extensive training through a 'train the trainer' model developed by the Finance Division. As of March, more than 100 trainers, including 40 'change' champions,' were ready to deploy. More than 400 staff members have attended workshops or large meetings on the new system, and some 150 staff were involved in the design and pilot testing of the system.

Not every aspect of the new system is ready for prime time, however. The NFM uses a modular system for its management and the Finance 'Step Up' Project will eventually mirror this to ensure that reporting is consistent, verifiable and standardized. Dashboard-style reporting awaits finalization but is being hailed as transformational for the monitoring and evaluation of grants.

Such an overwhelming and deep financial transformation will need to be tested and retested to ensure both high quality and high functionality. Already it is a vast improvement over the previous financial management systems employed by the Fund. Given the silence concerning finance systems in the HLP's recommendations, we can only hope there will not be a similar silence concerning the new financial management systems.

[This article was first posted on GFO Live on 07 May 2014.]

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2. NEWS: Global Fund announces $310 million in renewal and interim funding

Kenya's HIV programming will receive $223 million

David Garmaise 06 May 2014

The Board of the Global Fund on 25 April approved renewal and interim funding of up to $310 million. These announcements do not represent additional resources but rather reflect the country allocations announced on 12 March.

Recommendations dating from December 2013 by the Technical Review Panel (TRP) and the Secretariat, including the Grant Approvals Committee (GAC) informed the Board's decision. The essence of the recommendations for each of the countries supports ongoing efforts to encourage applicants to merge their requests for continued funding with concept notes covering all of the funds they were allocated for 2014–2016.

The awards from 25 April will help prevent program disruptions by extending grants that were to be closed by 30 June. They include $247 million in renewal funding (Table 1) and $63 million for interim funding under the NFM transition phase (Table 2).

Table 1: Funding awards for grant renewals, from GAC Report GF-B31-ER04

Country	Component	Grant Number	Ceiling ($US million)
Ethiopia	TB	ETH-T-FMOH	41.2
Kenya	HIV	KEN-H-KRC	23.9
	HIV	KEN-H-MOF	146.3
Morocco	HIV	MOR-011-G04-H	23.2
	TB	MOR-011-G05-T	4.2
Uganda	TB	UGD-T-MoFPED	8.8
TOTAL			**247.6**

Kenyan HIV programs were awarded $170.2 million in renewal funding and $53.0 million in interim NFM funding, for a total $223 million. Kenya's total HIV allocation for 2014-2016 is $337.3 million.

All of the amounts shown in the tables are ceilings; the amounts finally committed could be less.

Table 2: Interim funding awards, from GAC Report GF-B31-ER04

Country	Component	Grant Number	Ceiling ($US million)
Ethiopia	TB	ETH-T-FMOH	9.0
Kenya	HIV	KEN-H-KRC	6.9
	HIV	KEN-H-MOF	46.1
Moldova	HIV	MOL-H-PCIMU	1.0
TOTAL			**63.0**

* The award to Moldova was € 731,918, converted to US dollars at a rate of 1.3822.

Recipient-specific details are summarized below.

Ethiopia has the eighth highest TB burden in the world and is also one of the 27 countries with high burdens of multi-drug resistant TB. Although TB incidence, prevalence and mortality rates are estimated to have declined by 33%, 47% and 63% respectively between 1990 and 2012, the TB burden remains high. An estimated 230,000 new TB cases and

160,000 TB-related deaths occur annually. Only 10-15% of the known cases of MDR-TB received second-line anti-TB treatment in 2011-2012.

Ethiopia will use Global Fund money to support its updated National Strategic Plan (NSP) 2014-2020 in achieving targets including the diagnosis and treatment of nearly 460,000 cases of TB, which would increase case detection from 64% to 85%; a treatment success rate of over 90%; treatment of more than 2,900 cases of MDR-TB; and the provision of both TB drugs and anti-retroviral therapies to nearly 44,000 TB patients living with HIV.

Other programs include boosting laboratory capacity for better smear microscopy and culture and drug sensitivity testing functions and procuring and deploying 30 additional GeneXpert machines. Cross-cutting health system strengthening interventions such as training for health extension workers and the expansion of community-based TB care in health posts (from 44% of health posts to 100% by the end of 2014) are also envisioned.

Ethiopia's country coordination mechanism (CCM) intends to submit a single TB-HIV concept note covering all of its NFM funding for TB and HIV in August 2014.

Kenya has achieved considerable success in addressing HIV. Annual new infections declined by 18% from 2007 to 2012; AIDS-related deaths were down by 40% since 2009; new infections among children declined by 44% between 2009 and 2012; and by June 2013, 619,669 people were receiving ARVs based on 2010 WHO guidelines (a coverage rate of 83%). Nationally, HIV prevalence was down from 7.2% in 2007 to 5.6% in 2012, but prevalence has risen in two regions. There are higher rates among women than among men and the epidemic has disproportionately affected specific key populations, including men who have sex with men (estimated prevalence: 15%), sex workers (29%), people who inject drugs (18%), prisoners (8%) and fishing communities (26%).

Kenya's strategic plan targets both the general population as well as key affected populations and the regions with the highest rates of transmission. Ongoing country dialogue has emphasized the need to focus on combination HIV prevention, including investing in complementary prevention interventions currently not funded by the Global Fund – i.e. voluntary medical male circumcision and condom distribution.

The budget includes $53 million to support Kenya's implementation of the 2013 WHO ARV guidelines, in order to achieve universal access targets by 2017. Kenya will be encouraged to invest more in gender-specific strategies and community system strengthening, in line with GAC recommendations.

Kenya's CCM intends to submit a single TB-HIV concept note covering its NFM funding for TB and HIV in January 2015.

Morocco: HIV prevalence remains low in the general population (0.14%) but a sentinel surveillance survey conducted in 2010-2011 identified an HIV prevalence of 11.4% among people who inject drugs (PWID), 5.1% among men having sex with men (MSM), and 1.9% among female sex workers (FSW). These vulnerable populations, plus clients of sex workers, represent 67% of new infections.

Morocco's National Strategic Plan 2012-2016 includes focused strategies for each vulnerable group, devoting two-thirds of its budget through 2016 to high-impact activities targeting the

aforementioned at-risk populations as well as migrants, truck drivers and clients of sex workers, uniformed personnel, prisoners, construction or seasonal workers, and vulnerable women and youth.

Morocco also plans to adopt the 2013 WHO ARV guidelines, which will increase the number of patients eligible for ARVs by 24% by the end of 2016. Treatment costs will be shared equally by the Global Fund and government. Goals are to reach 50% of the national target of 2.4 million people with HIV testing and counseling by 2016. Some $5 million -- about 20% of the $23 million available to Morocco -- will be allocated to community systems strengthening.

Uganda has one of the world's highest TB burdens. While treatment success has increased from 63% to 77% among patients who began treatment between 2000 and 2011, it remains lower than the global target and does not reach the 82% average success rate for that cohort for Africa. Among people co-infected with TB and HIV, only 59% are on ART.

The next implementation period will aim to reduce TB mortality and morbidity. The budget includes funds for improving diagnostic capacity, community mobilization and TB-HIV collaborative activities. The national TB program aims to increase coverage of ARVs for TB-HIV co-infected patients from 60% in mid-2013 to 75% by end-2014 and 100% by end-2015.

The Uganda CCM should submit a concept note covering its NFM funding by October 2014.

Moldova has an HIV epidemic concentrated mainly among PWID. Using 2010 WHO guidelines, it is estimated that only 35% of people in need of ARVs were receiving them by the end of 2012. Recommendations emerging from country dialogue would devote funds to procurement of ARVs to ensure adequate stock to cover the needs in 2015. This will contribute towards the shift to full responsibility for ARV provision by government; until 2013 all ARV treatment was paid for by the Fund.

The Moldova CCM expects to submit a concept note covering its NFM funding in May 2014.

Grant extensions

The Global Fund Board also approved a 10-month, $13-million extension for an HIV grant in Sudan (SUD-011-G15-H) to avoid a disruption in service between the end of Phase 1 and the January 2015 start of Phase 2. The Sudan CCM should submit a concept note in the next few months covering all of its NFM funding for HIV.

Under authority delegated to it, the Secretariat approved three-month costed extensions for two Senegal malaria grants, for a total $11 million. The funds were needed to procure and distribute long-lasting insecticide-treated nets to permit a smooth transition to funding under the NFM.

The Secretariat also approved un-costed extensions for TB grants in Afghanistan and Central African Republic; for HIV grants in Kyrgyzstan and multi-country southern Africa (SADC); for a malaria grant in Rwanda; and for an HSS grant in Viet Nam.

Information for this article was taken from Board Decisions GF-B31-EDP05, GF-B31-EDP06 and GF-B31-EDP 07 and from GF-B31-ER04, the Report of Secretariat's Grant Approvals Committee. These documents are not available on the Global Fund website.

[This article was first posted on GFO Live on 06 May 2014.]

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3. NEWS: In post-conflict Côte d'Ivoire, the supply chain follows the front lines

Aurélie Fontaine 06 May 2014

A motorcycle bouncing along a rutted red dirt road carries a nurse from a public health center near the village of Tai. Clutched in his arms is a box packed with vaccines: a month's supply for his village that sits close to the Liberian border, in Côte d'Ivoire's restive and fractious west.

The precarious 86-kilometer journey from the district capital of Danané by motorcycle would seem an improvement over the historical transport of drugs around the region on the rooftops of shared-transport minibuses over roads often rendered impassable by rain or bandits or the waves of conflict that have pitted community against community as part of the wider civil conflict in Côte d'Ivoire that erupted in 2001 and has only recently achieved some measure of calm.

For every village in the district there is a story about the vagaries and challenges that interrupt the supply chain, lamented Siaka Coulibaly, the district's chief pharmacist, like how the flooding of the river Cavally can add to the four hours it already takes to go 60km to Zoupleu.

At monthly district health meetings that draw nurses from each of the village dispensaries, therefore, Coulibaly spends considerable time and effort packing and distributing the monthly allotment of drugs and vaccines for them to carry home. But the bales of mosquito nets are

heavy and impossible to carry on the back of a motorbike, so they end up on top of a massa, or minibus, and take considerably longer to arrive.

While the situation in the west is particularly difficult, it is not, unfortunately, unique, according to Dr Serge Yapo, the commercial and marketing director for the national Pharmacy for Public Health, which coordinates all medical deliveries from the economic capital Abidjan to the districts and general hospitals across the country.

"The weakest link in the chain is delivery between the districts and the health centers," he told Aidspan. That's not to say that the rest of the supply chain is all that sturdy, he cautioned: even delivery from the central warehouse in Abidjan to general hospitals at the district level can be easily compromised -- another casualty of the extended conflict.

"The crisis interrupted the supply chain and really exposed the weaknesses in having a single, centralized distribution point," he said. "We are hoping that by mid-2015 we will have a decentralized, regional system in place.

Delays, stockouts and communication challenges

Any regional system that is eventually implemented must have as its core objective the resolution of persistent, and maddening, delays that lead to inevitable stockouts, said Coulibaly. In Danané they can wait up to two months for a delivery -- and when it finally arrives, a new order for stock has already been placed.

Better stock management has been the priority of a delivery program paid for and coordinated by the Global Fund and the (US) President's Emergency Plan for AIDS Relief (PEPFAR) that will eventually represent 45% of all deliveries. Administrative concerns have, however,

delayed the start date of the two-year program to be run by the national program for people living with HIV (PNPEC).

While the administrative wrangling continues, people are suffering, said one of the nurses at the Tai health center. Stockouts and delays mean that people are interrupting their anti-retroviral treatment because the drugs just aren't available. About 100km away in Doké, where endemic malaria poses a year-round threat, there have been no adult doses of artemisinin combination therapy (ACT) for two months.

In acknowledging the pervasive problems with stockouts, the Global Fund attributed many of the delays to the "low distribution capacity of the Pharmacy of Public Health into the districts, and the transport challenges from the district level to treatment sites".

A 2013 rebranding of the central pharmacy as the New Pharmacy of Public Health was accompanied by some modest improvements, acknowledged one pharmacist at the general hospital in Duékoué, which was in 2011 the site of one of the worst massacres during the post-election period. Before the rebranding, deliveries were never on time, he said from his office: a dank, unventilated and humid corner of the pharmacy where temperatures could soar to 39 degrees Celsius. Now, the service is achieving a 38.5% on-time delivery record nationally, Duékoué included: a vast improvement over the conflict-era level where weeks, if not months, of delays were common.

The NPSP still has to contend with considerable logistical obstacles, many of them linked to a lack of resources. As a sub-recipient of Global Fund money funnelled through the national program for people living with HIV, there is likely to be some room to fund the necessary improvements. This may include the rehabilitation of the Abidjan central warehouse and the construction of a second one to accommodate the eventual shift to a more regional, decentralized distribution system, according to Dr Carine Codo, director of special programs at the NPSP. Other plans include improved quality control mechanisms and a more sophisticated and automated stock management system.

But topping the wishlist of the NPSP is a fleet of well-maintained vehicles, including trucks with cold-storage capabilities, motorbikes and even bicycles to facilitate and improve deliveries at the district and health-center level. While the Global Fund is moving away from this kind of infrastructure investment under the new funding model (NFM), there is precedent in Côte d'Ivoire: the national malaria control program used Fund money in 2013 to buy two 15-ton trucks to facilitate deliveries.

Any type of vehicle would be a vast improvement over the delivery system currently in place. As of now, preserving the cold chain means replacing the blocks of ice that line the drinks coolers stacked in unrefrigerated trucks that make the slow journey from the central warehouse to the district hospitals, and then further on to the village-level facilities.

Read this article in French. Lire l'article en français.

[This article was first posted on GFO Live on 06 May 2014.]

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4. NEWS: Georgia's new PR in HIV formally takes over

The National Center for Disease Control and Public Health hopes that new leadership will shift Georgia towards more successful implementation of Fund-supported programs

Tinatin Zardiashvili 06 May 2014

Georgia's National Center for Disease Control and Public Health (NCDC) has officially assumed responsibility as principal recipient of Global Fund resources, signing an agreement with the Fund in early May to extend grant GEO-H-GPIC.

The extension to the HIV grant will constitute further funding for Phase 2, using part of the $33.9 million allocated to Georgia on 12 March to support HIV programming under the new funding model (NFM).

The NCDC takes over PR responsibilities from the Global Projects Implementation Center, a non-governmental organization that was derived from the Ministry of Labor, Health and Social Affairs (MoLHSA).

The change in PR follows an investigation into GPIC (see article here), which culminated in June 2013 with "credible and substantial evidence" of collusion in contracting by two suppliers that was abetted by GPIC staff. The OIG recommended that the Fund seek to recover some $859,000 in service fees and re-evaluate the ability of local fund agent (LFA) Crown Agents to carry out its responsibilities.

UNOPS has since October 2013 served as the new LFA.

Similar administrative changes have been instituted for the ongoing TB grants in Georgia, for which the NCDC is also the PR. Nearly half a million was disbursed in early April for grant GEO-T-NCDC, which aims to sustain universal access to diagnosis and treatment of all forms of TB including M/XDR-TB.

NCDC deputy director general Irma Khonelidze, who will oversee implementation of the Global Fund-supported programs, said getting up to speed with the requirements of the Fund and matching them with state policies has taken some time, but expressed confidence that program implementation would begin soon.

Sub-recipients implementing HIV programs targeting sex workers, men who have sex with men, prisoners and injected drug users have suffered some delays, but disbursement should happen soon, she added. There have, however, been no stock-outs of the drugs and health products during the transition period.

Global Fund teams assisted with a number of administrative processes to ensure a smooth transition, including recruitment, training in finance and procurement and developing a new

organogram for program staff. Some 60% of all Global Fund money for HIV is spent on procurement, Khonelidze said, making it imperative that best practice is in place.

Georgia will also have new leadership within its country coordination mechanism, following the resignation of Sandra Elisabeth Roelofs, the former first lady whose husband, Mikheil Saakasvili, was defeated at the polls in 2012. The CCM is preparing for the election of a new leadership team; meanwhile, the Minister of Health is steering the CCM during the transitional period.

In addition to the funds for HIV announced on 12 March as part of its allocation, Georgia will receive $22.6 million for TB programs from 2014-2016. The country's HIV prevalence rate is 0.1%, but infection is concentrated among key populations, with an estimated prevalence of 13% among MSM. More complete data about infection rates among MSM should be available by the end of June.

A National Strategic Plan for 2011-2016 emphasizes enhanced national coordination and advocacy and improved preventative and treatment interventions including access to anti-retroviral therapies. Strengthening of health systems for an effective HIV response will also figure among Global Fund-supported activities.

[This article was first posted on GFO Live on 06 May 2014.]

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5. NEWS: Eastern Europe/Central Asia advocacy group seeks Global Fund support to push national financing of HIV treatment

The ECUO regional network of people living with HIV say the transition away from Global Fund support must start with commitments by governments to pay for HIV treatment

Tinatin Zardiashvili 07 May 2014

A regional network of people living with HIV (EUCO) on 1 May submitted an expression of interest in applying for Global Fund support for advocacy to encourage governments across Eastern Europe and Central Asia to commit to paying for anti-retroviral therapy (ART) and other treatment for HIV.

The $7 million proposal aims to improve and expand ART around the region, emphasizing outreach into vulnerable populations. If approved, the program would run regionally from 2015-2017.

Under the provisions of the new funding model (NFM), regional programs have been allocated some $200 million for the period 2014-2016. These regional programs are supposed to emphasize cohesion, cross-border promotion of behavior change and integration rather than service delivery.

Outcome indicators for regional programs, assessing impact instead of money spent, that will be applied to country-specific programs will also be applied to successful applicants for regional initiatives.

ECUO executive director Dr. George Mataradze told Aidspan that part of the impetus for this regional initiative was the realization that due to economic classification, many countries in EECA will ultimately no longer be eligible for Global Fund support, despite the fact that today the region has the fastest growing HIV epidemic globally. Part of the responsibility of the network, therefore, is to provide tools at the regional and country level for advocates to urge governments to develop plans and set aside budgets to assume the financial responsibility for prevention, treatment and care programs that had been paid for in the past by the Global Fund. Above all, he emphasized, this includes the cost of ART.

Guidelines released by the World Health Organization in 2013 recommend that all people living with HIV with a CD4 count of 500 cells/mm3 or fewer be enrolled in ART programs. The implications for countries across EECA, according to Dr. Mataradze, may mean an increase in the number of people needing treatment of up to 40%.

For countries with currently low incidence rates -- fewer than 3,000 people currently living with HIV -- this increase may not have a huge financial price tag. For others however, such as Russia and Ukraine, a 40% increase in coverage could have significant financial implications.

Expanding testing and counseling services around the region is another important component of the ECUO proposal. While the number of tests conducted in health care settings around the region has increased, there has not been a commensurate improvement in access by key populations to HIV Testing and Counselling (HTC) and other HIV services. What this means, according to Dr.Mataradze, is that most tests are not being conducted among the key populations who need them the most. A considerable number of people living with HIV across the region do not know their status; furthermore, one in three people who does get tested is lost to follow-up as there is a shortage of post-test counseling and treatment adherence/retention services available.

[This article was first posted on GFO Live on 07 May 2014.]

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TOP

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6. NEWS: Aidspan publishes guide to the new funding model

Kate Macintyre 06 May 2014

Aidspan in late April published its latest guide: Understanding the New Funding Model, now available for download on the Aidspan website at www.aidspan.org. French, Spanish and Russian editions will be available by 1 June.

The NFM guide is designed to reach and help the widest audience possible. Aidspan has in mind anyone interested in, or touched by, the Global Fund's most significant reform since its founding in 2002 and who want to know how the Fund divides up its money for implementers, and how implementers can apply for those funds.

Aidspan's document is not meant to replace the Global Fund's own guidance documents that can be found here http://theglobalfund.org/en/fundingmodel/. But, as with all Aidspan guides, it is intended as a clear, relatively concise and thorough presentation of its topic.

The 44-page document includes the following sections: a short overview including the origins and background of the NFM; a brief description of the eligibility criteria; and an outline of the methodology for allocating funds.

Two key sections (6 and 7) contain descriptions of the country dialogue and the process for developing concept notes. Grant-making and the Board approval process are also covered.

Other topics summarized in the guide include a list of countries required to submit integrated TB-HIV concept notes; the processes for submitting the regional, multi-country and non-CCM applications; and a description of the special initiatives funded under the NFM.

Finally, sections on how the Global Fund plans to manage incentive funding, the unfunded quality demand and the transition provisions for 2014–16 wrap up the guide.

Five annexes have been included, containing considerable detail on the allocations methodology and the calculations of graduated reductions for components considered by the Global Fund to be over-allocated in components; and case studies of the experience of early applicants with the country dialogue and concept note development processes.

The NFM and the Guide we have produced are still both considered by ourselves and by the Global Fund as works in progress. This is a learning process and we all need feedback from those most affected. If you have experiences you would like to share and that you think will help other people or organizations understand what is happening on the ground, then please use our comment boxes or send emails to either david.garmaise@aidspan.org or kate.macintyre@aidspan.org.

We are listening as well as watching and welcome all feedback.

[This article was first posted on GFO Live on 06 May 2014.]

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TOP

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7. NEWS: Aidspan launches biennial readership survey for Global Fund Observer (GFO)

The periodic survey will help understand the evolving needs of readers

Karanja Kinyanjui 06 May 2014

Aidspan has launched its biennial readership survey for readers of its flagship publication, Global Fund Observer, seeking to understand the broad interests and needs of its nearly 9,000 subscribers from more than 170 countries.

The survey, available in English, French, Spanish and Russian, is an online, anonymous survey welcoming comments, complaints or compliments about the news, analysis and commentary in the twice-monthly GFO. (Click on the language above to be taken to the corresponding survey.)

Aidspan last conducted a readership survey in August 2011, receiving responses from readers from more than 117 nationalities in both implementing and donor countries. The majority of respondents -- some 42% -- represented non-government organizations with some relationship with the Global Fund to Fight AIDS, TB and malaria.

Respondents to the 2011 survey provided overwhelmingly positive feedback about the readability, length and breadth of topics covered in GFO. Topics that were of greatest interest to those respondents included information about grant implementation and performance, and academic research.

The 2014 survey seeks to capture whether GFO readers consider Aidspan is properly covering the transition to, and roll-out of, the Global Fund's new funding model (NFM). Whether GFO is adequately representing each of the implementing regions of Global Fund-supported programming is also a question featured in the survey.

Aidspan encourages all readers, whether regular or occasional, to take the short survey and share their views. The survey window closes on 30 May; results will be made available on the Aidspan website (www.aidspan.org) and in an article to be published by 1 September in GFO.

To take the survey in English, click here.

[This article was first posted on GFO Live on 06 May 2014.]

To comment on this article, click here.

TOP

This is issue 243 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).

GFO Newsletter 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 Newsletter 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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GFO Newsletter is now available in English and French. Articles are also available in Russian and Spanish.

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

TOP