



# Global Fund Observer

NEWSLETTER

Independent observer  
of the Global Fund

Issue 245: 11 June 2014

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Competing priorities for development assistance will not significantly affect the Global Fund's ability to continue to invest for impact in a post-Millennium Development Goals environment, says Christoph Benn, director of External Relations for the Global Fund.

### [2. NEWS: A flurry of interest greets closure of first window for regional proposals under NFM](#)

A first round of expressions of interest for regional proposals has solicited far more interest than anticipated, with requests for funding exceeding \$689 million -- considerably more than the \$200

million devoted to regional applications by the Global Fund Board.

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### 1. INTERVIEW: Global health will remain top priority for development funding in a post-MDG world: Benn

Robert Bourgoing

10 June 2014

*'Getting to Zero' with high-impact, high value-for-money programs at core of Global Fund's agenda now and post-2015*

The Global Fund Secretariat's director of External Relations, Christoph Benn, sat down with Aidspace on 21 May to discuss where the Global Fund fits in the post-2015, post-Millennium Development Goals context.

The interview has been condensed.

*Aidspace: What can you say about the current global decision-making process to identify post-2015 development priorities, and more particularly global health?*

Benn: Everybody is talking about the post 2015 agenda. The Millennium Development Goals established in 2000 have been instrumental for the creation of the Global Fund and have been enormously important for advocacy to reach the MDG health goals over the last 14 years. Therefore the post-MDG framework will be quite critical for the Global Fund as one of the main funders for health and development. In the end, it will be the UN General Assembly that will approve the post-MDG framework. That will give some direction on the key priorities for the next 15 years.

Our UN partners are establishing targets for particular diseases and health issues which are very relevant for the Global Fund. Just this week, new targets were set for tuberculosis, aiming to eliminate tuberculosis by 2035. UNAIDS has set the target of getting down to zero: zero new infections, zero new deaths, zero discrimination. The Global Fund will play a very important role in the support for the achievement of these targets.

*Aidspace: The Global Fund is not part of the UN system. What does it change in terms of its capacity to shape the agenda?*

Benn: It is very important to recognize that the Global Fund is a partnership. It is not our mandate to shape the UN agenda. We are working very closely with our UN partners, with WHO, UNAIDS, UNICEF, StopTB, Roll Back Malaria. They are more directly involved in shaping the agenda, setting the targets for the diseases that we help to finance. Therefore the Global Fund is involved, is a very interested partner,

but I wouldn't see the Global Fund as a driving force here.

*Aidsfan: What is the Global Fund's response to those who may say that there are more urgent global challenges than the global fight against AIDS, TB and malaria?*

Benn: I think there is still a great recognition that HIV, TB and malaria remain big threats. There is also broad agreement that we are faced with an unfinished agenda. It's not as if we have now achieved all the MDGs therefore we can move on to the next topic. It is in a sense now different from 10 years ago when there was an emergency response and we needed to make essential services available for people living with HIV or affected by TB or malaria. Now it's more 'How can we really finish this and eliminate these diseases over time, and by doing this also prevent that they might increase again?' We have these big risks of resistance to the most common drugs in all three diseases and there will remain a very significant role for the Global Fund and its partners to prevent the spread of a much more dangerous and a much more costly treatment for resistant microbials.

*Aidsfan: What do we know, as of today, about the likely scale of the Global Fund resource needs beyond 2015?*

Benn: It's too early to say. We are not claiming now that we would know what the countries need in 2017 or 2019. This will require very intensive dialogue between all partners. Our current replenishment stretches from 2014 to 2016. Very soon, in 2015, we will get to the question of resource needs for the following three years and where they will be most needed.

*Aidsfan: Do you expect Overseas Development Assistance (ODA) to decline in the next 2 to 3 years?*

Benn: I don't expect that, and the OECD isn't predicting ODA to decline over the next few years. The so-called development assistance for health has increased more than five-fold over the last 20 years, which is amazing. In a sense the Global Fund benefited from an unprecedented political attention to health at all different levels. And, again, I don't see that necessarily changing. What is going to change probably is how we invest that money. It will be more concentrated over the next decade on the low-income and fragile countries and on the most marginalized and at risk populations. We need to make sure that the investments will be catalytic and promoting innovative approaches.

*Aidsfan: What scenarios do you envision to close the funding gap that the Global Fund will most probably face in the years to come?*

Benn: First of all, the Global Fund, with its current income, receives 2 to 3% of overall ODA. So it's a significant amount of money but by no means such a big chunk of ODA that we would have to worry about competition with other important global issues. I think there is significant money to address the

priorities in health but also in education, climate change and other topics although all countries that can afford it should do more. For closing the funding gap at the country level, there is no question that the main source of funding already now and even more so in the future will be domestic funding.

International funding has always been complementary and in the best cases catalytic even for the poorest countries. We know that at the moment for the low-income countries, about 25 per cent of their health expenditure comes from international financing. For lower middle income countries, it's only 2.7%. So it's already now a moderate to small share of the health funding at the country level although extremely important for the people who were in need of these additional resources. But for the next decade, the share of domestic funding will definitely go up further.

*Aidspan: We know that half of African countries will move to the category of lower middle income in the years to come. What does this mean in terms of the future of the Global Fund?*

Benn: In Africa, even if a number of countries are graduating from low-income to lower middle income status, it doesn't mean that they won't require Global Fund resources in the foreseeable future.

Let's take for example a country like Zambia that has recently graduated to become a lower middle income country. Zambia has already increased its domestic resources quite significantly, but because of the very high disease burden there is still a long way to go to reach universal coverage, so that every person in Zambia can have access to the latest prevention, care and treatment on AIDS, tuberculosis and malaria. So I think the role of the Global Fund will change but it is not going to become irrelevant in the next few years for many countries in Africa and some other regions.

*Aidspan: Does that mean that the overall package of funding from the Global Fund should diminish?*

Benn: Not necessarily. It might just be that it will be more focused because in many countries we are still far away from reaching the universal coverage that we are aiming for. That means we will need more resources for the poorest countries because one thing has been very clear: even with the 12 billion that we mobilized end of last year, we could by far not address all the needs in the countries around the world that were indicated by them to the Global Fund.

*Aidspan: What will the Global Fund offer after 2015 that it couldn't offer in its first 13 years of existence and that can renew its interest in the eyes of major donors?*

Benn: I think what is most convincing is efficiency, innovation, results and impact. That is not new but I think the emphasis will only increase and that is completely justified. It's exactly how donors should prioritize their money: where they can achieve the greatest impact for the benefit of the people in need.

*Aidsfan: How do you evaluate at this point in time chances that current discussions could help to support the case for expanding the Global Fund's mandate towards a Global Fund for Health?*

Benn: There is a great need to address the health challenges in the post MDG framework in a much more comprehensive way. This does not necessarily require an expansion of the Global Fund's mandate which is ultimately a question for the Global Fund's board. In the meantime we have already explored and implanted innovative ways to address these challenges. Our new funding model promotes opportunities for country-led partnerships to strengthen the Maternal Newborn and Child Health (MNCH) content of their support proposals. We've recently signed an MoU with UNICEF aiming to increase the impact on child health by maximizing the synergies between partners with relatively few marginal costs. We have made tremendous progress already through aligning our investments in sexual and reproductive health including for women living with HIV, in comprehensive malaria control and other key interventions, with UNICEF's mandate to address childhood diseases such as pneumonia and diarrhoea. The new global health partnership can address these health challenges together and achieve even more impressive results in the future.

[This article was first posted on GFO Live on 10 June 2014.]

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## **2. NEWS: A flurry of interest greets closure of first window for regional proposals under NFM**

Lauren Gelfand

10 June 2014

*Forty-three entities, seeking funds exceeding \$689 million, have signaled interest*

A first window for potential applicants for regional grants closed in May with some 43 entities signalling interest in a share of the \$200 million being set aside for regional proposals during the 2014-2016 allocation period.

The total portfolio of the regional Expressions of Interest exceeds \$689 million -- more than three times the size of the total envelope that the Global Fund Board approved in March for regional proposals during the allocation period. A second window for regional EoI will be opened in June 2015.

Screening of eligible applicants has begun, Aidsfan understands from an NFM progress report released by

the Secretariat in May. Those that meet the eligibility criteria established by the Secretariat will then be reviewed by the Grant Approval Committee, which will establish a funding ceiling that should not exceed the \$200 million established by the Board.

A Technical Review Panel will convene to further triage the applicants, and provide early feedback to the relevant country coordination mechanisms (CCMs) in order to improve concept notes under discussion.

A diagram released by the Secretariat of the geographic spread of the regional EoI shows that the majority of the applicants are based in sub-Saharan Africa. Of the 43 EoI received, 20 of them hail from the African continent, for a total of \$431 million.

In terms of the disease spread, the majority of the proposals -- 29 of the 43 -- are related to the HIV response, carrying a price tag of \$347 million.

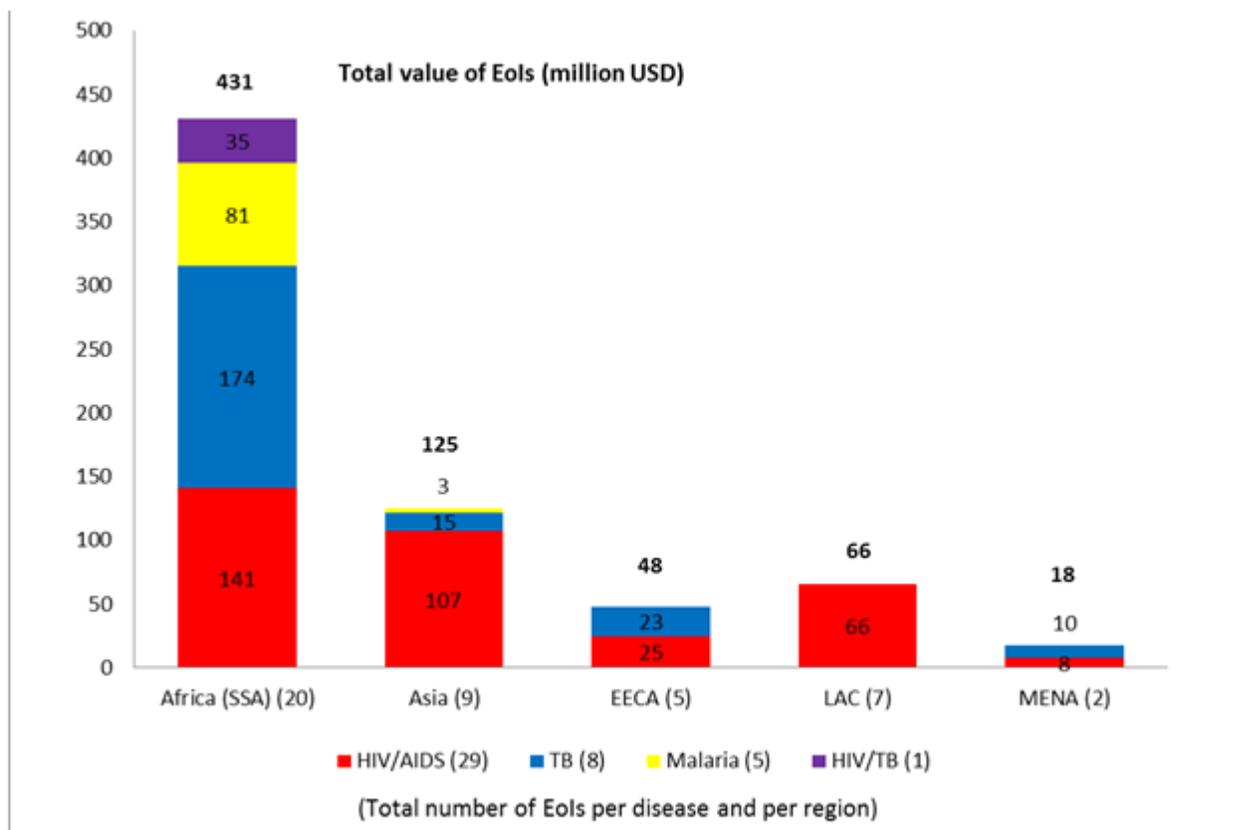


Figure 1: Funds requested through regional expressions of interest, by region and by disease

The outpouring of interest in regional proposals was not unexpected, Aidspace understands from the Global Fund Secretariat, and was within the range expected. A deadline for end March was extended into

May in order to facilitate the maximum number of applications.

The Board unanimously approved a decision point at its 31st meeting in Jakarta in March to allocate \$200 million to regional proposals from the funds raised during the Fourth Replenishment (see article [here](#)).

Board delegations at the time expressed concerns that the regional program set-asides would become slush funds to enhance country-level programs or pay for workshops, meetings or conferences that produce meagre programmatic impact.

It is premature, however, to assess whether the majority of the regional EoI signalled during the first application window fit within the context envisioned by the Secretariat: programs that are less about service delivery and more in line with the cross-border promotion of behavior change and integration.

[This article was first posted on GFO Live on 10 June 2014.]

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### **3. NEWS: EECA regional HIV conference marked by boycott over Russian position on harm reduction**

Tinatin Zardiashvili  
2014

11 June

*While dozens of activist groups withdrew, others met to try and develop a regional strategy to counter Russian influence over opioid substitution therapies*

Dozens of groups from across the region boycotted the Conference on HIV/AIDS in Eastern Europe and Central Asia (EECAAC) for what they claim is Russia's increasingly hostile position towards harm reduction and outreach among injected drug users and men who have sex with men.

The fourth EECAAC was held in Moscow in May. Co-sponsored by the Russian government and UNAIDS, it sought to bring together academics, activists, technical partners and other stakeholders to trade ideas on best practice for prevention and treatment of the growing regional HIV epidemic. EECA is the only region in the world where HIV infections are continuously growing, due in large part to high transmission rates among injected drug users and other key populations.

But in decrying UNAIDS support for Russia's "murderous policies" and its work doing "the Russian

government's bidding," many of the activist groups on the front line of the HIV response opted out in "solidarity with all those who suffer from repressions... and are not able to participate", and urged UNAIDS executive director Michel Sidibé to do the same.

"We want to openly re-state our position and to express disrespect to, and disagreement with UNAIDS's work in the region and in Russia in particular, which manifests in the inability and refusal to protect the interests and rights of KAPs at high level," said the open letter signed by some 20 regional and international organizations, among them both principal and sub-recipients of Global Fund grants.

Sidibé, in response, demurred on the request not to attend, instead considering that he feared his absence "would only exacerbate a polarized debate on HIV in EECA at a pivotal time, and risk to undermine UNAIDS' ability to advocate for people affected by the HIV epidemic in this region, including, most significantly, people who inject drugs".

From those who did attend the meeting, Aidsplan understands that the boycott, while hanging over the event, did not, ultimately derail good meetings between activists and government representatives about finding common ground to deal with the threat posed by HIV.

Tatiana Evlampieva, deputy director of Russia's Social Development and Healthcare Fund ' Focus-Media', a Round 4 Global Fund sub-recipient, said it was important to develop a data-driven evidence base for harm reduction in order to prevent the wrong approach from being adopted at the regional level. Russian and regional stakeholders must collaborate in this research, she said, in order to develop the most effective strategy to respond to the needs of all affected populations.

Evlampieva noted further that Russian bans on LGBT propaganda as well as a law about foreign agents that has restricted NGOs appear to have had the opposite effect, helping to strengthen and mobilize civil society and affected communities in the country to raise awareness, albeit covertly, about how to prevent infection by HIV.

The conference also provided an opportunity for the Global Fund's principal recipient in Russia to convene a side meeting of some 100 local organizations. Russia disbanded its country coordination mechanism (CCM) in 2013, leaving its remaining two HIV grants in the hands of independent non-governmental organizations including the Open Society Institute (OSI) and non-profit partnership ESVERO, previously known as the Russian Harm Reduction Network.

Now working under the NGO rule, which allows for proposals for Global Fund grants to be submitted by entities other than the CCM, the Russian NGO community is preparing a concept note to access some of the \$15.7 million allocated to Russia under the new funding model (NFM).

Russia's influence in the region also shadowed tough conversations on how to improve domestic spending across the region on activities that have been the traditional purview of the Global Fund, as many EECA countries may from 2017 no longer be eligible for Global Fund support. Nicolas Cantau, the Fund's EECA regional manager, noted that now was the time for stakeholders working on harm reduction to establish enabling policies and dedicated budget lines at the national level in order to ensure that those activities are safeguarded when financial responsibility for them shifts to the state.

"Russia is an important player in EECA, and influences the region politically and economically and becoming a donor for international development, so it is important to work with the government and advocate to promote appropriate harm reduction strategies," he told Aidspace. "This conference should be seen as a beginning of a renewed process to demonstrate that evidence-based approaches such as OST should be seen as public health strategy to reduce the epidemic in the region."

Yet already, Russian influence is being felt; there was no official discussion of harm reduction on the agenda, and Russian government officials and scientists used the conference as a platform to express highly negative opinions about OST, using terms like "street Methadone" and describing OSI as highly addictive and harmful.

Proponents of OST as a substitutive therapy for injected drug users to wean themselves off heroin and other narcotics consider the treatment to have a highly positive impact on reducing HIV transmission rates, improving adherence to anti-retroviral therapies and reducing criminality spawned by drug use.

[This article was first posted on GFO Live on 11 June 2014.]

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#### **4. NEWS: Global Fund close to nearly full recovery of Malawi refund**

Owen Nyaka

06 June 2014

##### *2010 audit found \$3.9 million in suspect expenditures*

Malawi has a \$938,000 balance remaining on some \$3.3 million it has been asked to return to the Global Fund following a 2010 audit (see [GFO article](#)).

The Global Fund sent a letter in February to the National AIDS Commission (NAC) executive director, Dr Thomas Bisika, confirming that the latest tranche of money, some \$938,000, had been received and that the refund had been applied to a Round 1 HIV grant: one of seven that were audited.

The audit covered seven grants that ran from October 2003 to June 2010, involving all three disease components as well as health system strengthening. Three of the grants were administered by the National Aids Commission, and the other four by the Ministry of Health.

Cumulative value of the grants was \$460 million, of which \$343 million (75%) had been disbursed at the time of the audit.

Released in August 2012, the Office of the Inspector General's audit report identified \$3.9 million in ineligible and unsupported expenditures that should be returned to the Fund. According to a table released during the 31st Board meeting in Jakarta in March, as of December 2013, that figure was revised downward with a 'management adjustment' worth around \$652,000. Another \$29,000 is being subject to an additional review. Repayment began in November 2012, and has continued at roughly six-month intervals, with the latest payment made in December 2013.

A commitment letter drafted by the country coordinating mechanism would repay a final tranche of \$938,000 -- should the outcome of the review still pending favor Malawi.

Under the terms of the country allocations announced in March 2014, Malawi is eligible for \$574.4 million in Global Fund support over the period 2014-2016. In the allocations letter received by the CCM, a copy of which was seen by Aidspace, the country was advised that access to this allocation may be conditional upon the Fund's satisfaction with actions towards repayment. Aidspace understands that Malawi's commitment to refunding those payments are providing a considerable degree of confidence of a satisfactory resolution of the issue.

*Owen Nyaka lives in Malawi and is a member of the [Key Correspondents network](#) which focuses on marginalised groups affected by HIV, to report the health and human rights stories that matter to them. The network is supported by the [International HIV/AIDS Alliance](#).*

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

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## **5. NEWS: Eurasian Harm Reduction Network promotes campaign to encourage domestic funding of harm reduction**

Tinatin Zardiashvili  
2014

03 June

Representatives from Belarus, Georgia, Kazakhstan, Moldova, Ukraine and Tajikistan grouped under the Global Fund-supported Eurasian Harm Reduction Network met on 19-20 May to launch a regional project seeking to encourage more domestic spending on harm reduction programs.

The 'Harm Reduction Works -- Fund It!' regional initiative will run for three years to engineer a smooth transition towards public sector financing of outreach and prevention activities among people who inject drugs.

Traditionally these activities have been almost fully funded by the Global Fund and some other international donors in the Eastern Europe/Central Asia region, while government budgets have been focused primarily on treatment and care activities, including the purchase of test systems and anti-retroviral drugs (ARVs).

According to the EHRN, just 7% -- some \$160 million -- of the \$2.13 billion needed to carry out harm reduction activities across the 26-country region is available, most of which comes from the Global Fund.

In order to expand domestic focus to include prevention, the regional advocacy and technical support project of EHRN seeks to encourage dialogue between activists, government representatives and international organizations with technical expertise in human rights for health.

EHRN has long been committed to the idea that one of the best ways to find the resources to support harm reduction is to reallocate funds that are spent on prosecuting and punishing drug users to the provision of effective prevention and treatment.

But according to Ala Iatco, director of the Moldovan Union for HIV Prevention, the fundamental challenge is in persuading governments that harm reduction is a cost-effective and high value-for-money initiative that should be considered as part of their comprehensive HIV response.

The best way to convince them, she said, was to develop an evidence-based argument relying both on international models and national-level data. The 150 participants, among them drug users in recovery, received preliminary training in use of the intervention tools of harm reduction investment and service monitoring on national and community level but she acknowledged that more training was needed.

The three-year project funded by the Global Fund will begin with service quality assessment and data

collection on current investment into harm reduction, to be carried out by EHRN and five NGO partners. Regular forums will be convened to assess progress against incremental targets that will eventually yield a country-level advocacy plan to be implemented by 2016 as well as to support community of people using drugs in their advocacy effort.

Presenting best practice lessons learned were representatives of Estonian and Czech national harm reduction programs, both of which have received state financing.

Each of the countries involved in the EHRN program are at different stages in their efforts to encourage better domestic participation in harm reduction. In 2014 from the regional project EHRN team could have investment comparison between countries within region.

Maintaining continuity within public health policy even across changes of government will be critical to ensuring sustainable state funding for harm reduction, Iatco said, which only emphasizes the need for a policy-driven approach.

The policy-driven approach must also respond to the particular needs and realities of drug-users. More than 50 recovering injected drug users from across the region were invited to share their stories and contribute to the development of advocacy strategies as part of the regional policy.

“Advocacy must come from the vulnerable communities themselves, and one of our main tasks with this forum was to develop effective regional support and figure out ways to coordinate community groups so they can approach decision makers,” said Anna Dovbakh, deputy director for technical support and information of EHRN.

[This article was first posted on GFO Live on 03 June 2014.]

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## 6. NEWS: Civil Society Priorities Charter drives inclusive country dialogue in Southern Africa

Gemma Oberth

10 June 2014

### *Concept note development for Global Fund grants advances using participatory approach, group says*

AIDS Accountability International has released [a new brief](#) highlighting the successful use of its Civil Society Priorities Charter to ensure an inclusive and participatory country dialogue for countries in Southern Africa as they prepare concept notes to access Global Fund resources.

A core requirement for eligible countries seeking to access resources being allocated under the new funding model (NFM) is a more inclusive and participatory process leading to concept note development. Consultations must include a wide range of stakeholders, among them the civil society groups and representatives of the populations affected by the three diseases who have traditionally been left out of the strategic decision-making when it comes to applying for international assistance.

While decision-making has been concentrated in the hands of the strongest voices at the table, civil society has in places and at times contributed to its own exclusion due to its inability to speak with one voice and lack of capacity for meaningful engagement at the highest levels of discussion.

The Charter aimed to change all that, providing tools and a framework for action and improved participation based on a consensus of priorities across the civil society sector. Participation from marginalized groups including women and girls, as well as key populations including men who have sex with men, was deemed critical to the Charter development process.

What emerged was an accessible advocacy tool that guides civil society groups towards improved coordination. Civil society networks in Malawi, Swaziland, Tanzania, Zambia and Zimbabwe have brought their Charters, outlining key priorities for the strategic response to HIV, TB and malaria in their respective countries, to the country coordinating mechanism (CCM) in order to lay the foundation for a more inclusive country dialogue.

In Swaziland, the Charter will be used as a reference point for development of the country's HIV/TB concept note. Swaziland is one of 38 countries submitting a joint concept note for the two disease components due to the high incidence of co-morbidity.

In Zimbabwe, the Charter helped to guide a more inclusive country dialogue for TB, according to Sebia Kwaramba of the Zimbabwe AIDS Network. Writing of the concept note is currently under way,

Kwaramba added.

*Gemma Oberth is a senior researcher at AIDS Accountability International, based in Cape Town, South Africa, where she manages the project Strengthening Africa's Country Coordinating Mechanisms. She is a member of the steering committee of Africa Health Watch: a community of practice co-founded by Aidspace which coordinates Global Fund watchdogs in East and Southern Africa*

[This article was first posted on GFO Live on 10 June 2014.]

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## 7. NEWS: New Aidspace paper explores the role of the local fund agent (LFA)

Lauren Gelfand

11 June 2014

*Evolving responsibilities include risk management, accountability and effective oversight of grant implementation at country level*

Aidspace on 11 June released [a new paper](#) on the evolving role of the local fund agent (LFA) in the Global Fund's ecology, specifically in relation to in-country oversight of grant implementation.

The paper, 'The Local Fund Agents: A Review of changing roles, functions, and performance from 2002 to date,' is available for download from the Aidspace website.

As a funding mechanism without an in-country presence, developed in part to represent its commitment to country ownership, the Global Fund has had to invent and evolve a system by which grant oversight is provided without incurring high operational costs.

The role and responsibility of the LFA within the Global Fund architecture has not always been well-understood at the country level. That lack of understanding has contributed to a series of misperceptions of what the LFA represents at the national level, and the relationships LFAs are supposed to have with other in-country actors.

The novelty of the approach notwithstanding, LFAs are held to a high standard of operations and performance, with regular monitoring to identify and correct weaknesses. Routine monitoring across the range of countries under LFA oversight has prompted a series of changes in how they function, operate

and perform.

Drawing from available published and 'grey' literature, the paper is divided into four sections:

- an overall description of the LFA system, and how it fits within the Global Fund architecture and interacts with the national health systems of recipient countries
- general functions of LFAs, including their roles as stipulated in their contracts with the Fund and outside of their mandate as a Global Fund agent
- interactions between LFAs and other Global Fund stakeholders including grant implementers and technical partners
- evolution of performance evaluation of LFA at the country level

LFAs are integral to the Global Fund's model of multi-lateral financing without in-country presence, helping to operationalize performance-based financing by verifying reports and assigning program progress.

Those weaknesses that had been identified in the first 10 years of the Fund's operations have been revised, and new practices and protocols dictating an LFA's role at the country level have been established, specifically related to programming, monitoring and evaluation and procurement and supply management.

A revised online performance evaluation tool, the contents of which are discussed in Aidspace's paper, will help to further improve reporting and communication between the Global Fund and in-country stakeholders, while also helping to improve the performance of the LFAs themselves.

[This article was first posted on GFO Live on 11 June 2014.]

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