Global Fund Observer

NEWSLETTER

Issue 267: 18 June 2015

Independent observer of the Global Fund

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ARTICLES:

1. NEWS: New HIV grant signed for Papua New Guinea

Lauren Gelfand 18 June 2015

Key population services emphasized in $14.2 million grant

Papua New Guinea has signed a $14.2 million grant with the Global Fund under the new funding model that emphasizes outreach and targeted prevention messages for key populations, as well as continuing service delivery even to the most remote areas in the Pacific nation.

Speaking at a signing ceremony on 15 June, Lady Roslyn Morauta, chair of the country coordinating mechanism, noted that while there has been progress in reducing the HIV infection rate to a national prevalence of just over 1%, "the new grant seeks to go further by reaching people who might have difficulty accessing services and medication due to stigma or gender-based violence."

Included in the grant will be considerable work at community level aiming to improve adherence to treatment regimens among the estimated 30,000 people currently taking ARVs in PNG. Current default rates are high – over 25% in some areas due to the challenging terrain, high cost of transport and societal issues including an entrenched culture of violence.

The grant, to be implemented by the corporate principal recipient Oil Search Health Foundation, also includes funding for peer educators to reach the most vulnerable around urban 'hotspots' where the key affected populations of men who have sex with men, transgender people and sex workers tend to congregate. Ensuring that these populations will not be deprived of access to health services because of stigma and discrimination will also drive awareness and sensitization training for the so-called gatekeepers: the health workers and law enforcement personnel who could be key allies in ensuring that everyone can access treatment.

Some of the grant money is going to help strengthen the national health system's ability to monitor its population: a crucial need in a country with weak strategic health information and an antiquated paper-based reporting mechanism at the provincial levels. Better data collection and analysis of the size of the key populations will be carried out by the Institute for Medical Research, including a bio-behavioral study planned for 2016 in three of the main urban areas where HIV incidence is currently higher.

Other sub-recipients include service deliverers Anglicare and Hope Worldwide, as well as IgatHope – an organization for people living with HIV.

The new focus on key affected populations, however, has caused some concern among the religious institutions that are responsible for 50% of the services delivered in rural areas. They say that due to the nature of HIV transmission in those areas, abandoning the work being done at community level to respond to what has thus far been a general epidemic, could contribute to a rise in new infections.

While there is some money in the grant that will help to expand testing of pregnant women, people suffering from TB and those who present at facilities with sexually transmitted infections – a major problem in PNG as well as across the Pacific region – the resources available under the grant are decidedly fewer than they have been in the past, and major modifications had to be made in the development of the concept note.

Catholic HIV/AIDS Service, which had been a pioneer in delivering ARVs in the country and a major recipient of Global Fund support in the past, works in nine provinces nationwide identified as high-burden, supporting 20 sites that deliver Fund-supported services. Reorientation of Fund investments to an even narrower band of 'priority' provinces – just five of the 22 – means that some of the original sites risk closure.

Another concern relates to what is not being covered by the grant: commodity purchases including rapid diagnostic test kits, drugs for opportunistic infections and ARVs themselves. As part of its counterpart financing requirement, the PNG government is taking on responsibility for all purchasing – with some support from technical partners. UNICEF will support the National Department of Health (NDoH) for the purchase through the Global Drug Facility of ARV, test kits and drugs for opportunistic infections, while the medical supply stores of the central government will be responsible, with help from WHO, to procure condoms and other prevention materials.

Funds within the NDoH will be quarantined to ensure they are available for the commodity purchases, paid for from the recurrent budget. The NDoH has quarantined 15 million kina (around US$7.5 million) per year for procurement of these commodities.

There are, however, massive problems in the supply chain, both in terms of human and financial resources, in developing and sticking to procurement templates, in data management: so much so that many partners have developed parallel chains to ensure that there are no delays in stocks arriving. This is a prohibitively expensive alternative solution and not sustainable in the long term.

There are also problems of distribution – not just of supply. Such challenges revealed themselves during a recent Aidspan visit to the island province of East New Britain. A health facility serving one of the largest clusters of communities around the capital, Rabaul, spoke of months of delays in receiving orders for both test kits and condoms. And when they did arrive, they were expired by more than six months.

[This article was first posted on GFO Live on 18 June 2015.]

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2. NEWS: Pivoting malaria response, Kenya receives approval to reprogram $30 million

Audrey Cheptoo 16 June 2015

Kenya will be able to reprogram nearly $30 million within an existing malaria grant to support the scale-up of universal access to vector interventions and treatment. The $30 million consists of $22.5 million in new funding from the allocation Kenya received for malaria under the new funding model, plus about $7 million left over from an earlier malaria grant.

The request, made in January, was reviewed with recommended revisions made by the Technical Review Panel in March. In May, the Grants Approval Committee decided that the request should proceed to the grant-making stage. Grant-making should be completed by the end of July. The final upper-ceiling amount for the grant, which includes both existing and new funding, is some $114 million.

Kenya asked for the reprogramming of the Round 10 grant to accommodate changes in the national landscape, specifically related to the devolution to county governance that began in 2013. Devolution has transformed the way the health system in the country absorbs and disburses funds, which contributed to delays in resource allocation to existing programming.

Another contributing factor affecting implementation is the time it took for the country to update its national strategy for malaria 2014-2018, which was due for release in the first quarter of 2015. The strategy is in its final phase of editing before its release by August this year.

The revised strategy emphasizes pursuit of universal access to vector control interventions through coverage of the population with long-lasting insecticide-treated bed nets (LLINs). Universal coverage means that there will be one net for every two persons in 25 counties in the Western, Rift Valley and Coast regions.

According to the 2014 Kenya Demographic and Health Survey, only 34% of households own at least one LLIN for every two persons.

Speaking during a press briefing preceding the 2015 World Malaria Day on April 15, Kenya's Health cabinet secretary hailed the distribution of 3.2 million nets in 2014 in six malaria-endemic counties as proof of the country's commitment to universal coverage. Under the national strategy, an estimated $54 million will be spent by 2018 to expand distribution to 25 counties, involving a total of 6.6 million additional replacement bed nets.

Also a priority in the revised strategy is a new focus on community case management of malaria, building on existing programs for diagnosis and treatment in the public and private sectors.

That new focus must be underpinned by improved “accuracy in reporting and the adherence to guidelines when managing cases, and make additional provision to train 1,000 health workers in the private sector,” the re-programming request stated.

The balance of funds will be spent on procurement, both of rapid diagnostic tests and artemisinin combination therapies (ACT): the most effective treatment regimen for malaria. ACT is free of charge for children below age five in the public sector and heavily subsidized for adults.

Kenya aims to expand its monitoring of malaria case management to all 47 counties: a new approach that deviates from a traditional focus exclusively on malaria-endemic and epidemic regions. This decision was driven by the need to improve the quality of malaria case management through evidence-based decision-making.

“This year, the ministry (of health) in conjunction with partners and stakeholders, will undertake a nation-wide survey to benchmark the progress and inform future strategic direction in malaria control,” explained Cabinet Secretary James Macharia.

A representative at the National Malaria Control Program explained that the strategy’s new focus on program management, of which the nation-wide survey is part, will emphasize strategic development at county level so that better targeting and prioritization can be done, leading to smarter decisions being made.

The Round 10 grants are due to expire in December 2016, and Kenya has asked that they be extended through December 2017. Both principal recipients -- the National Treasury and AMREF -- are expected to complete their contractual obligations for Phase II of the grants in that time period.

The funding reprogramming request will ensure maintenance of the existing programs.

Kenya’s allocation under the new funding model will respond to a disease that puts some 20 million of its estimated 43 million people at risk of infection annually. Malaria is a major driver of child mortality

in Kenya, accounting for 20% of all deaths in children below five years, according to the World Health Organization.

[This article was first posted on GFO Live on 16 June 2015.]

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3. NEWS: Global Fund announces plans to make some concept note attachments public

David Garmaise 16 June 2015

Decision follows request from Aidspan to increase access to documents related to concept notes and the ensuing grants

The Global Fund has agreed to release three documents related to concept notes that were not previously made public. The documents are the modular template attachment; the financial gap analysis and counterpart financing attachment; and the programmatic gap attachment.

The decision to make the attachments public was communicated on 4 June by Seth Faison, communications chief for the Fund, after a series of email exchanges with Aidspan.

A request that other documents including the concept note review and recommendation form, the applicant's response, the implementation arrangements map, the grant management workplan and the detailed grant implementation budget was denied.

A detailed grant implementation budget as it stands currently would include confidential information including salaries, and the grant management workplan is being discontinued, Faison said as justification for the denied request. However, he said that a modified version of these budgets could be eventually made public once the appropriate automated systems are in place.

The table below summarizes which documents will and will not be made public.

Table: List of documents related to the concept notes and the ensuing grants, showing which will be made public

Category	Document	Will be released publicly?
Concept note	Concept note form	✔
	Modular template	✔[1]
	Financial gap analysis and counterpart financing table	✔[1]
	Programmatic gap table	✔[1]
Concept note review and grant-making	Concept note review and recommendation form	✖
	Applicant response form	✖
Grant agreement documents	Framework agreement	✔
	Confirmation form (summary program description, summary budget, performance framework)	✔
	Implementation arrangements map	✖
	Grant management workplan (implementation milestones, actions to address capacity gaps and risks)	✖
Grant implementation	Workplan [2]	✖
	Detailed budget [3]	✖

Notes:

1. These are the three new documents that the Fund will be making public in a few months time.
2. The Fund says that the grant implementation workplan is being discontinued.
3. Some version of the detailed budget may be made public in future.

The Global Fund is currently updating its website and hopes to have a new design in place by 30 September, though this is not a firm deadline. The plan is to make the three newly available attachments public once the new design is completed.

Aidspan's request was taken in late May to the Management Executive Committee, Faison said, for discussion along with a number of other related matters. In granting the request, the committee, and the wider Fund, are continuing a commitment to working with a high degree of transparency, "not only because it is a founding principle of the Global Fund" … but also because "we constantly see the

benefit of transparency and we know from long experience that it serves the mission of global health in numerous ways," the email said.

COMMENTARY FROM AIDSPAN

The release of the three attachments to the concept note form will give stakeholders and observers of the Fund a fairly complete picture of applicant requests. It will also provide useful information on counterpart financing commitments. This is a step in the right direction.

However, these documents fall short in providing detail about the programs that are to be implemented. Unfortunately, there is no single set of documents containing a detailed description of these programs. The concept note documents cannot serve this purpose because the programs they propose are continuously evolving as a result of a series of iterations based on reviews by the Technical Review Panel, the Grants Approval Committee and even into the final stages of grant-making.

The performance framework contained within the grant confirmation form – which will be made public – includes program goals, objectives and modules, indicators and targets; it does not describe interventions to be implemented. Neither do the program summary or the summary budget as they are too high-level.

So while this release of some concept note attachments is welcome, it does not go far enough. Aidspan will continue to debate these issues with the Secretariat.

[This article was first posted on GFO Live on 16 June 2015.]

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4. NEWS: Sub-recipient selection in Russia underway for HIV grant

Tinatin Zardiashvili 17 June 2015

A total of 26 sub-recipients will be selected to carry out the $11-million program

The Open Health Institute (OHI) is close to choosing the 26 sub-recipients to implement activities under the $11-million HIV grant awarded to Russia under the new funding model. Implementation of activities specifically targeting key populations should begin in July following their selection.

The large number of SRs is attributed to the vast size of the country and the decision by OHI to choose non-governmental organizations who are closely aligned with specific geographic areas as well as the targeted population. There is a great need to integrate direct service delivery to these key populations with prevention activities and it is hoped that these smaller organizations will be more effective in developing links with local health departments because they are drawn from the same community.

Working at community level with smaller, tighter projects could also lead to a greater likelihood that the programs are taken over by local governments, said coordinating committee chairperson Irina Maslova.

A series of oversight visits began in May by the Coordinating Committee and regular monitoring and evaluation visits by the PR will help OHI to assess how successful past SRs have been in carrying out grant activities. Monitoring and evaluation visits are also forecast under the new NFM grant: the first to be fully implemented under the Global Fund's NGO rule.

The coordinating committee, too, has strong roots at the community level, Maslova said, which makes it easier for beneficiaries to be candid in their appraisals of how well the SRs are carrying out activities.

Once the SRs are selected, OHI will issue two other tenders for co-financed and small-grant projects. These additional programs will help to strengthen sustainability of community-based projects and improve the ability of community-based organizations to maintain them without the need of external funding.

Eligible organizations for the co-financed grants will have already received state funding for HIV prevention, and need a 'top-up' to retain staff or provide additional services to an established clientele: clean needles for people who inject drugs, for example, or condoms. The program's main emphasis is to establish stronger cooperation with district AIDS centers and state programs so that these entities are more likely to take over responsibility for the programs in the future.

The small-grant program seeks to include smaller, fledgling community groups in the Russian response to HIV, to nurture their growth and professionalism in order to help them thrive. This can include developing research capacity, improving their ability to advocate for a changed legislative or policy environment and strengthening their internal systems. The goal here is for small groups to be able to demonstrate their value to communities in order to be treated as viable partners by state health officials and the central health ministry, in order to maintain the prevention side of the HIV response in Russia.

The coordinating committee receives funding separate from the $11 million allocated to Russia under the NFM, to help ensure that there is distance between the PR and the CC so that it can oversee the full implementation of the grant under the NGO rule. The CC is serving as the country coordinating

mechanism for Russia, though it draws members only from outside government. Representatives to the CC were selected during country dialogue in the spring of 2014.

[This article was first posted on GFO Live on 17 June 2015.]

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5. COMMENTARY: Engaging with national human rights institutions key to advancing rights of hijra and transgender people

Ian Mungall 18 June 2015

Hoping to seize on momentum begun in Bangladesh in November 2013 with the decision to recognize a third gender on official documents, the Global Fund-supported Multi-Country South Asia HIV Program is working with national human rights institutions alongside civil society to improve the promotion and protection of human rights for sexual minorities.

The decision to recognize 'hijras' or transgender people in Bangladesh was a watershed moment in the region, adding the country to the ranks that also include India, Nepal and Pakistan in recognizing transgender people. The recognition, while not yet enacted as legislation, promises to secure the rights of these communities. This will enable them to identify their gender as 'third gender' in all government documents, including passports. Without an identity card they are often denied services.

"While the Government of Bangladesh has yet to enact a specific law covering the rights of third gender people, the progress is significant," said Shale Ahmed, executive director of Bandhu Social Welfare Society (BSWS), a sub-recipient of the multi-country program since 2011.

"Legal recognition promises to contribute to improved access to social services that most people take for granted, such as access to health care, housing, education and employment."

In Bangladesh, as in many parts of Asia, sexual minorities suffer from social stigma and discrimination that are barriers to services including treatment in public health facilities; these rights violations can also compromise their ability to access work or economic advancement, keeping them in poverty. Without access to services, these populations are more likely to engage in high-risk behaviors that further expose them to the risk of HIV or other sexually transmitted infections.

"There are strong links between human rights violations, persistent stigma and discrimination and the elevated HIV epidemics that we are seeing among transgender people and men who have sex with men (MSM) in the Asia-Pacific region," noted Nadia Rasheed, who leads the UNDP HIV, Health and Development regional team based in Bangkok. "A recent UNDP study on transgender people in Asia noted that some locations reported HIV prevalence rates as high as 49 percent."

Policy progress in Bangladesh on recognizing 'third genders' followed an intensive and collaborative campaign engaging civil society groups such as BSWS alongside the National Human Rights Commission (NHRC).

In the wake of the cabinet decision, the Ministry of Social Welfare has launched a nationwide pilot program to develop *hijra*-friendly services and also allocate a small budget for education stipends, vocational training, livelihood options and pensions for elderly *hijra* under their existing social protection programs. While there is no rigorous data as to the size of the hijra population in Bangladesh, the program has the potential to impact thousands of people.

At a December 2014 consultation organized by BSWS, Dr. Mizanur Rahman, chairman of the NHRC of Bangladesh, remarked on the state of sexual minority rights in Bangladesh. "Lesbian, gay, bisexual and transgender (LGBT) issues are not different from other human rights-related concerns," he said. "The rights movement has gained considerable momentum in recent years, however, the time has not yet come where we can talk openly and frankly about these communities. It is high time we raise our voices to uphold the basic rights of LGBT people in Bangladesh."

In close collaboration with the NHRC and with support from the Dutch government, BSWS in 2013 launched a telephone hotline called *Ain Alap* ('Legal Talk') to provide easy access to information and assistance on legal issues. Nearly 1,000 calls have been received from 53 districts around Bangladesh in the last two years; *Ain Alap* is expected to continue providing help in accessing justice for sexual minorities going forward with support under the Multi-Country South Asia HIV grant.

A major victory came in January 2015, when legal redress was secured for Sohel Rana, a transgender person who was unjustly terminated from her job at the Bangladesh Medical Studies and Research Institute (BMSRI) in May 2013 due to her gender identity. Following a ruling by the NHRC on the case, Sohel was awarded lost salary and was reinstated.

"Engaging national human rights institutions as partners is key to advancing human rights issues including ensuring equitable access to essential HIV and health services," said Shale Ahmed of BSWS.

Other human rights activities conceived under the current phase of the grant, which was awarded a total $16.7 million to run from 2013 through 2015 in Afghanistan, Bangladesh, Bhutan, India, Nepal,

Pakistan and Sri Lanka, include workshops bringing together representatives of national human rights institutions (NHRIs) to develop strategies to work on sexual minority rights issues around the region. (Phase 1 of the grant was awarded under Round 9 from 2011-2013, with PSI Nepal serving as PR). Most recently, NHRI representatives from 17 Asia-Pacific countries gathered in Bangkok from 24-25 February 2015 for a workshop organized by UNDP, the Asia Pacific Forum of National Human Rights Institutions and the Asia Pacific Coalition on Male Sexual Health. It produced a joint action plan to further the promotion and protection of human rights in relation to sexual orientation and gender identity.

"The regional component of our work helps to facilitate greater collaboration between civil society organizations and NHRIs and to increase their visibility and role in international HIV responses and rights mechanisms," said Anna Chernyshova, program manager at the UNDP regional office.

Ian Mungall is a communications officer for UNDP

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6. NEWS: Concerns about Malawi financial management outweighed by burden of need

Owen Nyaka 18 June 2015

Despite scandal involving parastatal principal recipient, Malawi receiving additional resources from Global Fund

Despite continued concerns about Malawi's ability to absorb grant funds, the country will receive an additional $37 million in incentive funding to support its HIV program, bringing the total allocation under the new funding model for this central African nation for all three diseases and health systems strengthening to more than $611 million.

The decision to release the additional funds was attributed by UNAIDS chief Michel Sidibe to the country's leadership in committing to ambitious targets to reduce its disease burden. Malawi has a 10.6% general prevalence rate of HIV and an estimated 500,000 people on ARVs.

Speaking on 13 June at the African Union summit in Johannesburg, Sidibe hailed Malawi's evolution from being a follower to a leader in the fight against HIV.

"Malawi was the first country to introduce Option B+, putting HIV-positive pregnant women automatically on treatment," Sidibe said during a session attended by President Arthur Peter Mutharika. "You were also the first to sign the 90-90-90 treatment target to help end the AIDS epidemic by 2030. Mr. President Sir, we are very impressed with the risks that you are ready to undertake. Now we have been able to work with Global Fund to release $611 million."

If Malawi continues on its trajectory, Sidibe predicted that no babies would be born infected with HIV by the end of 2015.

"We have managed to reduce the new HIV infection rate by 65%. I am glad that we are just one point away from achieving zero percent mother-to-child transmission of HIV," Mutharika said in response "We just need to remain focused; with more commitment and resources we will achieve this in no time."

Despite being a low-income country, with a per capita GNI of $750, Malawi has committed to purchasing $8.5 million in ARV and other commodities through 2017. This will represent a first-ever pledge by the government to pay for its own HIV therapies and is a supplement to Malawi's commitment to double its willingness-to-pay contribution from $30 million to $60 million across all three disease components.

The meeting in South Africa followed a high-level visit by Global Fund officials to Malawi in May to assess the country's readiness and ability to move beyond a financial mismanagement crisis within the National AIDS Commission and an NGO managed by the first lady that required repayment of several million dollars in misappropriated funds.

In late May, the Grant Approvals Committee (GAC) decided that Malawi's HIV concept note should proceed to grant-making with an upper ceiling of about $444 million: allocation funding worth $296 million and an above-allocation request of $148 million. The final budget could be less, depending on what happens during grant-making. The grant-making stage is expected to start by 1 July, and the grant will run through December 2017.

[This article was first posted on GFO Live on 18 June 2015.]

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7. NEWS: Global input sought in development of strategic plan to stop TB

Lauren Gelfand 18 June 2015

The online consultation follows a similar effort launched to solicit greater input into the global HIV strategy

Stakeholders from around the world are being encouraged to add their voices, lessons learned and challenges to a global consultation carried out virtually by the Stop TB Partnership to inform the development of its strategic plan for 2016-2020.

The global online consultation model is a new platform being deployed with varying degrees of success by a variety of public health organizations. UNAIDS carried out a similar exercise in the second quarter of 2015, and the Global Fund itself is integrating an online component to its own consultations and partnership forums as it begins discussions for its 2017-2021 strategy. Stop TB, equally, is using the Fund's upcoming 24-25 June Partnership Forum to solicit suggestions from implementers and civil society activists for its strategic plan, hosting a meeting on the eve of the Forum in Bangkok.

A similar meeting was held prior to the Fund's African Partnership Forum in Addis in May and one is set for Eastern Europe and Central Asia in Istanbul, Turkey, in July. One for the Latin America and Caribbean constituencies is tentatively set for Panama in early September.

Stop TB has set 10 August as the closing date for the consultation process that it has vowed will be "as inclusive as possible… [and aiming] to reflect a diverse range of input in the plan update, including the voices of people and professional groups and TB constituencies who may not have been reached previously."

These online consultations would appear to be responding to repeated frustrations voiced at implementer level that they are only belatedly consulted – contributing to a sense that the health agenda remains the purview of global bodies imposed on countries rather than a reflection of national or even regional priorities. However, for those countries with tenuous telecommunications, the online consultations also emphasize the disconnect between where policies are made and where they are implemented.

The draft Stop TB plan contains eight sections where interested parties may comment. Each section is designed to help develop an evidence base for greater investment in TB prevention and case management, promoting innovative approaches to improving adherence to treatment regimens and preventing the spread of MDR- and XDR-TB.

The five-year plan is a costed strategy for the Stop TB partnership, including costs both of global advocacy work as well as country-specific technical support. All of the planning is targeted towards the ultimate goal of reaching the WHO End TB Strategy goals set for 2035.

The launch of the Global Plan is set for end-2015 during the 46th Union World Conference on Lung Health.

The STOP TB online consultation is at http://stoptbplan2020.org.

[This article was first posted on GFO Live on 18 June 2015.]

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8. NEWS: Aidspan launches its open data platform

Kelvin Kinyua 16 June 2015

The Aidspan Portal Workbench is a web tool that will be useful to all persons interested in Global Fund grant data

Aidspan has made public its data platform, the Aidspan Portal Workbench (APW). The APW is a flexible and powerful web-based application which retrieves grant portfolio data from the web services provided by the Global Fund and then makes the data available in a user-friendly way. Instructions on how to access the APW are provided at the end of this article.

The APW platform allows for advanced searching and filtering of data using various fields. The results can then be sorted, and reports produced and exported to popular formats such as Excel, CSV, XML, PDF and HTML for sharing or external analysis.

Below is a partial list of the datasets included in the platform:

- Grants details and grant agreements
- Grant budgets
- Disbursement
- Grant expenditures
- Grant ratings
- Performance indicators

- NFM allocations to implementing countries

The APW allows users to look up information by principal recipient, disease, regions, countries, etc.

Transparency is one of the cornerstones of the Global Fund. One of the ways the Fund demonstrates its commitment to transparency is by providing a broad range of information on its website. The Fund also provides this information (and additional information) through its web services platform.

For several years, Aidspan has been retrieving this information and re-organizing it for easy retrieval on its own website. The APW represents a significant expansion of the information Aidspan is able to make available and of the ways visitors to its site can make use of the data.

Accessing APW

APW is hosted on Aidspan's cloud servers and is accessible to everyone who has an Internet connection. To access the application, follow these steps:

1. Open a new tab on the browser.
2. Enter the following URL: http://data.aidspan.org
3. If you are a GFO or OFM subscriber, enter the email address you use to subscribe, and then click on the "Get/Forgot password" button to request a password for accessing the application. (We have enabled all GFO and OFM subscribers to access the platform.)
4. If you are not a GFO or OFM subscriber, click on the "Register" button, enter an email address and select a password.
5. Once the application completely loads, click on the "Video tutorial" button at the top right-hand side to view a 3-minute quick walkthrough on how to use the application.

If you encounter any problems or have any inquiries, please write to the webmaster at data@aidspan.org. Requests will be answered promptly.

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AVAILABLE ON GFO LIVE:

The following articles have been posted on GFO Live on the Aidspan website. Click on an article heading to view the article. These articles may or may not be reproduced in GFO Newsletter.

NEWS : Global Fund seeks to recover $116,000 from Tajikistan after procurement fraud

> Tajikistan will be asked to repay more than $116,000 after an Office of the Inspector General investigation that found irregularities in procurement carried out by a government sub-recipient of an HIV grant managed by the UN Development Program.

NEWS : Stakeholder workshop in Russia develops path to grant implementation

> In a two-day workshop, Russia's coordination committee discussed the foundations for oversight and implementation of an HIV grant: the first to be implemented under the Global Fund's NGO rule.

This is issue 267 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the Editor in Chief, Lauren Gelfand (lauren.gelfand@aidspan.org). To subscribe to GFO, go to www.aidspan.org.

GFO Newsletter is a free and independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org).

Aidspan (www.aidspan.org) is a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, aiming to benefit all countries wishing to obtain and make effective use of Global Fund resources. Aidspan finances its work through grants from foundations and bilateral donors. Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products.

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