Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 288: 25 May 2016

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Gemma Oberth 20 May 2016

A focus on human rights and gender equality is front and centre in The Global Fund's new strategy for 2017-2022. Approved at the 35th Board meeting in Abidjan at the end of April, the new strategy has four strategic objectives, each with several operational objectives (see GFO article for an overview of the new Strategy).

This article takes a closer look at the third strategic objective – to promote and protect human rights and gender equality – and its five operational objectives, which are as follows:

1. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights.
2. Invest to reduce health inequities including gender- and age-related disparities.
3. Introduce and scale up programs that remove human rights barriers to accessing HIV, TB, and malaria services.

4. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes.
5. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes.

Rationale

The need for an intensified rights and gender approach to end the three diseases is clear. In 2016, there are still 75 countries that criminalize same-sex sexual relations and 72 countries with laws specifically criminalizing HIV non-disclosure, exposure, or transmission. Women who sell sex are 14 times more likely to have HIV than other women. Transgender women are 50 times more likely than the general population to have HIV. In some high burden countries, adolescent girls are eight times more likely to become infected with HIV than their male peers. Men who have sex with men (MSM) are both more likely to have HIV than the general population, and less likely to access treatment and prevention services.

TB is the leading cause of death among the world's prisoners, with conditions such as poor ventilation and overcrowding fuelling TB transmission and reactivation. Further, in correctional facilities adequate care may also be denied. Malaria remains a leading cause of morbidity and mortality among refugees and internally displaced people, with inhumane living conditions and poor nutrition exacerbating susceptibility, particularly for pregnant women and young children.

Levels of funding

The Global Fund needs a strong focus on human rights and gender equality in the Strategy to motivate the necessary levels of funding for rights-based and gender-transformative approaches. Out of all concept notes submitted in 2014 (a total value of $7.9 billion), just $17.5 million was requested to address human rights barriers to access. In a recent UNAIDS survey of HIV and human rights organizations, just 25% of respondents reported accessing Global Fund money for their human rights work. None of those respondents was from Africa.

The human rights funding deficit is perhaps even starker for malaria and TB programs. In an analysis of 42 malaria concept notes and 23 TB concept notes submitted in Windows 1-5, although 50% of malaria concept notes and 65% of TB concept notes identified human rights barriers to access, not a single one of these notes requested funds for removing legal barriers (see GFO article). The operational objectives to introduce and scale-up programs that remove human rights barriers to access, and to integrate human rights considerations throughout the grant cycle, aim to rectify this shortfall. In the coming months, the Global Fund will identify 15-20 focus countries for in-depth studies on scaling up human rights programing that will be implemented over the life of the new Strategy. In these countries, baseline studies will examine specific human rights barriers to access to explore the cost and potential impact of bringing human rights interventions to scale.

Currently, approximately 60% of Global Fund investments benefit women and girls. For the next allocation period (2017-2019), sub-Saharan African countries with the highest HIV infection rates in women and girls will receive about 30% more resources based on the

revised allocation methodology (see GFO article). But, gaps persist in governance at country level, which the new strategy seeks to address with its operational objective to boost meaningful engagement of key and vulnerable populations.

There is still not gender parity on CCMs, which creates power imbalances for important decisions about funding and programming. In 2015, 40% of CCM members (globally) were female and only 37 CCMs were chaired by women. CCM induction trainings on gender and human rights will begin this year, in line with the new Strategy.

To further reduce health inequities driven by gender and age disparities, the Fund's strategy commits to working with partners to improve data collection, ensuring that sex- and age-disaggregated data appropriately informs national health strategies. Technical support through partnerships with other UN agencies will also be made available at country level.

Reaching key populations

Importantly, the human rights and gender equality strategic objective underpins a critical operational objective elsewhere in the Strategy, which is to scale up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases. Many high-burden countries with limited ability to pay are also places with restrictive legal and policy environments, making it even harder to reach key and vulnerable populations. This is no coincidence. Laws and policies that violate human rights and limit gender equality fuel the spread of the three diseases and hamper treatment efforts. (A recent report entitled "Open for Business" makes the link between economic prosperity and non-discriminatory environments for sexually diverse populations.)

The Fund's Investment Case for the 2017-2019 replenishments illustrates why The Global Fund's human rights and gender equality strategic objective is so critical for reaching key populations. The investment case shows that an optimized allocation approach would include expanding test-and-treat and pre-exposure prophylaxis (PrEP) for key populations in several countries with significant human rights barriers to access.

The investment case says, for instance, that early antiretroviral therapy for MSM needs to be added as an intervention country-wide in Sierra Leone, Mali, Botswana, Swaziland, Democratic Republic of Congo (DRC), Cameroon, and Zimbabwe, as well as in all but one district in Nigeria. Similarly, it says that PrEP for sex workers should be introduced across Congo, Sierra Leone, Rwanda, Zambia, Kenya, Zimbabwe, Mozambique, and South Africa.

In most of these countries, homosexuality or sex work is criminalized. This makes the roll-out of these high-impact interventions for key populations extremely challenging unless there are tandem investments in enabling environments which protect human rights and promote gender equality.

UNAIDS suggests that countries devote 8% of resources to programs to reduce human rights–related barriers to accessing services, and to programs that support advocacy and political mobilization by 2020 (see GFO article).

To support scale-up of interventions among key and vulnerable populations, The Global Fund's operational objective to support meaningful engagement of these groups in Global Fund-related processes will carry forward some of the work begun through the Community Rights and Gender (CRG) Special Initiative. The CRG is investing approximately $5 million in eight global key populations networks through a partnership with the Robert Carr Network Fund. The aim is to strengthen engagement of key population network members at country level to participate meaningfully in Global Fund processes.

Further, the operational objective to scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights, will build upon the Fund's current partnership with UNICEF. Begun in April 2014, the partnership supports countries to include strong reproductive, maternal, newborn, child, and adolescent health components in concept note submissions. This results in strengthening the integration of sexual and reproductive health interventions for equitable access to services that are anchored in human rights and gender responsive programs.

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2. COMMENTARY: Will the process to apply qualitative adjustments to the allocations for 2017-2019 really be more transparent?

David Garmaise 24 May 2016

At its last meeting on 26-27 April, the Board adopted an allocation methodology for 2017-2019 (see GFO article). It does not differ significantly from the methodology used for the 2014-2016 allocations. As before, a disease burden/income level formula will be used to calculate initial allocations for each component. As before, the initial allocations will be adjusted by a series of qualitative adjustments.

The methodology approved by the Board promised "a more transparent, accountable and flexible qualitative adjustment process." The process was described as follows:

- prior to each allocation period, the Strategy Committee will approve the list of qualitative factors and the process for applying them;
- the Strategy Committee will oversee the adjustment process carried out by the Secretariat; and
- country components whose allocations changed by greater than 15% and greater than $5 million through qualitative adjustment process will be reported by the Strategy Committee to the Board.

The Strategy Committee will review and approve the list of qualitative factors and the process for applying them at its June 2016 meeting. A paper presented to the Board at its last meeting in April said that the qualitative factors may include but would not be limited to: major sources of external financing; minimum funding levels; willingness to pay; past program performance and absorptive capacity; risk; increasing rates of new infections in

lower prevalence countries; and populations disproportionately affected by HIV and TB, and in low-endemicity malaria settings.

So, instead of the Secretariat managing the qualitative adjustments process mainly on its own, as it did for the 2014-2016 allocations, for 2017-2019 the Strategy Committee will play a greater role and some additional information will be provided to the Board. Is this what The Global Fund means when it says that the process will be more transparent?

Will the list of qualitative factors approved by the Strategy Committee be released? Will a description of the process for applying the qualitative factors be made public? Will the list of components whose allocations were significantly adjusted be available? Will the amounts of the adjustments for each component be provided to anyone who asks for them? If The Global Fund can answer these questions in the affirmative, that would constitute transparency.

Given our experience with the 2014-2016 allocations, and given the penchant for secrecy of the previous Strategy, Investment and Impact Committee (SIIC), I am not optimistic.

When the 2014-2016 allocations were announced, about the only information that was made public was the final allocation and the suggested component (or program) split for each country. No information was provided on what the initial allocations were for each component based on the disease burden/income level formula calculations, and what qualitative adjustments were made to these initial numbers.

Countries were told that they could propose a modified program split but that the final split had to approved by the Secretariat. The Secretariat helpfully posted information on the Fund's website concerning for which countries final program splits had been approved, but did not provide the details of the split.

That leaves me wondering whether the process for qualitative adjustments for the 2017-2019 allocations will really be any more transparent.

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3. NEWS: West and Central Africa lagging behind in the response to HIV: MSF

Three out of every four people who need ART don't have it

Countries are too dependent on a single donor: The Global Fund

David Garmaise 24 May 2016

According to Médecins Sans Frontières, countries in West and Central Africa are lagging behind in the response to HIV. MSF said that most of the countries in the region struggle to offer antiretroviral therapy: 76% of those who need ART – five million people – are still awaiting treatment. That's three out of every four people. Among children, nine out of every 10 children who need ARVs don't have access.

This information comes from a report entitled, *OUT OF FOCUS: How Millions of People in West and Central Africa Are Being Left Out of the Global HIV Response.*

The WCA region is made up of 25 countries, most of them with relatively small populations. Their average prevalence rates are relatively low compared to Southern Africa. The relatively low prevalence – 2.3% in 2014 – nevertheless represents around 6.6 million people living with HIV, which was 18% of the global HIV burden that year. The region accounts for 21% of new HIV infections worldwide.

However, according to MSF, ART coverage rates in the WCA lag behind those of Southern Africa. "While countries faced with an overwhelming HIV burden have risen to the challenge by making major changes to their health services, countries in WCA have had less incentive to adapt their service delivery models, and less support to do so."

(The 25 countries in the WCA region are: Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, São Tomé and Príncipe, Senegal, Sierra Leone, and Togo.)

Source: Out of Focus

Why are the countries in the WCA lagging behind? According to MSF, there are several explanations. First, many countries struggle with weak health systems and competing health priorities, problems which are exacerbated in places prone to recurrent crises. "Many countries in WCA failed to implement some of the innovative methods used elsewhere for rolling out ART, due to resistance or a lack of awareness, instead resorting to ill-adapted approaches."

Second, the (U.S.) President's Emergency Plan for AIDS Relief (PEPFAR), The Global Fund and UNAIDS all give priority to the same geographical areas or population groups with high transmission, but it is unclear what support is provided outside these hotspots.

Third, the challenges created by the weak health systems, especially with respect to procurement and supply management, make it difficult for donors to manage investments and achieve impact. If a donor invests in treatment in countries in the WCA, and if the ARVs are not reaching the people who need them, this acts as a disincentive to further investment.

Fourth, the WCA region relies too heavily on a single donor: The Global Fund.

According to MSF, globally, international donor funding levelled off or grew modestly between 2010 and 2014. It said that while the US government's contribution flat-lined at $5.6 billion in 2014, it remains the largest donor, providing nearly two-thirds of donor funds for HIV. "Other donor countries have shown a preference to provide HIV funding through multilateral channels, including the Global Fund. Overall contributions to the Global Fund for the 2014-16 period increased after the Global Fund went through significant reforms."

MSF said that with donors such as the World Bank and several bilateral funders withdrawing from HIV, and in particular from ARV funding, the Global Fund plays an increasingly important role in the ARV market, taking on about a third of ARV purchasing.

The Global Fund tends to be the major – and often the only – donor that funds HIV activities in WCA countries, particularly the provision of ARVs. (PEPFAR has only four priority countries in the WCA.) "The reliance on Global Fund grants alone creates a potentially precarious situation," MSF said. "Without alternative sources of funding, any disruption in the institution's grant disbursement can have serious consequences for country programs."

Several countries in the WCA are classified by the Global Fund as "challenging operating environments." To mitigate these challenges and improve results in these contexts, The Global Fund allows for more flexibility in in both the applications process and in grant implementation. According to MSF, in practice the application of such flexibilities has so far been limited. It cited the examples of recent Global Fund proposals submitted by the Democratic Republic of Congo (DRC) and Guinea. Both proposals experienced significant delays, due to new and more demanding application processes which, in turn, contributed to delayed implementation. With respect to the proposal from Guinea, GFO has learned that The Global Fund required Guinea to develop a national strategy for key populations before the grant was signed.

In its report, MSF puts forward several recommendations for increasing ART coverage in the WCA region, including, for example: create political pressure to mobilize around the 90-90-90 targets; tackle stigma and discrimination, educate patients and promote human rights; and drastically increase access to pediatric ARV formulations.

The report includes case studies on three WCA countries: Central African Republic, DRC and Guinea.

Gemma Oberth contributed some reporting for this article.

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4. NEWS and ANALYSIS: New Strategy for 2017-2022 reflects The Global Fund's evolving approach to health systems strengthening

Nathalie Abejero 23 May 2016

Building resilient and sustainable systems for health, which is one of the four strategic objectives in The Global Fund's Strategy for 2017-2022, articulates a new and targeted focus for strengthening health systems. The Board adopted the new Strategy at its meeting in Abidjan on 26-27 April (see GFO article.)

Background

The ambitious Millennium Development Goals (MDGs) of the early 2000s drove a global health funding trend that increasingly targeted specific diseases and helped reduce their burden. This had positive spill-over effects to the wider health sector. However, concurrent unintended side effects constrained the capacity of countries to meet the broader health needs of their populations. In addition, the rapid emergence of non-communicable diseases, including the wake-up call of potentially catastrophic epidemics such as Ebola, proved extremely challenging for resource-scarce health systems.

From the start, The Global Fund has taken the position that disease-focused investments are only as effective as the health systems through which they are implemented. Its approach to health systems strengthening (HSS) has reflected emergent health threats and the global discussion, including the new focus towards the attainment of the Sustainable Development Goals (SDGs). With increasing global support for the primary care approach, and with efforts towards universal health coverage accelerating, international partners like The Global Fund are allocating and advocating for investments that generate system-wide effects.

The Global Fund support for HSS was enhanced with the introduction of the new funding model and The Global Fund's 2012-2016 Strategy, elaborated in a concept paper, *Resilient and Sustainable Systems for Health*.

Along with the renewed focus came an increase in funding requests for cross-cutting HSS. This prompted the Technical Evaluation Reference Group to commission a thematic review, which generated recommendations for further refining the Global Fund approach to HSS (see GFO article). These recommendations are reflected in the new Strategy.

Building resilient and sustainable systems for health

Within the framework of The Global Fund's mandate to fight HIV, TB and malaria, the strategic objective on building resilient and sustainable systems for health in the new Strategy aims at supporting countries' efforts to strengthen their response to the health challenges they face. The Strategy says that to impact health outcomes, strong health systems should provide financial protection and equity, and contribute to universal health coverage. The Strategy

focuses on harmonized approaches, integrated service delivery, strengthened community responses, and promoting equitable access to quality services.

The strategic objective on health systems contains seven operational objectives, as follows:

1. Strengthen community responses and systems.
2. Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery.
3. Strengthen global and in-country procurement and supply chain systems.
4. Leverage critical investments in human resources for health.
5. Strengthen data systems for health and countries' capacities for analysis and use.
6. Strengthen and align to robust national health strategies and national disease-specific strategic plans.
7. Strengthen financial management and oversight.

Below, we briefly summarize each operational objective.

Community responses and systems. The Global Fund recognizes that communities are critical actors in improving peoples' health, and that they play a vital role in making services more accessible, and in overcoming stigma, discrimination, and other human rights abuses. The Strategy acknowledges that there are existing policies to facilitate community involvement in program design, service delivery, and advocacy. However, the Strategy says that community-led responses can and should be strengthened further.

The Global Fund says that it will seek to ensure that community responses and systems are able to contribute effectively, including even after the Fund no longer provides support to a country. To do this, the Fund will, among other things, strengthen its guidance in this area; ensure that where possible Global Fund representatives meet with community groups in-country to better understand and address issues around program barriers and implementation; and build capacity among community-level implementers.

Reproductive, women's, children's, and adolescent health; and platforms for integrated service delivery. Support will be provided for the integration of comprehensive services in reproductive, maternal, newborn, child and adolescent health, to ensure that the health needs of women, children, and adolescents are addressed simultaneously. The Global Fund will support countries to ensure that entry points for patients for screening and diagnosing HIV, TB, and malaria also serve as entry points for diagnosing other diseases. This will result in cost savings and increase the ability to scale up for impact. Activities to strengthen this service model include scaling up integrated community case management, integrating services for HIV with sexual and reproductive health, and ensuring adolescent-friendly health services.

Procurement and supply chain systems. Approximately 40% of Global Fund support over the next strategy period will go towards the procurement and supply-chain management of health products. The Strategy calls for (among other things) capacity building on forecasting

and quantification, storage and inventory management, distribution, quality assurance, and information management and reporting. The Global Fund will continue to support the use of its pooled procurement mechanism where needed, while encouraging countries to include funding within their grants for critical investments in the national procurement systems.

Investments in human resources for health. The Global Fund believes that a strong policy framework for building human resource capacity is essential to a functioning health system. The Strategy calls for the Fund to work with health partners to support the development of long-term "human resources for health" plans. Activities will include developing a policy framework for training, recruiting, retaining, paying, and motivating staff.

Data systems. The Global Fund believes that a functioning health information management system is essential for policy-makers, program staff, and consumers – as is the capacity across the health system to manage and use that data to identify gaps and barriers to improve the delivery of services. The Strategy calls for the Fund to systematically invest in country-specific M&E plans as well as country data systems and tools for assessing data quality. The Strategy says that this targeted effort will also include enabling communities and local providers to access, use, and act upon this data to highlight issues with program quality and barriers to accessing services.

National health strategies and national disease-specific strategic plans. The Global Fund believes that national health strategies and disease-specific strategic plans are necessary to ensure alignment of country-supported programs with the real health needs of the population. Under the Strategy, the Fund will support countries as they work to strengthen and implement their plans. This includes ensuring that the plans are designed through inclusive, multi-stakeholder processes. The Strategy calls for the Fund to work with national governments, partners, and country level implementers to ensure that disease plans are appropriately costed and implemented, linked to national health strategies, and include measures related to sustainability.

Financial management and oversight. Under the Strategy, the Fund will continue to support countries to build financial management capacity in order to enhance the efficiency, accountability, and transparency in their monitoring and reporting of health spending; and to reduce fragmentation and the associated cost of having multiple or parallel financial management systems for absorbing grant funds from The Global Fund and other donors. In addition, financial management capacity will be strengthened through partnerships and collaborations.

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5. NEWS and ANALYSIS: In Georgia, the new National Platform for Drug Policy will promote dialogue as well as advocacy

Tinatin Zardiashvili 22 May 2016

In Georgia, at the end of April, the Georgian Drug Users Community Group (GeNPUD) established a National Platform for Drug Policy. The platform brings together 33 entities representing NGOs providing services, other civil society organizations, unions, research organizations, and drug user community groups.

GeNPUD is a network of organizations of people who use drugs.

The platform provides opportunities to discuss issues related to the harms caused by Georgia's repressive drug policies, and to propose evidence-based public health and social programs to mitigate the harms. The platform is setting up thematic working groups to discuss various issues. For example, there is a policy reform group that will propose changes to existing laws. There is also a group working on awareness raising and issues of stigma and discrimination.

The platform will also be used to develop advocacy strategies. Various members of the platform will raise funds to support the work of the platform and will conduct advocacy campaigns. They will propose laws, talk to government, organize protest meetings and other events, sensitize society, etc.

The advocacy campaigns are expected to operate on multiple levels, and to focus on the liberalization of the drug policy; the promotion of the evidence-based interventions; and ensuring access to vitally important medical and psycho-social services – access from both a financial and a geographical perspective.

The advocacy campaigns will also aim to raise awareness among specific groups and in the general population of the harms created by existing policies, in the hope that this will help to reduce stigma and discrimination. Ultimately, the members of the platform would like to see drug use treated as a public health issue rather than a criminal one.

The impetus for the national platform comes entirely from the community. GeNPUD itself is a community group established in 2013 by the Georgian Harm Reduction Network with support from the Global Fund dating back to the rounds-based era. GeNPUD hopes that the platform will be a vehicle for carrying on the work of drug policy reform after Round 10 funding ends later this year.

For example, some progress towards decriminalization was achieved when in the summer of 2015 the Georgian government amended its law to distinguished between possession with and without the intent to sell. However, representatives of the drug users community believed that the amendment did not go far enough – for example, it did not establish amounts for personal use that were acceptable. The National Platform for Drug Policy will become a place where issues of this kind can be thrashed out and new policies and strategies developed.

Paata Sabelashvili, a representative of the White Noise Movement, one of the co-founders of the platform, said that the platform will be available to everyone who is adversely affected by repressive drug laws regardless of their pattern of drug use. Previously, advocacy campaigns were more segmented – for example, focusing on the issues affecting injection drugs users in one instance and the issues of non-injection drug users in another.

There are no members from government in the National Platform for Drug Policy. However, the National Centre for Disease Control is listed as a partner and supporter. And the government has pledged to work with the platform.

Archil Talakvadze, deputy minister of Internal Affairs, said that his ministry is always ready to discuss issues related to drug policy reform with community representatives. The drug user community in Georgia believes that the Ministry of Internal Affairs often reflects the views of more conservative organizations and persons influenced by the old Soviet approaches promoting stigma and discrimination of drug users. The community hopes that the work of the National Platform will persuade the ministry to consider other approaches. The Georgian government has shown itself to be more willing to listen to the views of civil society than the governments of other post-Soviet countries.

Up to now, the policies of the Georgian government have sometimes been contradictory. The government co-funds opioid substitution therapy, which suggests that it understands that drug use is a public health issue. At the same time, however, it has these very restrictive laws criminalizing drug use.

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6. NEWS: New WHO recommendations for MDR-TB will lower the cost of treatment and improve outcomes

New regimen will generate savings for The Global Fund

David Garmaise 13 May 2016

The World Health Organization has issued new recommendations for the treatment of multi-drug-resistant TB, involving the use of a regimen that is shorter and cheaper compared to what is currently being used.

The new regimen costs less than $1,000 per patient and can be completed in 9-12 months. In a news release, the WHO said, “Not only is it less expensive than current regimens, but it is also expected to improve outcomes and potentially decrease deaths due to better adherence to treatment and reduced loss to follow-up.”

Current treatment regimens, which take 18–24 months to complete, are about twice as expensive, and yield low cure rates: just 50% on average globally, the WHO said. This is largely because patients find it very hard to keep taking second-line drugs, which can be quite toxic, for prolonged periods of time.

The shorter regimen is recommended for patients diagnosed with uncomplicated MDR-TB. The WHO also recommended the use of a new rapid diagnostic test to determine which patients are eligible for the shorter regimen.

This is good news for The Global Fund because it will reduce the per patient cost of treating MDR-TB and allow programs supported by the Fund to treat more people.

"More effective diagnoses and treatment are an essential tool to end TB as epidemic," said Mark Dybul, Executive Director of The Global Fund, in a news release. "We need to put human beings at the center of our response and focus our efforts on the most vulnerable." The Global Fund provides more than three-quarters of all international financing for TB.

Médecins Sans Frontières also welcomed the new recommendations. In a news release, Dr Philipp du Cros, Head of MSF's Manson Unit and an infectious disease specialist, said:

> "WHO's recommendation to move toward shorter treatment regimens for some people with drug-resistant tuberculosis (DR-TB) is a positive step and countries should waste no time in putting these recommendations into practice, where feasible and appropriate. Although this treatment isn't suitable for all patients, MSF has seen positive outcomes using a nine-month regimen in Swaziland and Uzbekistan. Shorter regimens are easier for people to tolerate and more effective for some people with DR-TB, and significantly lower costs could enable TB programmes to scale up treatment for many more people."

Meanwhile, the Stop TB Partnership's Global Drug Facility announced that the price of linezolid, a key medicine used to treat multidrug-resistant tuberculosis (MDR-TB),will be cut by approximately 70% in 2016. This is projected to save up to $30 million globally over the next three years.

Linezolid is a key companion drug that is often used alongside two new life-saving medicines, bedaquiline and delamanid; but until now, the high price of linezolid made it difficult to access for many TB programs, Stop TB said.

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7. ANNOUNCEMENT: Call for nominations: Community, Rights and Gender Advisory Group

Aidspan staff 23 May 2016

The Community, Rights and Gender Department of The Global Fund has issued a call for nominations for membership on its Community, Rights and Gender Advisory Group. The group serves as a platform for the exchange of ideas and initiatives, and to consult on approaches with regards to the development and implementation of Global Fund strategies and policies related to community responses and systems, key populations, and gender.

Applicants should have strong links to their constituencies or networks; experience of the Global Fund; and significant understanding of the Fund's processes, including, specifically, in the area of communities, rights, and gender.

The Advisory Group consists of up to 18 members, who serve on a voluntary basis for a maximum of three years, with staggered rotation of membership on an annual basis.

Interested persons should send an email to Rene Bangert with their CV and a brief explanation of their background and interest by 1 June 2016. For more information, contact Rene Bangert.

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8. ANNOUNCEMENT: Developed Country NGO delegation is seeking applications for communications focal point position

Aidspan staff 24 May 2016

The Developed Country NGO delegation on the Global Fund Board is seeking applicants for the position of communications focal point. The term of the current communications focal point, Beate RammeFuelle, is up at the end of June. The new focal point will serve from July 2016 to July 2019.

The terms of reference and the selection criteria can be obtained from Shamsa Abdulrasak at shamsa.abdulrasak@iasociety.org.

The closing date for applications is 15 June 2016. Interviews will be held from 16-23 June.

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