Independent observer of the Global Fund

# Global Fund Observer

NEWSLETTER

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**BY DAVID GARMAISE**

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**BY DAVID GARMAISE**

Although the U.K.'s Department for International Development increased its contribution to the Global Fund at the Fifth Replenishment Conference in 2016, DFID has significantly cut its bilateral programs focusing on HIV. Funding for HIV-specific programs declined from a peak of £221 million in 2009 to £23 million in 2015.

7. NEWS: The UQD register is now available on the Global Fund's website

**BY DAVID GARMAISE**

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8. NEWS: Global Fund releases new results report

**BY DAVID GARMAISE**

The "Results Report 2017" provides results for the period ending December 2016. In passing, the report revealed that the Global Fund is embarking on an ambitious fundraising drive to raise $500 million before the next replenishment conference.

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**BY DAVID GARMAISE**

Two new publications on civil society and communities have been published by ICASO and the Global Forum on MSM & HIV.

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*Decision hailed as a "very important step in ensuring the sustainability of HIV services"*

**MOH will be required to establish a long-term mechanism for funding CSOs**

Ivan Varentsov 19 September 2017

On 5 September, the recently elected government of the Republic of Macedonia ordered the Ministry of Health to allocate 103 million Macedonian denars (approximately € 1,674,000) within the National HIV Program for 2018 to (a) ensure continuous access to antiretroviral (ARV) treatment for HIV-positive people; and (b) support the implementation of HIV prevention programs among key affected populations (KAPs) such as men who have sex with men (MSM), persons who inject drugs (PWID) and sex workers (SW). This amount is nearly four times bigger than the amount that had been budgeted for 2018 by the previous government. Local activists consider this development to be a very important step in ensuring the sustainability of HIV services in Macedonia.

According to Arben Fetai, Senior E.U. Policy Advisor for Stop AIDS Alliance, one of the key factors contributing to this achievement was the personal commitment of the new Minister of Health, Arben Taravari, who has introduced multiple initiatives to restore citizen's trust in the health system. Fetai said that the new government, which was elected on 3 June after a two-year-long political crisis, is resolutely pro-European and reformist, a total break with the previous government which ran the country for eleven years amid corruption scandals and under-investment in social sectors.

Fetai said that the Minister took this decision in his third week in office, during his first meeting with civil society representatives – "a great example of budget advocacy at work." Unfortunately, he added, Taravari has been requested by his party to run for Mayor of his hometown in local elections scheduled for 22 October. Taravari has communicated that he won't come back to the Ministry whether he wins the election or not.

"That means that there will be a new Minister of Health on 23 October," Fetai stated. "Although the new minister will belong to the same political party, it is not a given that he or she will be supportive in the long term of the initiatives that Taravari was pursuing. Continued engagement will therefore be very important."

In an email published on the European AIDS Treatment Group (EATG) listserv on 7 September, Andrej Senih, an HIV activist from Macedonia and a member of the EATG, said that the decision of the government is very important for two reasons. First, it obliges the Ministry of Health "to establish by the end of 2018 a functional long-term mechanism for financing the activities of the National HIV Program targeting key affected populations that are implemented by civil society organizations (CSOs)." Importantly, the major part of the allocated funding, 60 million denars (about € 1 million euros), is designated to support HIV prevention services that CSOs are delivering to these key populations. This amount is more or less at the same level of annual funding that was previously available for programs implemented by CSOs with Global Fund support in the last few years. So, no major decrease of funding is expected.

Second, this is the first official and formal government document to express a clear commitment to support civil society–based HIV prevention activities and to lay out the precise steps to ensure the sustainability of HIV services for key affected populations (KAPs) in the country.

**Petition on harm reduction and prevention**

In a related development, in June of this year, HOPS (Healthy Options Project), a major HIV prevention NGO service provider in Skopje, launched a petition calling for harm reduction and HIV prevention programs to be maintained in Macedonia. The petition was addressed to the Ministry of Health and the Government of Macedonia. According to the petition, the continued survival of harm reduction and HIV prevention programs in Macedonia is uncertain because the current financial support from the Global Fund ended in June 2017. The petition said that this could endanger 17 harm reduction programs operating in Macedonia, which have proved their effectiveness; and this could, in turn, result in over 10,000 people who use drugs as well as their family members being left without proper social and health care. Hristijan Jankuloski, Executive Director of HOPS, told Aidspan that given the latest developments, there is reason to believe that a successful transition of HIV services for KAPs from Global Fund support to national funding will take place in Macedonia.

The decision by the Macedonian government guarantees that the new funding for HIV treatment and prevention, which had been submitted by the Ministry of Health in the draft versions of the 2018 budget, will remain during the rest of the budget planning cycle for 2018 (which is likely to take another 1-2 months). Even more important, said Andrej Senih, is that the commitment can be considered as formal recognition by the government of the HIV epidemic among KAPs in Macedonia, and of the role of CSOs as key partners to reach out to KAPs and to provide them with much needed HIV services.

### Funding gap in 2017

Now, community activists and CSOs are waiting for the Ministry of Health to announce an open call for NGOs to apply for funding, as there is a need to urgently disburse funding allocated for the prevention activities among KAPs for 2017. This will fill a gap that remains from now until the end of December (although some funding is also still available within the current HIV Global Fund grant which recently obtained another no-cost extension until the end of 2017). A public procurement mechanism will be used, and only NGOs will be eligible to apply, but it is not clear yet how it will work in practice. A lot of work remains to be done to pilot this mechanism and to ensure that it is functional and accessible to NGOs working in the area of HIV prevention among KAPs. Also, the detailed planning of the activities within the 2018 National HIV Program needs to be done through a consultative process with CSOs that are key implementers of prevention programs.

But there are also other gaps in Macedonia's transition-related processes that need to be addressed. In the opinion of Jankuloski, who is also the Chair of the country coordinating mechanism (CCM), one such gap is related to the governance of the national HIV response. The Macedonian CCM is not a formal body and probably will not continue its work after Global Fund support ends. For this reason, Jankuloski said, it is important to strengthen the National HIV Commission and make sure that this structure, first, inherits from the CCM its multi-stakeholder composition (to make sure that KAPs and NGOs have a voice in the decision-making processes) – and, second, is not just a consultative body of the MOH, but rather has decision-making power concerning program and budget matters, and also has an oversight function similar to what the CCM has.

Another gap mentioned by Jankuloski is related to human resources, as the MOH has never worked with NGOs directly before. As well, the people currently working in the Project Implementation Unit – the structure which is responsible for implementing the programs funded by the Global Fund in country – officially are not MOH employees and will probably leave as soon as the Global Fund grant comes to an end.

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## 2. ANALYSIS: Identifying and solving country-level impediments to full absorption of Global Fund money

*Roadblocks include inadequate human resource capacity, procurement difficulties and gaps is data collection and analysis*

Andrew Green 19 September 2017

In raising concerns about the ability of countries to achieve full absorption of Global Fund grants, delegations from the African constituencies on the Global Fund Board pointed to a range of challenges they said need to be addressed, including several that consistently appear at the country level.

These problems and the delays they create in disbursements are critical to understanding the failure to fully absorb the funding. When a grant is signed, a schedule of disbursements is included. If those disbursements are delayed, it can be difficult for the principal recipient (PR) to get program implementation back on track, provoking a chain reaction that ends in lapsed funding.

This is the second part of a Global Fund Observer series on concerns within the African constituencies about lapsed funding. This article discusses some of the in-country challenges to full absorption that were repeatedly raised by the delegations, as well as possible solutions.

To understand why funding is not fully absorbed, constituency delegations told Aidspan, one has to look at the causes of delayed disbursements. At the country level, they specifically identified (a) human resource capacity problems; (b) procurement difficulties; (c) gaps in data collection and analysis; and (d) shoddy construction of facilities that are used for Global Fund-related activities.

### Human resources

Among the challenges, the delegations identified weaknesses within the health systems of many of the recipient countries, especially with respect to human resource capacity.

Ibrahim Tajudeen Olaitan, who was the focal person for the West and Central Africa delegation from 2013 to 2016, said some countries have not had enough PRs and sub-recipients (SRs) with the human resource capacity to fully meet Global Fund standards for implementation, monitoring and reporting on grant-related activities. This can create several problems. If the capacity problems are not recognized upfront, programs may simply underperform. Alternatively, it can slow the implementation process as PRs and – more frequently – SRs are trained to meet Global Fund standards. Both situations can result in missed targets or deadlines as well as delayed disbursements. Olaitan said the situation improved over his time as focal person as PRs and SRs became more familiar with Global Fund processes.

Grace Rwakarema, who is part of the Eastern and Southern Africa delegation on the Global Fund Board, and who sits on the Audit and Finance Committee, highlighted specific concerns about accounting capacity within some country-level health systems. She pointed to situations where deliveries of drugs and other Global Fund-supported commodities are not properly recorded, either when shipments are received in the country or when they are distributed to health facilities. The Global Fund has strict reporting standards to forestall potential theft, but Rwakarema said some national systems do not have the human resources to meet this standard. This can cause the Global Fund to delay disbursements until all of the items are properly accounted for.

### Procurement

Rwakarema said this is also linked to problems some countries experience with procurement. The issues extend beyond accounting capacity, to slow suppliers who delay shipments. She said she is aware of situations where a government has signed contracts with suppliers, but has not received the drugs or commodities before the close of a reporting period. This can exacerbate existing weaknesses in the accounting system and cause problems when it comes time to submit grant reports, resulting in disbursement delays.

Additional problems can arise when the government budgeting and allocation systems are not aligned with those of the Global Fund, Rwakarema said. Money from the Global Fund may arrive to be applied towards purchasing a commodity, but the government may not yet have allocated its own money to supplement this funding. This can lead to delays in procurement, which can then slow down implementation and lead to delays in disbursements.

### Data collection and reporting

Delays can also result from gaps in the collection and reporting of data. The lack of data leads some PRs to over- or under-budget, according to Syson Namaganda Laing, the Focal Point for the Eastern and Southern Africa delegation. Problems arise in two ways. If a project is over-budgeted, it can result in unspent money, which appears as inadequate absorption. The bigger concern, she said, is when not enough money is budgeted and PRs and SRs are unable to complete all of the activities outlined in a grant. This can delay future Global Fund disbursements as implementers attempt to source additional funding to meet agreed-upon targets or as they try to recalibrate their projects.

A possible solution, Laing said, is ring-fenced funding from the Global Fund for countries to invest in strengthening systems for collecting and analyzing data, which, in turn should help countries do a better job of forecasting.

Abdhalah Ziraba, who authored a 2016 report for the African Population and Health Research Center on absorption capacity among the African constituencies, told Aidspan that because funding from donors is limited, the onus falls on domestic governments to shore up some of these gaps in systems for procurement and data collection to help facilitate better absorption of Global Fund money.

“Countries must develop a plan [to improve these systems] and probably put some resources aside to make sure data are collected,” Ziraba said. He also called for PRs across the continent to share successful strategies.

### Facilities

Laing said that delays are often caused by the shoddy construction of facilities. She referred to medical storage facilities which, even when contracted and paid for by local governments, must meet rigorous standards to house drugs and other commodities that are procured with Global Fund money. If they do not meet the standards, then the Global Fund can delay disbursements until the facilities are improved.

She said there was an opportunity for greater coordination at the outset among the stakeholders involved in or affected by these efforts to ensure facilities meet the necessary standards.

### Prospective country evaluations

Members of the two sub-Saharan Africa Board delegations were enthusiastic about an initiative introduced by the Technical Evaluation Reference Group (TERG) in 2016 to conduct prospective country evaluations. (PCEs). PCEs are systemic evaluations that provide

a full picture of the implementation, effectiveness and impact of Global Fund-supported programs.

The PCEs, currently being rolled out in eight countries (see GFO article), will establish country platforms to conduct continuous monitoring and evaluation, learning and problem solving, according to the TERG 2017-2022 Work Plan.

Laing said delegations have high expectations for the PCEs.

"It could be a third eye that would help us highlight some of these bottlenecks," she said, "to give a bird's eye view of what is happening for the different players in the process, including how they affect grant implementation and absorption."

The PCEs might also offer insight into exactly which of these or other hurdles create the most significant delays, which can then help focus efforts to design and implement solutions.

The next and final part of this series on absorption capacity will look at challenges delegations have identified at the Secretariat level and the potential solutions that are being considered.

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## 3. NEWS: Problems operationalizing safeguards to mitigate financial risks create delays in implementing Global Fund's malaria grant to Cambodia, OIG says

*Finding the right balance between mitigating fiduciary risks and program risks is a challenge*

David Garmaise 19 September 2017

After an investigation in 2013 by the Office of the Inspector General (OIG) into allegations of fraud and kickbacks paid to government officials in Cambodia (see GFO article), the Global Fund Secretariat took steps to improve its management of financial and fiduciary risks in grants to Cambodia. The good news is that the safeguards put in place by the Secretariat have effectively mitigated those risks. The bad news is that implementers encountered significant challenges in operationalizing these safeguards, and this has resulted in prolonged delays in implementing some key activities in Cambodia's malaria program.

This is one of the main findings of an audit of Global Fund grants to Cambodia. A report on the audit was released on 6 September.

The audit covered the four active grants in Cambodia (see table for details) and the Cambodia portion of the Regional Artemisinin-resistance Initiative (RAI), for which the principal recipient (PR) is the United Nations Office for Project Services (UNOPS).

**Table: Grants included in the OIG audit in Cambodia**

| Grant name | Principal recipient | Component | Grant period | Signed amount ($US) |
|---|---|---|---|---|
| KHM-H-NCHADS | National Center for HIV/AIDS, Dermatology and STI (Ministry of Health) | HIV/AIDS | October 2015 to December 2017 | 31,934,569 |
| KHM-T-CENAT | National Center for Tuberculosis and Leprosy Control (Ministry of Health) | TB | January 2015 to December 2017 | 15,664,272 |
| KHM-M-UNOPS | United Nations Office for Project Services | Malaria | July 2015 to December 2017 | 29,100,897 |
| KHM-S-PRMOH | Ministry of Health | Health System Strengthening | October 2015 to December 2017 | 12,100,381 |
| | | | | **88,800,119** |

### Additional safeguards

The safeguards implemented after the OIG's 2013 investigation included the appointment of a fiscal agent for most of the government implementers. They also involved the adoption of an electronic payment mechanism to address control weaknesses identified at the sub-national level and community levels. The government PRs are required to use the electronic system for the $20 monthly allowance payments to community workers and village malaria workers (VMWs). The approximately 5,000 VMWs provide frontline services in local communities for early detection and treatment of malaria. Finally, the safeguards included the introduction of stringent, pre-approved travel plans to verify the validity of per diems. In addition to review and pre-approval of each travel plan by the fiscal agent, the local fund agent subsequently checked the execution of the plans.

The OIG said that the implementers' "perceived" unwillingness and inability to implement these additional safeguards and the lack of alternative strategies from the Global Fund Secretariat present significant challenges in the Fund's capacity to effectively safeguard its investments "without compromising the implementation of key activities and ultimately the achievement of the grants' programmatic objectives."

According to the OIG, the VMWs, a key component of Cambodia's national strategy to eliminate malaria, have not been able to provide services to communities since June 2015 due to delays in the implementation of the additional safeguards. Compared to other providers (i.e. health facilities and private providers) involved in malaria case management, the VMWs have historically been the most effective in malaria case finding, the OIG reported.

The interruption of services provided by the VMWs led to a decline in the share of diagnosis and treatment of confirmed malaria cases reported by these workers from 53.3% in 2014 to less than 8.7% at the end of 2016, the OIG said. In addition, at the time of the audit, almost 400,000 insecticide-treated nets funded by the Global Fund had been in storage for six months and were awaiting distribution by the VMWs to high-risk communities.

The OIG explained that VMW activities were not being performed mainly because of delays in the implementation of various mechanisms put in place by the Secretariat to ensure prudent use of funds. The OIG cited delays of over four months in signing a memorandum of understanding between the PR, UNOPS, and the National Malaria Program. In addition, a memorandum of agreement between the national malaria program and the provincial health departments was signed six to eight months' late due to delays in agreeing the mechanisms to account for the use of funds for travel-related costs at the sub-national level.

(In February 2016, Aidspan reported that a dispute over how travel costs should be accounted for resulted in delays in the implementation of two malaria grants.)

Further, the OIG reported delays of more than 22 months to develop, pilot and implement the electronic payment mechanism. Alternative temporary mechanisms were not considered, the OIG said, in order to avoid disruption in services while the long-term mechanism was being developed.

"In the context of the Global Fund's zero tolerance for fraud and corruption, which is crucial to donor confidence and the continued flow of funding to support programs, maintaining effective financial safeguards is crucial," the OIG stated. "The strict financial control measures adopted by the Secretariat are both a strong signal to donors and the country alike, as well as a key step towards remediating the fraud, corruption and nepotism risks identified in Cambodia." However, the OIG added, the operational modalities of these safeguards "need to be carefully evaluated by the Secretariat to ensure an effective balance in the mitigation of fiduciary risks and programmatic risks."

According to the OIG, contributing to the delays were gaps in the program management capacity of the National Malaria Program and implementers at provincial levels to effectively undertake their role and to manage and account for their funds. This affected their ability to develop budgets, work plans and terms of reference to procure the services of providers to undertake critical activities, the OIG said.

### Ratings

Because of the delays caused by the implementation of the additional safeguards, the OIG rated the design and effectiveness of implementation arrangements as **"needs significant improvement."** This is the second lowest tier of the OIG's four-tier rating scheme.

However, the OIG rated the design of the internal financial controls and the effectiveness of assurance mechanisms in safeguarding Global Fund resources as "**partially effective,"** the second-highest tier of the rating scheme.

### Achievements

There was plenty of good news in the OIG's audit report, particularly with respect to the achievements of the HIV, TB and malaria programs: Cambodia is one of the few countries in the world that has met the MDG targets for the three diseases. About 80% of people living with HIV are on antiretroviral therapy, with more than 83% viral load suppression rates among those who had a viral load test. In addition, the country is on the verge of virtually

eliminating mother-to-child transmission of HIV, with infections declining from 7% in 2014 to less than 3% at the end of 2016. Cambodia is working towards achieving virtual elimination of HIV transmission by 2030.


In 2016, 23 of out of Cambodia's 25 districts reached the malaria pre-elimination stage, up from 12 in 2014. There was a decline in the incidence of malaria from 4.4 per 1,000 in 2004 to 2.82 at the end of 2016, and malaria related deaths declined from 18 in 2014 to less than one in 2016.

The TB treatment success rate in the country is above 90%.

The OIG said interventions are generally based on evidence and are strategically focused on key populations. In addition, it said, programs financed by the Global Fund complement investments by the government and development partners. There is no duplication of activities in the design of HIV, TB, malaria and health system strengthening grants.

### Other areas of concern

The OIG identified other area of concern in addition to the problems implementing the additional safeguards. These included the following:

**Delays in the roll-out of new treatment regimens to fight malaria drug resistance.** Cambodia is the epicenter of artemisinin drug resistance. As such, the country is expected to change malaria regimens often to manage resistance of first line antimalarial medicine. Due to delays in the revision of the national treatment guidelines, in the delivery of the recommended regimen by the supplier, and in the registration of the recommended regimen with the relevant authorities, the roll out of new malaria treatment regimen in selected provinces in January 2014 was delayed for 14 months.

The OIG noted that despite improvements in the monitoring of private sector providers in Cambodia, there is sub-optimal coverage in the training, supervision and quality assurance of private sector service providers. At the time of the audit, 60% of the 1,495 public-private-mix providers had not been trained in national treatment guidelines or received any supervision. Weaknesses in supervision and quality assurance increase the risk of malaria treatment not being done according to the national guidelines, the OIG said.

The OIG attributed the weak oversight of the private sector to delays in the transition of the responsibility for oversight and supervision from non-governmental implementers to the Cambodia National Malaria Program. In 16 of the Cambodia's 25 districts, the transition had not yet been effected 22 months after it was slated to happen.

**Duplication in implementation arrangements.** The OIG noted cost inefficiencies arising from a high level of duplication in support and supervision functions. Program support personnel make up 22% of the $26.5 million human resources cost in the program budgets.

Each of the Ministry of Health PRs has its own support and supervision functions for finance, procurement, and data gathering and reporting.

**Limited measures to promote institutional sustainability**. Although Cambodia has progressively increased its investments in the national response to HIV, TB and malaria, donors contributed more than 75% of available funding for the current period (2015-2017). However, the OIG noted, in 2018-2020 Global Fund investments will decrease by 30%, and U.S. funding for HIV is expected to decline.

In order to improve institutional sustainability, the OIG said, a specific health systems strengthening (HSS) grant of $12.1 million was approved by the Global Fund for implementation in 2015-2017. However, the OIG said, there have been significant delays in the delivery of HSS interventions – including those related to pharmaceutical and health product management, and health management information systems – and in the integration of HIV, TB and malaria services within existing primary health care packages. Consequently, only 25% of the funds for this grant had been spent by the end of 2016.

**Weaknesses in programmatic and supply chain data.** The audit revealed limitations in the completeness, timeliness and accuracy of reported HIV, TB and malaria data. For example, one in five health facilities offering pre-antiretroviral therapy and antiretroviral therapy services do not routinely report on selected HIV indicators, including those related to viral suppression and HIV/TB collaborative interventions. HIV, TB and malaria interventions are being implemented using mapping, size estimations and surveys that are outdated, the OIG said.

The inventory management database used by the disease programs in stores and hospitals to account for health commodities is fragmented and built on old technology with no technical support from the service provider or vendor, the OIG said. In addition, the inventory management database does not have the capability of providing early warnings of impending stock-outs or expiries.

**Gaps in internal financial control systems.** The OIG said that although significant improvements have been made in mitigating financial risks, certain gaps still exist in key fiduciary controls over financial records and management of advances. Access controls for accounting software used by government implementers are very weak, the OIG found, allowing implementers to backdate accounting entries, to edit or delete entries after a hard close, or to change payroll and other sensitive information without approval.

### Agreed management actions (AMAs)

In response to the audit findings, the following AMAs were agreed:

- The Secretariat will update its risk and assurance plan for the Cambodia grants, based on new implementation arrangement and capacity assessments, in order to minimize implementation delays, improve efficiency, limit duplications of grant funded cross-cutting functions and develop capacity to support institutional sustainability. [Due 31 May 2018]

- The PRs and the national disease programs, in coordination with the Ministry of Health and technical partners, will develop data quality assurance plans for the three disease components. The plans will include details on the timelines and frequency for data quality assessment, routine data collection and data flow models, and a description of the roles and responsibilities of stakeholders in data collection and data quality assurance. [Due 31 December 2018]
- The Secretariat will work with the PRs and the national programs to address gaps in the existing accounting procedures. The work will include the segregation of duties and access rights to the accounting systems, and the establishment of procedures for monthly close-out, accounting for fixed assets and data backup. [Due 30 June 2018]

**Previously identified issues**

The last OIG audit of grants in Cambodia was in 2009 with the report published in 2010 (see GFO article). The audit identified weaknesses mainly in financial management and procurement and supply chain management. This year's audit noted improvement in the financial management of the portfolio, largely due to the safeguards put in place by the Secretariat. There is also an improvement in the storage conditions at the central medical stores. However, there have been delays in the implementation of measures to assure the quality of reported programmatic and supply chain–related data, including strengthening of the health management information systems and the logistics management information system.

**Message from the Executive Director**

In a letter attached to the audit report, Interim Executive Director Marijke Winjroks said that the OIG "rightly points out there remain opportunities to minimize implementation delays and improve efficiency; build more robust systems for routine data collection, data quality assessments and flow of data; and improve accounting procedures. The Secretariat is committed to updating our own risk and assurance plans for Cambodia, and working with the PRs and national disease programs to address these gaps."

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## 4. NEWS: As funding from the Global Fund is phased out, Bulgaria struggles to find sustainable financing

*Energy from civil society is missing*

Ivan Varentsov 19 September 2017

With Global Fund support coming to an end, the path towards sustainability of HIV and TB services for key affected populations (KAPs) in Bulgaria is not clear. The consensus among representatives of civil society organizations is that, unfortunately, Bulgaria still has not managed to ensure within its National Strategic Plan for HIV sustainable financing at the required level for the services provided by NGOs for prevention, treatment and reduction of

HIV among KAPs. At the same time, NGO advocacy remains weak, and many activists see little recognition by government and local authorities of the NGO role in the response to HIV and TB.

"The lack of a vibrant and meaningful civil society is being felt very strongly right now," Yuliya Georgieva, from NGO Center for Humane Policy, told Aidspan. "At a time when the Global Fund is finally ending its lengthy presence in the country, it has become clear that there is a complete lack of the civil society energy that is needed to advocate for the necessary funds and mechanisms for an effective continuation of the program."

Bulgaria is a member of the European Union and is classified by the World Bank as an upper-middle-income country. Bulgaria has not been eligible for funding for HIV since 2015; it received no HIV funding for the current allocation period (2017-2019). The latest HIV grant, which was extended a number of times, ends this month.

Bulgaria's current TB grant will come to an end in September 2018. Technically, the TB component should be eligible for a transition grant after that. However, earlier this year, the Global Fund Secretariat told Aidspan that the existing grant to the Ministry of Health (MOH) was developed and negotiated with the understanding that Bulgaria would not receive further funding from the Global Fund, and that the necessary measures for a successful transition to domestic funding would be adopted during implementation of the existing grant (see GFO article).

**Epidemiological situation and the national response**

Bulgaria remains one of the E.U. countries with the lowest HIV incidence: it registers 3.1 new cases per 100,000, or 200-220 new cases annually. According to research conducted by Optima involving modelling HIV epidemics for the next five years, two groups will account for most of the new HIV cases: people who inject drugs (PWIDs) and men who have sex with men (MSM). In the last six years, the proportion of new HIV cases attributed to injection drug use declined by two-thirds; however, it doubled for MSM, who have accounted for 50% of new cases in the last three years. A network of various services for reaching key populations with HIV prevention has been developed: 14 testing and counseling sites; mobile units; outreach work; and drop-in centers.

With respect to TB, the incidence rate more than halved from 48.8 per 100,000 population in 2001 to 21.3 in 2016. But the rate still remains among the highest in the E.U. Treatment success increased from 81% in 2007 to 86% in 2016, and few drug-resistant cases are present (unlike in most of Eastern Europe and Central Asia). NGOs provide TB services across the country among the following groups: inmates (13 prisons); Roma communities (23 sites); children at risk (nine sites); refugees and those seeking refugee status and other migrants (three services); and other groups, such as people who use drugs, and the homeless (11 sites).

Key national documents to ensure sustainable public funding for HIV and TB responses were approved of by the Cabinet of Ministers in March 2017, covering the period 2017-2020. The adoption of these important documents was delayed for several months, due to the rather low priority given to these diseases by the Bulgarian government, and also due to political

instability and frequent government changes throughout 2016. The national programs described in these documents contain indicative budgets for the services implemented by NGOs, including for HIV prevention. There are specific budget lines for each key and vulnerable population group for each of 2017, 2018, 2019 and 2020 (see the table for the numbers for 2017 and 2018).

**Table: National Program budget for HIV for 2017 and 2018 (BGN)**

| | 2017 | 2018 |
|---|---|---|
| PWID | 281,610 BGN | 200,000 BGN |
| MSM | 212,534 BGN | 160,000 BGN |
| SW | 156,895 BGN | 170,000 BGN |
| Marginalized ethnic communities (Roma) | 105,000 BGN | 210,000 BGN |
| People in prisons | 25,000 BGN | 50,000 BGN |
| Refugees, migrants and mobile populations | 50,000 BGN | 100,000 BGN |
| Children and young people | 55,000 BGN | 110,000 BGN |
| **Total for key populations** | **886,039 BGN** | **1,000,000 BGN** |
| Total for HIV program | 2,808,161 BGN | 2,973,309 BGN |

As a comparison, NGOs working with key population groups in 2015 effectively spent € 907,588 under the Global Fund grant. There are about two BGN to the euro. It is clear, therefore, that the money planned within the National Program for the most-at-risk groups is less than half of what was previously provided by the Global Fund This will likely have a major impact on the sustainability of the HIV services currently implemented by NGOs. Note, also, as shown in the table, that the sum of money for the PWID and MSM decreases in the second year (2018). The budget for these populations is maintained at this lower level for 2019 and 2020.

Further, as Dr. Georgi Vasilev, one of the authors of a recently published analytical report on contracting public healthcare and social services to CSOs in Bulgaria, told Aidspan: The problem is that these figures show the *projected* budget; the money actually made available is likely to be less.

Around 600,000 BGN is budgeted are planned annually for TB prevention in 2019 and 2020, the first years without the Global Fund support for the TB response. In comparison, the budget for the TB care and prevention module within the current Global Fund TB grant stands at € 1,504,841 for 2016 and € 1,288,286 for 2017.

### Role of NGOs in HIV and TB response

Bulgarian NGOs have been significantly involved in the implementation of the program financed by the Global Fund for the prevention and control of HIV in Bulgaria ever since the program started in 2004. More than 50 NGOs were involved in providing HIV prevention services to KAPs, with 10 NGOs working with PWID; nine NGOs working with sex

workers; five NGOs working with MSM; 10 NGOs working with Roma youth; and four NGOs providing support to PLHIV. In addition, 17 mobile units and a number of low threshold centers operating with different risk groups were established and run by different NGOs.

With support from the Global Fund winding down, the key challenges faced by the NGOs and other community groups concern (a) funding; (b) their ability to continue delivering services at the same scale; and (c) how to utilize the capacity built up throughout past years. A few NGOs have already stopped providing HIV and TB services, though many NGOs have managed to survive funding interruptions because of their commitment to the issues.

The major problem with regard to ensuring the sustainability of NGO services to KAPs is the lack of a proper mechanism to allow NGOs to receive governmental funding. According to a recent analysis of this issue conducted by the Eurasian Harm Reduction Network, the existing mechanism for the implementation of NGO contracting was developed only for the purposes of the Global Fund grant. The State Procurement Agency has indicated that the mechanism adopted for the grant cannot be applied to state funding for NGOs. Instead, the Agency said, NGOs need to be contracted according to the provisions of the State Procurement Law. The MOH is still in the process of developing a new procedure for NGO contracting under the NSP. This will result in an interruption in funding for NGOs, and will affect the delivery of services to KAPs. As an interim measure, until the state procurement procedure for NGO contracting is operational, the MOH has instructed regional health inspectorates to hire outreach workers from NGOs previously delivering services, in order to maintain the outreach work into vulnerable communities.

### Civil society advocacy

As it seems apparent that the national government has limited financial resources and thus might not fully replace the Global Fund's support for HIV and TB services in the country, this could be the right time for sustainability- and transition-focused national level advocacy activities to take place in Bulgaria.

At the beginning of July 2017, a three-day civil society workshop took place in Sofia organized by the Eurasian Harm Reduction Network (EHRN) and the TB Europe Coalition (TBEC) with the support of the Global Fund Secretariat. The workshop brought together 23 local participants representing NGOs and affected communities, as well as governmental structures (such as the MOH), the CCM Secretariat and the National Municipalities Association. As a result of the workshop, the following key sustainability- and transition-related activities for this year were identified by the NGO participants:

- initiate the revision of the national legislation which regulates the contracting procedure to ensure that NGOs are able to receive the governmental funding for HIV and TB prevention services among key affected populations in Bulgaria;

- support the national budget allocation processes for 2018 to ensure that the required amount of funds for HIV and TB treatment and prevention programs are included and approved in the national budget;

- explore possibilities of national funding of services for key affected populations in other national programs, such as the National Strategy Against Drugs; and

- create an informal coalition of community organizations and NGOs for the purpose of coordinating and implementing joint advocacy work.

According to the report of this workshop, in order to achieve the desired results, Bulgarian civil society has to gather support for their advocacy activities from both internal and external partners. This is particularly sensitive as most of E.U. member countries are normally not eligible for any donor support or development assistance other than that provided by the E.U. itself.

According to Sandra Irbe, Senior Fund Portfolio Manager for the Global Fund, civil society and community representatives could rely on the support of the Global Fund Secretariat for their sustainability-focused advocacy activities. For example, before the end of the current TB grant, NGOs could utilize the remaining support from the Global Fund – such as the CCM Secretariat funding of € 30,000 to finance advocacy meetings, consultations and oversight visits. The Global Fund's political leverage with country stakeholders could also be exploited, Irbe said. "The Global Fund can also bring NGOs together with regional partners in other countries to learn and discuss transition and sustainability."

Also, as the current grant for TB runs until September 2018, Irbe said that it is important to fully absorb the funding available with this grant. Some activities that are key for the national TB program might also provide entry points for KAPs to HIV-related services that are required, she added. Finally, she said, this grant could be also used for further modelling effective interventions for domestic financing, taking into account the results of the recent report of the AuTuMN project on the optimization of the strategic investments in TB in Bulgaria.

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## 5. NEWS: Global Fund Board approves transfer of funds within the 2014-2016 allocation to Burkina Faso

*The transfer allows the country to avoid having funds lapse*

David Garmaise 19 September 2017

The Global Fund Board has approved the transfer of € 2.6 million from within the 2014-2016 allocation to Burkina Faso. The funds are being transferred from a TB/HIV grant and an RSSH grant, where they were projected to remain unused, to a malaria grant (BFA-M-PADS) to cover a significant gap that has materialized in the malaria program. The Board was acting on a recommendation from its Grant Approvals Committee (GAC).

The new ceiling for the malaria grant is € 61.9 million. The overall allocation to Burkina Faso ($204.6 million) remains unchanged.

Burkina Faso's malaria grant started on 1 October 2015 and will end on 31 December 2017. The grant is performing well; it has a rating of B1 and an absorption rate of 87%.

Malaria remains a significant health problem in Burkina Faso and is the leading cause of health care consultations (46.5%), hospitalizations (61.5%) and deaths (30.5%) in the country.

In April 2016, the government launched a free health care policy for children under five and pregnant women, to increase access to health care. The GAC said that the policy has had the desired effect of improving access and usage of public health care for these groups. However, it has resulted in an unfunded gap of € 4,921,344 due to the increased need for malaria commodities. The increase in demand led to intermittent stock outs in 2016, which could intensify in 2017.

Savings in the grant achieved to the end of 2016 have been reinvested in the grant but are insufficient to cover the gap. The reinvestment from the TB/HIV and RSSH components will cover 53% of the gap. The remainder will be covered by the government and other partners.

In the malaria grant, the government and other partners – USAID, the World Bank and UNICEF – contribute about half the needs for artesunate-injectable and artemisinin-based combination therapy (ACTs); about one-third of the needs for rapid diagnostic tests; and less than 10% of needs for long-lasting insecticide-treated bed nets (mass campaign and routine). Intermittent preventive treatment (IPT) among pregnant women is fully covered by government funds. The costs of seasonal malaria chemoprevention are covered by the government and external donors. With respect to community health, the government is funding three-quarters of the stipends for community health workers; the other 25% is covered by the Global Fund. "The government and other partners are being mobilized for continued funding from 2018 onward," the GAC said.

The GAC indicated that the Global Fund Secretariat is in on-going discussions with USAID on filling the remaining gap in malaria commodities; initial feedback is positive, it said.

The decision to transfer funds from the TB/HIV and RSSH components to the malaria component is interesting in that the funds in the TB/HIV and RSSH components would otherwise have lapsed. The Global Fund has a policy of not permitting unused funds to be carried over from one allocation period to the next. But, by transferring the funds to a different component for use in the same allocation period, Burkina Faso found a way to avoid having funds lapse.

*Information for this article was taken from GF/B37/ER01, the Report of the Secretariat's Grant Approvals Committee. This report is not available on the Global Fund website.*

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## 6. NEWS: While it has given generously to the Global Fund, the U.K. has slashed its bilateral aid for HIV, NGO says

David Garmaise 19 September 2017

The U.K.'s generosity to multilateral institutions, and to the Global Fund in particular, has come at the expense of the country's bilateral aid, according to STOPAIDS, a network of U.K. agencies working on HIV.

STOPAIDS has released a new publication, a "stocktake review" of the work of the Department for International Development(DFID) on HIV, in which it says that although the U.K. increased its contribution to the Global Fund in the last replenishment, and has maintained its level of contribution to UNAIDS and UNITAID, the country has implemented significant cuts to its bilateral programs focusing on HIV.

STOPAIDS said that DFID's overall funding for HIV declined 22% between 2012 and 2015 (from £416 million to £324 million). DFID's bilateral funding for HIV-specific programs declined from a peak of £221 million in 2009 to £23 million in 2015.

"Cuts to country offices have cancelled out DFID's increased contribution to the Global Fund," STOPAIDS said. Funding for civil society has been particularly hard hit, it added, declining from £30 million in 2011 to just £8 million in 2015.

The network said that despite a legacy of U.K. Government financial leadership within the HIV response, civil society and the U.K. Parliament have raised concerns that DFID's commitment to HIV is fading.

"DFID has closed the majority of its bilateral programmes specifically focussed on HIV and no longer has a position or strategy on HIV," STOPAIDS stated. The UK's presence at high-level international forums where HIV is discussed has also declined in recent years, it added.

Multilateral funding is making up an increasing share of DFID's overall funding for the global HIV response. In 2012 multilateral spending accounted for 25% of total funding, but by 2015 the proportion of multilateral spending had increased to 57%.

All three multilaterals – the Global Fund, UNAIDS and UNITAID – performed well in the U.K.'s Multilateral Development Review in 2016 (see GFO article). "The U.K. recognised the Global Fund as achieving 'exceptional' results and UNITAID was found to be a 'very good' match with U.K. development objectives," STOPAIDS said.

At the Global Fund's the Fifth Replenishment Conference in September 2016, the U.K. pledged £1.1 billion, an increase of 37% over its previous contribution. According to STOPAIDS, at the conference the U.K. referred to the Global Fund as "one of the world's most effective aid institutions." The U.K. also recently recommitted to maintain funding for UNAIDS at £15 million per year "in a challenging context when many other donors are pulling back," STOPAIDS stated.

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## 7. NEWS: The UQD register is now available on the Global Fund's website

*In 2014-2016, almost $1 billion in interventions from the register were funded*

David Garmaise 19 September 2017

The Global Fund is providing access to its Register of Unfunded Quality Demand via its website. Two databases in Excel format are available, one for 2014-2016 and one for 2017-2019. The databases can be downloaded here.

> ***ALERT:*** If you are a PC user, you should have no problem using all the features of the databases, including the search filters, providing you have a recent, perhaps the most recent, version of Excel installed on your computer. If you are a Mac user, you may not be able to use the search and filter functions to navigate the databases; we tried and failed. We even tried using a version of the Excel software available online, but to no avail.

The databases contain information on all of interventions that have been placed on the register. Interventions that have already been funded remain on the register but show zero as the amount of the intervention.

The 2017-2019 database contains three tabs of data plus a user information tab. The applicant analysis tab contains a tool to enable the UQD of one or more selected countries to be displayed. Any combination of disease components may be selected. Additional filter options are available.

The component analysis tab contains a tool to enable the UQD for given component across the whole portfolio to be displayed. Additional filter options specifying the modules or the interventions of interest may be selected. The full register of UQD tab contains the full dataset of information displayed in a simple table that can be copied and exported for further analysis.

The 2014-2016 database contains the same tabs, plus a tab showing the UQD from regional proposals; and a tab listing the proposals that contained no UQD.

The amount for each UQD intervention is provisionally entered onto the register after the proposal has been reviewed and has entered the grant-making stage. The amount is confirmed once the relevant grants are recommended to the Global Fund Board for approval. Interventions on the register are available for up to three years after the confirmed amounts have been entered.

The register does not show the priority of the various interventions. Instead, when funds are available to finance interventions on the register, the Secretariat undertakes a process to identify the interventions with the highest priority, using criteria outlined in the Prioritization Framework.

Although there are two databases, neither one has priority over the other. When there are funds available, interventions may be selected from either database. According to the Secretariat, which database is used may depend on the source of the funding. For example, if the Audit and Finance Committee (AFC) decides that there are funds available to finance interventions on the register, it may designate that the funds are for a specific replenishment period.

Funding for interventions on the register may come from additional Global Fund resources that the AFC makes available for investment (the AFC conducts an annual assessment); or resources channeled from eligible donors to specific country interventions (through the Global Fund). These donors can include private donors (such as corporations, foundations and individuals) and approved public mechanisms (i.e. Unitaid and Debt2Health).

Donors can search the register by region, country, disease component and intervention to identify quality demand in an area of interest. Private sector donors may select the country and disease component they would like to fund; however, they cannot select the precise intervention.

Donors may also select interventions from the UQD register and work directly with the country to fund these programs.

To date, most of the funding for interventions on the UQD register have come from savings and efficiencies identified during grant-making and grant implementation.

The register is updated each time new interventions are added, but is published once a quarter (providing there are new entries).

During 2014-2016, almost $1 billion in interventions from the UQD Register were funded.

An FAQ on the UQD Register is available here.

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## 8. NEWS: Global Fund releases new results report

David Garmaise 19 September 2017

Between 2002 and 2016, the number of people dying from HIV, TB and malaria declined by one-third in countries where the Global Fund invests. In the last seven years, Fund contributions to programs for women and girls have increased significantly, to the point where they currently represent about 60% of the Fund's investments. These are just two of results included in a new report ("Results Report 2017") released by the Fund on 13 September.

The report presents results to December 2016. In July, the Global Fund issued a fact sheet on the results for the same period. We reported on the contents of the fact sheet in GFO 317. We indicated that programs supported by the Fund had resulted in (among other things):

- 22 million lives saved;
- 11 million people on antiretroviral therapy for HIV – more than half the global total;
- 17.4 million people receiving TB treatment; and
- 795 million mosquito nets distributed through programs for malaria.

(See also the table later in this article depicting the number of services provided for select years between 2005 and 2016.)

The report released in September provides considerably more results than what was in the fact sheet. In the balance of this article, we report on some of these additional results. All results are as of the end of 2016 unless otherwise indicated.

(In addition to providing results, the report revealed that the Global Fund is implementing an ambitious fundraising drive to raise an additional $500 million before the next replenishment conference in 2019.)

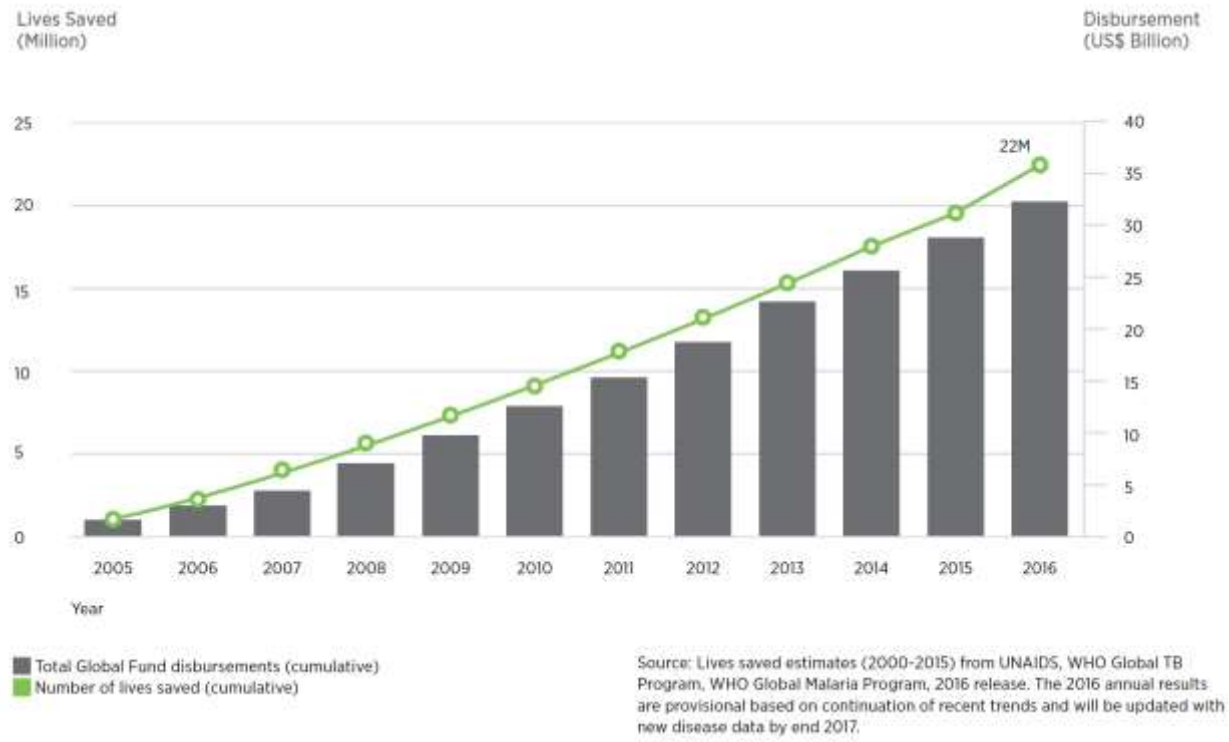
The Global Fund provides more than 20% of all international financing for HIV; 65% for TB; and 50% for malaria. Since 2002, the Fund has invested $17.0 billion in HIV programs; $5.8 billion in TB and TB/HIV programs; and $9.1 billion in malaria programs.

With respect to domestic financing for health, to date countries have committed an additional $6 billion to their health programs for 2015-2017 compared with spending in 2012-2014, representing a 41% increase.

The Global Fund began investing heavily in procurement four years ago. Today, the Pooled Procurement Mechanism (PPM) covers 60% of procurement supported by the Fund and has generated savings of more than $650 million. On-time and in-full deliveries for the PPM increased to 80% in 2016 and are at levels comparable to the private sector.

In 2016, operating expenses totaled U$281 million, which represents about 2% of grants under management.

**Figure 1: Number of lives saved through Global Fund–supported programs**




*Source: The Global Fund*

### HIV results

In 2000, a one-year supply of antiretrovirals (ARVs) cost more than $10,000. It can now cost as low as $84 thanks to the introduction of generic ARVs, economies of scale in purchasing large volumes, and the Fund working with partners and negotiating directly with manufacturers.

Between 2000 and 2016, the number of new HIV infections declined by 40% in countries supported by the Global Fund.

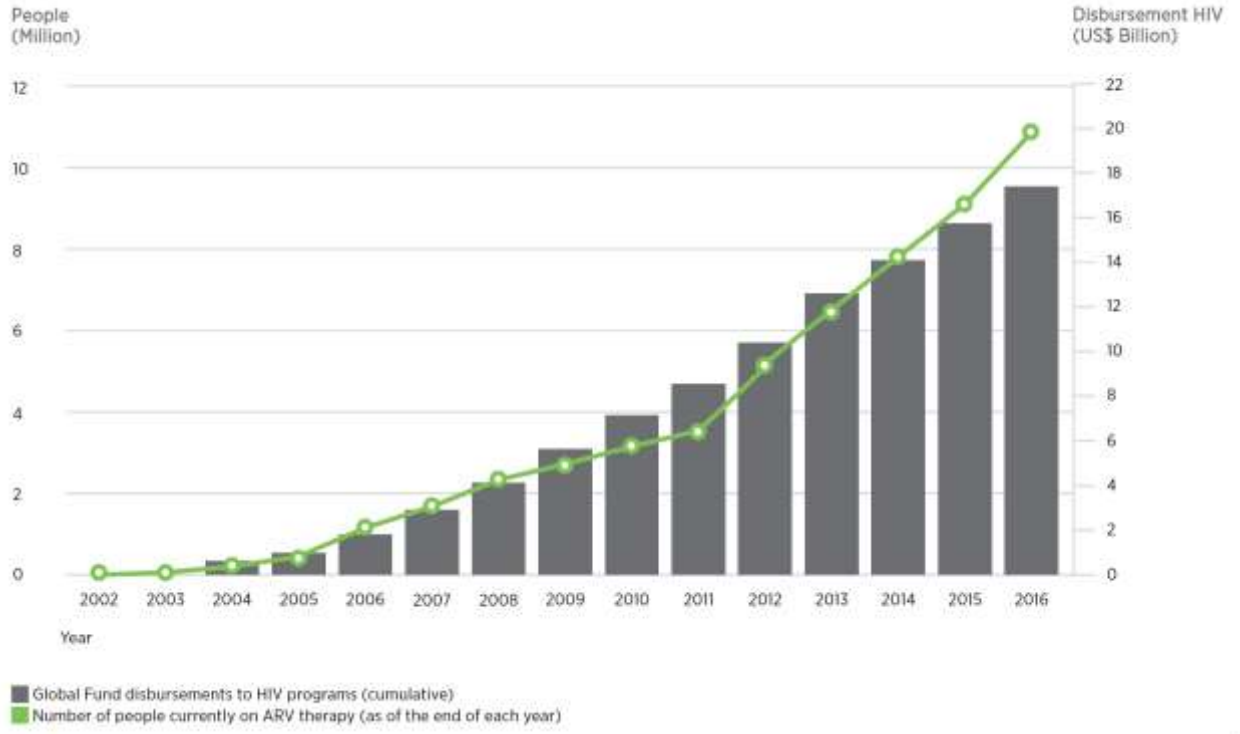
The Global Fund has committed $55 million in catalytic funding for 2017-2019 for 13 of the most affected countries in East and Southern Africa to support integrated prevention, treatment and care programs for adolescent girls and young women. This includes programs such as keeping girls in school, services to address and prevent gender-based violence, social protection programs, girls' empowerment groups, and youth-friendly health services and care.

### TB results

In countries supported by the Global Fund, the mortality rate from TB declined 35% and actual deaths declined 21% between 2000 and 2015 (excluding HIV-positive people).

In addition, the number of people being treated for multi-drug-resistant forms of TB has increased to 373,000 – a 50-fold increase since 2005.

**Figure 2: Number of people on ARVs through Global Fund–supported programs**




*Source: The Global Fund*

### Malaria results

Since 2000, the number of malaria deaths among children under five years of age has fallen by 56% in countries supported by the Global Fund, largely through the use of insecticide-treated mosquito nets and artemisinin-based combination therapy to treat malaria cases.

### Health systems

More than one-third of Global Fund investments go toward building resilient and sustainable systems for health.

In the Democratic Republic of Congo, the Global Fund and partners are supporting the implementation of a health management information system to boost the collection and use of disaggregated and real-time data.

### Human rights

The Global Fund says it will undertake efforts in all countries to reduce human rights barriers. However, 20 countries have been selected through a consultative process to receive intensive support over the next six years: Benin, Botswana, Cameroon, Democratic Republic of Congo, Cote d'Ivoire, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine.

For example, a Global Fund TB/HIV grant in Botswana provides human rights training for police and judges to support them to apply the law in ways that support access to health services. Grants in Indonesia and other countries support efforts to reduce stigma and discrimination in health care facilities.

In the 20 countries selected for intensive support, in-depth baseline studies are being undertaken to document existing barriers to services and ways in which they could be overcome. These assessments will guide evidence-based programming to reduce human rights–related barriers to services over the next five years.

The Global Fund has released a Q&A on its intensified efforts in 20 countries.

In 2016, the Global Fund collaborated with UNAIDS to issue a technical brief on seven key programs the Fund will support to reduce human rights–related barriers to services: stigma and discrimination reduction; training for health care providers on human rights and medical ethics; sensitization of lawmakers and law enforcement agents; reducing discrimination against women in the context of HIV; legal literacy; HIV-related legal services; and monitoring and reforming laws, regulations and policies relating to HIV.

For the first time, the Global Fund has defined programs to reduce human rights– and gender-related barriers to TB and malaria services. The Fund has issued one technical brief for TB and another for malaria.

(The Global Fund has also issued technical briefs on the following topics: Adolescent Girls and Young Women, Harm Reduction for People Who Use Drugs, and Human Rights and Gender Programming in Challenging Operating Environments. A full list of technical briefs and other applicant resources is available here.)

### Gender equality

The Global Fund's initiative to improve national data systems, including sex and age disaggregated data collection and analysis, now covers more than 50 countries. In addition, the Fund is working with the Stop TB Partnership to conduct gender assessments in up to 10 countries by the end of 2018 to inform the development of national TB plans.

### Sustainability and transition

According to the results report, Morocco recently completed a transition readiness assessment with the support of the Global Fund and UNAIDS. The country is developing a multi-year plan to prepare for transition of HIV and TB control, including establishing a high-level finance committee to explore sources of additional funding; and it plans to increase social protection for people living with HIV under health insurance.

The Dominican Republic has gradually taken up the costs of ARV therapy previously financed by the Global Fund. Working with partners and communities, the Ministry of Health gradually absorbed the cost of ARVs and is working on including ARVs in the social health insurance package.

**Table: Number of services provided through Global Fund–supported programs: 2005, 2010, 2016**

| | | 2005 | 2010 | 2016 |
|---|---|---|---|---|
| **HIV** | | | | |
| Treatment: people currently receiving ARV therapy | (millions) | 0.4 | 3.2 | 11.0 |
| Basic care and support services provided to OVC | (millions) | 0.5 | 5.6 | 8.0 |
| Condoms distributed | (billions) | 0.3 | 3.1 | 5.3 |
| Counseling and testing encounters | (millions) | 6.9 | 173.0 | 579.0 |
| HIV-positive pregnant women receiving ARV prophylaxis for PMTCT | (millions) | 0.1 | 1.1 | 4.2 |
| **TB** | | | | |
| Treatment: people (laboratory-confirmed) treated for pulmonary TB | (millions) | 1.5 | 8.2 | 17.4 |
| People treated for multidrug-resistant TB | (000's) | 7.6 | 52.0 | 373.0 |
| **MALARIA** | | | | |
| Prevention: insecticide-treated nets distributed | (millions) | 12.0 | 194.0 | 795.0 |
| Prevention: structures covered by indoor residual spraying | (millions) | 4.5 | 36.0 | 73.9 |
| Treatment: cases of malaria treated | (millions) | 12.0 | 212.0 | 668.0 |
| **CROSS-CUTTING** | | | | |
| Community outreach prevention services (BCC) | (millions) | 13.0 | 211.0 | 501.0 |
| People receiving care and support | (millions) | 0.8 | 13.0 | 32.7 |
| "Person episodes" of training for health or community workers | (millions) | 1.7 | 14.0 | 16.6 |

*Source: The Global Fund*

### Challenging operating environments

Challenging operating environments account for one-quarter of the global disease burden for HIV, TB and malaria and one-quarter of Global Fund investments. The Global Fund invests in 24 very high-risk countries and 20 high-risk countries.

In Rwanda, the Global Fund is working with UNHCR, the UN Refugee Agency, to address health needs for Burundian refugees.

Under a $2.1 million emergency fund grant from the Global Fund, UNHCR is providing refugees services that include access to HIV testing and counseling; treatment to prevent mothers from passing HIV to their babies; antiretroviral therapy for people living with HIV; indoor residual spraying of homes and schools to ward off mosquitoes; and TB screening and treatment services.

Similarly, in East Africa, the Global Fund and the Intergovernmental Authority on Development regional bloc are supporting refugee populations in 20 refugee camps. In the Middle East, the International Organization for Migration is implementing a regional grant to provide TB, HIV and malaria services in Syria, Yemen, Jordan and Lebanon. In the Central African Republic and in Chad, the Global Fund is working with Médecins Sans Frontières

and the World Food Programme to support the distribution of mosquito nets in hard-to-reach regions.

*The URL in the first paragraph of this article links to the full "Results Report 2017." A summary report is available here.*

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## 9. ANNOUNCEMENT: New publications on civil society and communities

David Garmaise 19 September 2017

Two new publications from ICASO and the Global Forum on MSM & HIV may be interest to our readers:

How Civil Society and Communities Can Engage in the Global Fund Grant-Making Processes

This information note describes the steps involved in moving from a funding request to a signed grant. It recommends entry points, resources, and technical assistance available to support communities and civil society during this period.

Available in English, French, Spanish and Russian.

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How to Advocate for Community Responses in the Global Fund

This community update highlights the wide range of community-led interventions and systems strengthening opportunities that may be included in funding requests to increase impact against the three diseases.

Available in English, French, Spanish and Russian.

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This is issue #320 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Editor at david.garmaise@aidspan.org. To subscribe to GFO, go to www.aidspan.org.

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GFO Newsletter is now available in English and French.

GFO Editor: David Garmaise (david.garmaise@aidspan.org).



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