

GLOBAL FUND OBSERVER (GFO), an independent newsletter about the Global Fund provided by Aidspan to over 8,000 subscribers in 170 countries.

Issue 122: 4 May 2010. (For formatted web, Word and PDF versions of this and other issues, see www.aidspace.org/gfo)

+++++

CONTENTS

+++++

[1. NEWS: Round 10 To Be Launched on May 20, with Several New Features](#)

Round 10 will be launched on May 20. A cap has been placed on the cost of Round 10. New prioritisation criteria have been put in place for determining which TRP-recommended proposals will be approved when, in the event of limited funding. Special funding has been made available for tackling concentrated epidemics.

[2. NEWS: Main Decisions Made at Global Fund Board Meeting](#)

At last week's Board meeting, decisions were made on national strategy applications, the proposed joint health systems funding platform, additional funding for strongly-performing grants, TRP terms of reference, salaries for the most senior employees, quality assurance for antimalarial medicines, Round 10, and more.

[3. NEWS: New Prioritisation Criteria Give Less Weight to Technical Merit](#)

Revised prioritisation criteria adopted by the Global Fund Board for Round 10 mean that technical merit will have considerably less weight than it had under the criteria used in previous rounds of funding.

[4. NEWS: Additional Funding Will Be Available for Very Strongly Performing Grants](#)

Countries with grants rated "A1" will, starting in 2011, be eligible to apply for additional funding to expand service delivery.

[5. NEWS: Changes to the TRP Review Criteria](#)

The Board has, with effect from Round 10, modified the criteria that are used by the TRP to review proposals. The changes are designed primarily to reflect the Fund's evolving policies on community systems strengthening, gender equality, and sexual orientation and gender identity.

[6. NEWS: Global Fund Board Approves Two Health Systems Funding Platform Projects](#)

The Board has approved two further actions under its evolving initiative with GAVI and the World Bank for a joint health systems funding platform.

[7. COMMENTARY: The Search for a New Director of Country Programs](#)

"Less than a month ago, Global Fund staff were informed that the Director of Country Programs was leaving. The Fund now needs to find a world-class manager – probably from within the private sector – who specialises in managing billions of dollars worth of contracts with independent contractors/suppliers."

+++++

1. NEWS: Round 10 To Be Launched on May 20, with Several New Features

+++++

Round 10 will be launched on May 20; applicants will then have three months, instead of the usual four, to prepare their applications. The Board will decide which proposals to approve at its meeting on 13-15 December 2010.

This decision was made at the Global Fund Board meeting that took place in Geneva on April 28-30. The main features of the decision are as follows:

- (a) **Cap placed on cost of Round 10.** A cap has been imposed on how much money can be committed by the Fund for all Round 10 grants together, though no cap has been placed on the costs of individual grants. The cap equals the amount of money that donors give to the Fund for use by the end of 2011 (after setting aside money to pay for Phase 2 of grants approved in previous rounds). If the TRP recommends for approval proposals whose total cost for Phase 1 (i.e., Years 1 and 2) exceeds this amount, not all of those proposals will be approved.

(At earlier Board meetings that dealt with Rounds 8 and 9, TRP-recommended proposals were put into a queue, with the understanding that all would be approved but that approval for each would be delayed until funding became available, however long that took. With Round 10, some board members worried that the cost of Round 10 might be so great that it might be two or three years before there was any money for Round 11; hence the decision that each proposal would only be approved if sufficient funding became available by a specified date. This is, in fact, the same approach that was followed with Rounds 5 and 6. As it turned out, in those two rounds sufficient funding did become available by the specified date to fund all TRP-recommended proposals. That might or might not arise with Round 10; it depends upon demand and pledges.)

- (b) **New prioritisation criteria.** As funding becomes available, the order in which TRP-recommended proposals will be approved will depend upon a mixture of the proposal's technical merit, the country's poverty level and the country's disease burden. A proposal that the TRP deems technically worthy of approval but that it doesn't score technically very high (e.g., Category 2B) could still be given a higher priority than a technically very strong proposal (e.g., Category 1) if the proposal that is less technically strong comes from a country with a higher poverty level and disease burden.

(TRP-recommended proposals are placed by the TRP into three "technical merit groups" – Category 1, Category 2, and Category 2B. In the past, if there was not enough funding to immediately pay for all TRP-recommended proposals, proposals in the higher technical-merit categories were given priority. If there was not enough money to fund all proposals within a given category, the proposals in that category were given a higher priority if they came from countries with a high poverty level and/or disease burden. But for Round 10, a mix of all three factors will be used in determining prioritisation. This issue was of great concern to Board members, because of the awareness that, per the decision discussed in (a), the TRP-recommended proposals with the lowest priority ranking might end up not being approved if there is not enough money. For further details, see [Article 3](#).)

- (c) **Special funding for concentrated epidemics.** Countries that have concentrated HIV/AIDS epidemics within "Most-at-Risk Populations" (MARPs) will have access to a special pool of money for Round 10. Any country that meets the standard eligibility criteria and that wishes to apply for an HIV Round 10 grant has the option, instead of submitting a "conventional" HIV application, of applying for funding of up to \$5 million for Phase 1 and up to \$12.5 million for Phase 1 plus 2 to meet the needs of one or more most-at-risk populations for HIV/AIDS. Lower-middle and upper-middle income countries submitting such proposals are urged to clearly demonstrate increasing government contribution over the proposal lifetime. The total amount to be approved across all such Round 10 proposals is capped at \$75 million for Phase 1 and \$200 million for Phases 1 plus 2.

("Most-at-risk" populations, among whom there are often concentrated HIV/AIDS epidemics even in countries where prevalence levels among the general population are low, include injecting drug users, men who have sex with men, commercial sex workers, migrants and prisoners, among others. Prioritisation criteria for ranking TRP-recommended proposals that are submitted for this pool of money will be based on a mix of TRP Category and HIV prevalence within the most-at-risk population in question. The country's poverty level will not be a factor for prioritisation. In addition to this pool of money being provided, MARP prevalence rates are now also a factor in determining prioritisation criteria for "conventional" HIV proposals, as explained in [Article 3](#).)

The Board made no decision as to whether any of these new features will apply subsequent to Round 10.

Most of the information for this article comes from Decision Points 17, 18 and 19 in the Board decision points document, accessible at www.theglobalfund.org/en/board/meetings/twentyfirst.

+++++

2. NEWS: Main Decisions Made at Global Fund Board Meeting

+++++

On 28-30 April 2010, the Global Fund Board held its 21st board meeting in Geneva. GFO was present, with observer status.

The main decisions made at the meeting, in chronological order, were as follows. (For precise wording of what the Board agreed, see the decision points document at www.theglobalfund.org/en/board/meetings/twentyfirst. Background documentation will also, in time, be posted by the Fund at the same location.)

National strategy applications (NSAs): The Board approved the launch of a new wave of funding for NSAs. This will be the second wave; the first wave, in 2009, resulted in five of the seven proposals submitted being approved for funding. Wave 2 is to be launched in time for funding decisions to be made at the Board meeting planned for the fourth quarter of 2011. In terms of access to available resources, the NSAs will have the same priority as other proposals being considered for funding at that time. The Global Fund expects a much larger number of countries will be involved in Wave 2 than were involved in Wave 1. *[See Decision Point 4.]*

Joint health systems funding platform: The Board approved two actions under Track 2 of this initiative: (1) the development, with the Global Alliance for Vaccines and Immunisation (GAVI), of a joint proposal form “for use as soon as possible, no later than Round 11”; and (2) further development of the option of joint funding requests based on a jointly assessed national strategy, “such that funding requests emanating from a pilot in 4-5 countries could be approved by the Board at the same time as it approves Round 11.” (Track 1, which is already underway, and which did not require a Board decision, involves the Global Fund, GAVI and the World Bank working together to explore opportunities for improved harmonisation in countries where the Fund and GAVI have already approved Health Systems Strengthening (HSS) grants and where the World Bank also has HSS investments.) *[Further details are provided in [Article 6](#). See also Decision Point 5.]*

Additional funding for strongly-performing grants: The Board approved a new mechanism to allow additional funding for strongly performing grants in order to accelerate the programmes covered by these grants. A separate funding envelope has been established for this purpose, with \$30 million allocated to 2011 (the amount will need to increase significantly in subsequent years). Under this mechanism, a qualifying CCM will be able to request additional funds at the time that it submits its Request for Continued Funding (under the single stream of funding, this would be once every three years). The Board will consider establishing a funding reserve for 2012 at its last meeting of 2011. *[For further details, see [Article 4](#). See also Decision Point 6.]*

TRP matters. The Board modified the criteria that the TRP uses to review proposals, by adding criteria related to the Global Fund’s strategies on community systems strengthening, gender equality, and sexual orientation and gender identity. The Board also made some minor changes to the terms of reference of the TRP, and approved an exception to these TOR, for Round 10 only, to allow several members of the TRP to stay on for an extra round of funding. *[For further details, see [Article 5](#). See also Decision Point 7.]*

Salaries for the most senior employees: The Board delegated authority to a newly established Remuneration Group to approve new staff salaries that exceed the threshold of CHF 245,000 that is set in the Global Fund Human Resources Policy Framework. The Remuneration Group, which is made up of the Chair and Vice-Chair of the Finance and Audit Committee plus two others, will have the authority to adjust the threshold. *[See Decision Point 10.]*

Quality assurance for antimalarial medicines: The Board amended an earlier decision that provided an interim exemption to the Global Fund's Quality Assurance Policy for Pharmaceutical Products (see the item on Quality Assurance Policy in the "Main Decisions" article in *GFO 111*, available at www.aidspace.org/gfo). The amendment extends the exemptions to include certain life-saving artemisinin-based antimalarial medicines only for use in a given region or country where there is no viable alternative medicine (as advised by the WHO). The exemption is set to expire on 31 December 2010. The Board also asked the Secretariat to urgently work with the WHO to establish a process whereby the Fund's Expert Review Panel can include, in exceptional cases where no adequate alternatives exist for a finished pharmaceutical product, an assessment of the clinical risk of providing ineffective or no treatment, as well as a quality risk analysis. [See *Decision Point 16*.]

Round 10: Round 10 will be launched on May 20. A cap has been placed on the cost of Round 10. New prioritisation criteria have been put in place for determining which TRP-recommended proposals will be approved when, in the event of limited funding. Special funding has been made available for tackling concentrated epidemics. [For further details, see [Article 1](#). See also *Decision Points 17, 18, 19*.]

Other points: Other Decision Points dealt with moving some costs for the AMFm from the 2009 budget to the 2010 budget (*Decision Point 9*), plans to move the Secretariat to a new office building in 2015 (*Decision Point 12*), plans to review the Fund's Comprehensive Funding Policy (*Decision Point 13*), and a declaration by the Board that recognised the links between Millennium Development Goals 4, 5 and 6, and that strongly encouraged CCMs to identify opportunities to include maternal and child health issues in their proposals to the Global Fund (*Decision Point 20*).

+++++

3. NEWS: New Prioritisation Criteria Give Less Weight to Technical Merit

+++++

As mentioned in [Article 1](#), revised prioritisation criteria adopted by the Global Fund Board for Round 10 mean that technical merit will have considerably less weight than it had under the criteria used in previous rounds of funding. Prioritisation criteria are used to rank proposals recommended for funding when there is not enough money to pay for all recommended proposals, or when availability of the money is delayed.

Under the "old" criteria, when there was not enough money, the proposals were first filtered by technical merit, and then a composite index was applied. For example, in Rounds 8 and 9, there was enough money to immediately fund all proposals rated Category 1 or 2 by the TRP, but there was not, at first, enough money to fund all Category 2B proposals. (The TRP rates proposals by technical merit, as Category 1, 2, 2B, 3 or 4. Only proposals rated 1, 2 or 2B are recommended for funding.) So, the Category 2B proposals were ranked using the composite index, which consisted of points awarded for disease burden and poverty level. The maximum score under the composite index was eight (up to four points for disease burden, and up to four points for poverty level).

The Category 2B proposals were formally approved for funding one by one, or in batches, according to their rankings under the composite index, as more money became available. In Rounds 8 and 9, all Category 2B proposals were eventually funded. However, there is no guarantee that in Round 10 all proposals recommended for funding will eventually be funded. It depends on how much money the Global Fund is able to raise from donors by the end of 2011.

Under the new prioritisation criteria to be used in Round 10, proposals will no longer be filtered by technical merit. Instead, points for technical merit will be added to the composite index, and all proposals recommended for funding will be ranked only by the composite index. Technical merit will be worth up to four points in the revised index. Tables 1 and 2 provide details.

Table 1: Description of the composite index

| Criterion | Indicator | | Score |
|-------------------------------------|--------------------------------|---------------------|------------------|
| Technical merit (up to 4 points) | TRP recommendation category | Category 1 or 2 | 4 |
| | | Category 2B | 3 |
| Disease burden (up to 4 points) | (See Table 2 for details) | | 4 |
| | | | 3 |
| | | | 2 |
| | | | 1 |
| Poverty level (up to 4 points) | World Bank classification | Low income | 4 |
| | | Lower-middle income | 2 |
| | | Upper-middle income | 0 |
| Eventual score | | | Between 4 and 12 |

The scoring for poverty level is unchanged from the old criteria, but there have been modifications to the scoring for disease burden.

Table 2: How disease burden is scored in the composite index

| Indicator | | Score |
|--|---|-------|
| FOR HIV/AIDS: | | |
| HIV prevalence in the general population and/or in vulnerable populations | <ul style="list-style-type: none"> • HIV national prevalence $\geq 2\%$ | 4 |
| | <ul style="list-style-type: none"> • HIV national prevalence $\geq 1\%$ and $< 2\%$ • <u>OR</u> MARP prevalence $\geq 10\%$ | 3 |
| | <ul style="list-style-type: none"> • HIV national prevalence $\geq 0.5\%$ and $< 1\%$ • <u>OR</u> MARP prevalence $\geq 5\%$ and $< 10\%$ | 2 |
| | <ul style="list-style-type: none"> • HIV national prevalence $< 0.5\%$ and MARP prevalence $< 5\%$ • <u>OR</u> no data | 1 |
| FOR TB: | | |
| Combination of tuberculosis notification rate per 100,000 population (all forms including relapses); and WHO list of high burden countries (TB, TB/HIV or MDR-TB) | <ul style="list-style-type: none"> • TB Notification rate per 100,000 population ≥ 146 • <u>OR</u> TB Notification rate per 100,000 population ≥ 83 and < 146 and high TB burden, high TB/HIV burden, or high MDR-TB burden country | 4 |
| | <ul style="list-style-type: none"> • TB Notification rate per 100,000 population ≥ 83 and < 146 • <u>OR</u> TB Notification rate per 100,000 population ≥ 38 and < 83 and high TB burden, high TB/HIV burden, or high MDR-TB burden country | 3 |
| | <ul style="list-style-type: none"> • TB Notification rate per 100,000 population ≥ 38 and < 83 • <u>OR</u> TB Notification rate per 100,000 population < 38 and high TB burden, high TB/HIV burden, or high MDR-TB burden country | 2 |
| | <ul style="list-style-type: none"> • TB Notification rate per 100,000 population < 38 | 1 |
| FOR MALARIA: | | |
| Combination of mortality rate per 1,000 persons at risk of malaria; morbidity rate per 1,000 persons at risk of malaria; and contribution to global deaths attributable to malaria | <ul style="list-style-type: none"> • Mortality rate ≥ 0.75 and morbidity rate ≥ 10 • <u>OR</u> Contribution to global deaths $\geq 1\%$ | 4 |
| | <ul style="list-style-type: none"> • Mortality rate ≥ 0.75 and morbidity rate < 10 • <u>OR</u> Mortality rate ≥ 0.1 and < 0.75 regardless of morbidity rate • <u>OR</u> Contribution to global deaths $\geq 0.25\%$ and $< 1\%$ | 3 |
| | <ul style="list-style-type: none"> • Mortality rate < 0.1 and morbidity rate ≥ 1 • <u>OR</u> Contribution to global deaths $\geq 0.01\%$ and $< 0.25\%$ | 2 |
| | <ul style="list-style-type: none"> • Mortality rate < 0.1 and morbidity rate < 1 • <u>OR</u> Contribution to global deaths $< 0.01\%$ | 1 |

Notes:

1. The source of data for the indicators is the WHO plus, in the case of HIV/AIDS, UNAIDS.
2. MARP = most-at-risk population.

The Global Fund considered including funding history as a parameter in the composite index, but decided not to because it did not want to disadvantage countries that request funding in stages with repeat (but small) applications. Instead, the Board asked the TRP to take into account any significant under-spending on existing grants when making its recommendations as to which proposals to approve.

The Global Fund also considered including “continuation” (protecting the gains of existing investments) as a parameter in the composite index, but decided that it would be too difficult to define the term. Instead, the Board tasked its Portfolio and Implementation Committee with examining the possibility of establishing an exceptional bridge funding mechanism as a safeguard for Global Fund programmes that might fail to secure continuation funding in Round 10. The Committee will report back at the Board’s next meeting.

The new criteria apply only to Round 10. There will be further discussions concerning the prioritisation criteria for Round 11 and beyond. In addition, the Board is scheduled to discuss eligibility criteria at its next meeting in December 2010. (Eligibility criteria are used to determine which countries are eligible to apply for funding from the Global Fund.)

As reported in *GFO*, activists in Latin America and the Caribbean (LAC) expressed concern prior to the Board meeting that changes to the eligibility and prioritisation criteria could disadvantage lower-middle and upper-middle-income countries, including many in the LAC region. See *GFO 120* (available at www.aidspace.org/gfo). The activists were concerned about devaluing technical merit as a criterion. They were also concerned that if, in the current resource-constrained environment, not all TRP recommended proposals for Round 10 are able to secure funding, then the prioritisation criteria would become (*de facto*) eligibility criteria.

In addition, organisations, networks and people working on HIV/AIDS and tuberculosis in LAC and Eastern Europe & Central Asia presented a petition to the Global Fund Board, prior to its meeting, expressing “strong concerns that changes to the existing model could effectively exclude countries with concentrated epidemics from accessing Global Fund resources.” Organisers of the petition obtained 1,118 signatures in just eight days. These concerns were to some extent addressed in measures approved at the Board meeting.

Most of the information for this article comes from Decision Point 17 in the Board decision points paper, accessible at www.theglobalfund.org/en/board/meetings/twentyfirst.

+++++

4. NEWS: Additional Funding Will Be Available for Very Strongly Performing Grants

+++++

As mentioned in [Article 2](#), countries with grants rated “A1” will, starting in 2011, be eligible to apply for additional funding to expand service delivery. The funds have to be used for services and strategies already included in the grant. Applications for additional funding can be made at the time of the grant’s periodic review (under the new grant architecture, this will be once every three years).

At its meeting last week, the Board approved the establishment of a “Mechanism to Commit Additional Funding to Accelerate Strongly Performing Programs at the Time of Grant Renewals” (Mechanism to Accelerate).

Until early 2009, grants were rated on the following scale:

- A Met or exceeded expectations
- B1 Adequate
- B2 Inadequate, but potential demonstrated
- C Unacceptable

Since then, rating A has been split into A1 and A2. According to the Policy and Strategy Committee's report to the Board, to be rated A1, a grant has to (a) exceed expectations (i.e., consistently over-achieve key service delivery targets); and (b) demonstrate "progress towards impact." "Impact" is defined strictly by changes in incidence, prevalence or mortality, and it requires evidence in the form of a country or partner evaluation.

Each year, a separate funding envelope for the Mechanism to Accelerate will be established for the following year. The Board has already approved \$30 million for 2011. It is likely that the amounts for subsequent years will be significantly higher. There is no ceiling on the amounts countries can request, but the Fund will issue guidelines recommending that countries apply for 30% or less of the amount committed for the previous period.

The Global Fund Secretariat's periodic review panel (which will replace the Phase 2 Panel in the new grant architecture) will determine which grants are eligible, "based on a holistic assessment of program performance, outcomes and impact" at the time when grants are periodically reviewed. Countries will be required to describe the intended use of the incremental funds in their Request for Continued Funding, and will need to describe activities, indicators and targets.

Countries will have to demonstrate that the activities will be cost-effective, that the additional funding will contribute to bridging the financial gap for that disease, that the additional funding will be complemented by national or third party co-financing, and that the new activities will build on lessons learned from the previous programme implementation period.

The Technical Review Panel (TRP) will assess whether requests fall within the scope of an existing programme, and will make a funding recommendation to the Board. Board members will vote electronically. The time frame between the country's request and Board approval is expected to be four months.

The information for this article is taken from the "Report of the Policy and Strategy Committee," which should be available shortly as document GF/B21/4 at www.theglobalfund.org/en/board/meetings/twentyfirst/documents.

++++
5. NEWS: Changes to the TRP Review Criteria
++++

As mentioned in [Article 2](#), the Global Fund has modified the criteria that are used by the Technical Review Panel (TRP) to review proposals. The changes come into effect immediately, and thus will impact the review of Round 10 proposals. The changes are mainly designed to ensure that the review criteria reflect policies recently adopted by the Global Fund Board, including policies on community systems strengthening, gender equality, and sexual orientation and gender identity.

The following criteria were among those added:

- The TRP looks for proposals that use a situational analysis to assess the risk of, vulnerability to, and impact of, the three diseases on women and girls, as well as boys and men, and that adopt appropriate programmatic responses; empower women, girls and youth; promote gender equality; address the structural and cultural factors that increase risk and vulnerability; and contribute to changing harmful gender norms.
- The TRP looks for proposals that demonstrate how the proposal will contribute to the sustained strengthening of civil society and community systems.
- The TRP looks for proposals that demonstrate how continuous process and impact monitoring and evaluation will be implemented.

In addition, some of the existing criteria were modified to explicitly refer to the following at-risk populations: injection drug users, men who have sex with men, transgender communities, sex workers, migrants and prisoners.

The information for this article was taken from the "Report of the Portfolio and Implementation Committee," which should be available shortly as document GF/B21/5 at www.theglobalfund.org/en/board/meetings/twentyfirst/documents. The TRP Review Criteria are also contained in the TRP's terms of reference. The May 2009 version of the TRP ToR is available in six languages at www.theglobalfund.org/en/trp; this version does not include the changes that have just been approved by the Board. An updated version of the Review Criteria should also be included in the Guidelines for Proposals to be issued by the Global Fund when Round 10 is launched. Readers should note that for the TRP to recommend funding, a proposal is not required to meet every one of the TRP Review Criteria.

+++++

6. NEWS: Global Fund Board Approves Two Health Systems Funding Platform Projects

+++++

As mentioned in [Article 2](#), the Global Fund and the Global AIDS Vaccine Alliance (GAVI) will develop a joint proposal form for cross-cutting health systems strengthening (HSS) activities in time for use in Round 11. In November 2009, GFO reported on earlier steps in this initiative; see the item on "Common Platform" in Issue 111 (available at www.aidspace.org/gfo). This article provides updated details.

The health systems funding platform initiative now has two tracks, with one track containing two options, as illustrated in the table below.

Table: Health Systems Funding Platform Initiative

| | |
|---|---|
| Track 1: Harmonisation based on existing investments | |
| Track 2: Developing a new platform | <u>Option 1:</u> Joint GAVI and Global Fund HSS proposal |
| | <u>Option 2:</u> Funding for HSS based on national health plans |

Work is underway on Track 1. Three funding agencies – GAVI, the World Bank and the Global Fund – and the World Health Organization (WHO) will undertake assessments and streamline processes in 3-5 countries where the funding agencies already support HSS activities. The purpose is to harmonise programming among the funding agencies in four areas: reprogramming of current HSS support to achieve greater complementarity; development of a common HSS performance framework; development of common approaches to programme oversight; and coordination of HSS technical support and capacity building mechanisms.

Track 2, which the Board approved at its meeting last week in Geneva, involves testing and further developing two concepts that the Global Fund has been considering for some time: joint proposals, and funding based on national health plans.

Joint proposals

Under this option, the Global Fund and GAVI will prepare a joint proposal form. Countries could then use this form to (a) apply through the CCM to the Global Fund; (b) apply to GAVI; or (c) apply jointly to the Global Fund and GAVI. Under this last scenario, applicants would be required to indicate how much funding they are requesting from each agency.

Joint applications will be reviewed and recommended for funding by a joint committee made up of members of the Global Fund's TRP and GAVI's Independent Review Committee (IRC). Grant negotiations would be done according to each agency's existing grant negotiation cycles and practices.

Note that even after this option becomes available, which will likely be at the time of Round 11, the Global Fund plans to keep its existing HSS channels open.

Funding based on national health plans

This option involves a pilot project that will be launched in 2011 in 4-5 low-income countries by the Global Fund, GAVI and the World Bank. This is how the pilot project is expected to work:

- The national health plans of participating countries will be jointly assessed by a committee that includes TRP and IRC members. CCMs will participate in the development of the national health plan and take part in the assessment.
- Following the assessment, and the finalisation of the national health plan, the participating country will submit a formal funding request, with the national health plan as the key document. For this purpose, a short joint proposal form will be developed. Proposals can be submitted to the Global Fund, GAVI, the World Bank and other partners, indicating the financing gap, areas where funding is required, and the amount requested from each partner.
- Requests for Global Fund funding can be submitted by the CCM or by a health sector coordinating committee that meets the Global Fund's six minimum requirements for CCMs. Each proposal would be assessed by the agency that receives it. For the Global Fund and GAVI, this could include a joint TRP/IRC review.

There are several issues that are not yet resolved – such as the scope of Global Fund support for HSS, and what the implications are for the workload of LFAs. The Global Fund will continue to refine its plans for the pilot project.

+++++

7. COMMENTARY: The Search for a New Director of Country Programs

by Bernard Rivers

+++++

The Global Fund spends a very large amount of money to save a very large number of lives. The work that is done to save those lives is planned by CCMs, implemented by principal recipients and sub-recipients, and financed by the Fund.

Thus, the Global Fund is only as good as its principal recipients (PRs). If a PR fails to produce the promised results in a timely manner, the Fund can't take over management of the programme that the Fund is financing. The Fund's only options are to try to persuade the PR to do better; to try to persuade the PR to seek technical assistance; to delay financial disbursements; or to terminate the grant.

There is a strong parallel between the Global Fund and major automobile manufacturers. An automobile manufacturer – say, Honda – signs contracts with independent companies to supply automobile components. Each supplier is required to deliver quality products, on time. Honda can't instruct the supplier on how to do its work; but if performance requirements are not met, Honda has the right to terminate the contract, or to decline to award new ones.

Within Honda, a key official is the person who supervises those staff who manage all the contractual relations with suppliers.

Within the Global Fund, the equivalent job is carried out by the Director of Country Programs (DCP), who supervises about 180 staff who, in turn, supervise the Fund's contractual relationships with PRs.

Less than a month ago, Global Fund Secretariat staff were informed that the DCP was leaving the Fund at the end of April, and that an outsider would be brought in to play that role in an "acting" capacity for about six months while a new DCP is found.

This is the third time since 2005 that the person serving as DCP has departed. During the five years from November 2005 to November 2010, the Global Fund will have spent nearly two years using temporary substitutes to serve as DCP. And during the total of three years that the two most recent DCPs have served, they spent most of their time either learning how the Global Fund operated and what was expected of them, or struggling to meet the requirements of an incredibly challenging job.

This represents a lot of wasted time, and a serious loss of Global Fund efficiency and impact.

Following the above parallel between the Fund and Honda, the Fund now needs to find a world-class manager – probably from within the private sector – who specialises in managing a large number of staff who in turn manage billions of dollars worth of contracts with independent contractors/suppliers.

Unfortunately, this approach has not been followed thus far. When the second DCP was recruited, the Fund placed an advertisement that asked for "Substantive work experience in program planning and implementation in developing countries, and technical expertise in development program design and operations and development finance." The person chosen had a medical degree, a doctorate in public health, and experience running health-related projects in the field.

And when the third DCP (the one who has just left) was recruited, the job advertisement said that "knowledge and experience in innovative program development in developing country settings are essential." The person chosen had a doctorate in development economics, and had served as UN Resident and Humanitarian Coordinator in several countries.

The Fund should not be choosing a world-class expert in public health and then attempting to mould that person into the highly specialised manager that the position requires. The Fund should be choosing a world-class manager of a particular type, and providing that person with needed insights about public health. Finding the right person will have a substantial impact on the Global Fund's long term impact.

Bernard Rivers (rivers@aidspan.org) is Executive Director of Aidspan and Editor of GFO.

++++++
END OF NEWSLETTER
++++++

This is an issue of the *GLOBAL FUND OBSERVER (GFO)* Newsletter.

Authors: Articles 1 and 7 were written by Bernard Rivers (rivers@aidspan.org), Executive Director of Aidspan and Editor of GFO. Articles 2 through 6 were written by David Garmaise (garmaise@aidspan.org), Aidspan's Senior Analyst.

GFO is an independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org). *GFO* is emailed to over 8,000 subscribers in 170 countries at least twelve times per year.

GFO is a free service of Aidspan (www.aidspan.org), a Kenya-based NGO that serves as an independent watchdog of the Global Fund, and that provides services that can benefit all countries wishing to obtain and make effective use of Global Fund financing. Aidspan finances its work primarily through grants from foundations.

Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products. The Board and staff of the Fund have no influence on and bear no responsibility for the content of *GFO* or of any other Aidspan publication.

GFO is currently provided in English only. It is hoped to provide it later in additional languages.

GFO Editor and Aidspan Executive Director: Bernard Rivers (rivers@aidspan.org, +254-20-445-4321)

Reproduction of articles in the Newsletter is permitted if the following is stated: "Reproduced from the *Global Fund Observer* Newsletter (www.aidspan.org/gfo), a service of Aidspan."

To stop receiving *GFO*, send an email to stop-gfo-newsletter@aidspan.org
Subject line and text can be left blank.

To receive *GFO* (if you haven't already subscribed), send an email to receive-gfo-newsletter@aidspan.org
Subject line and text can be left blank. (You will receive one to two issues per month.)

For *GFO* background information and previous issues, see www.aidspan.org/gfo.

For information on all approved proposals submitted to the Global Fund, see www.aidspan.org/grants.

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

Copyright (c) 2010 Aidspan. All rights reserved.