

GFATM Constituency Meeting Canada-Germany-Switzerland 16-18 February 2011

Feedback for DPG Health
March 2011



Canadian International
Development Agency Agence canadienne de
développement international

giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH



Schweizerische Eidgenossenschaft
Confédération suisse
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Swiss Agency for Development
and Cooperation SDC

The Global Fund Board

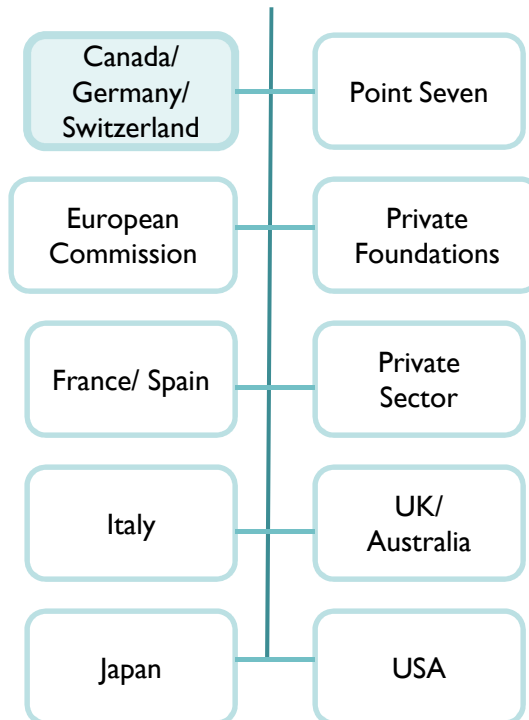
Board Chair

Dr. Tedros Adhanom
Ghebreyesus
(ESA Board Member)

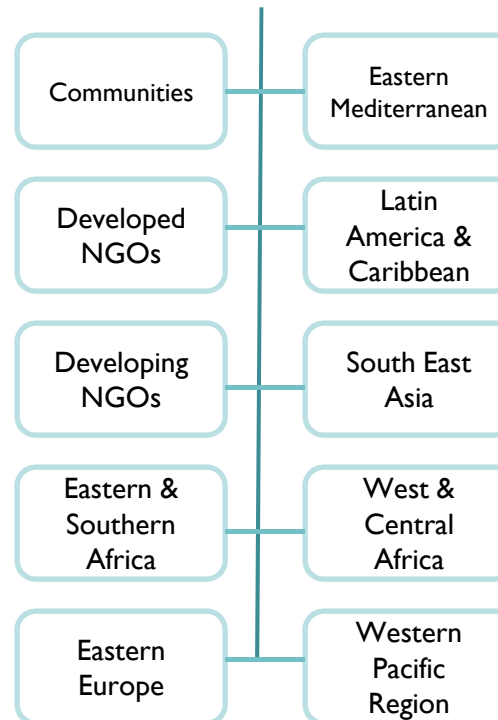
Board Vice Chair

Dr. Ernest Loevinsohn
(Foundations Board
Member)

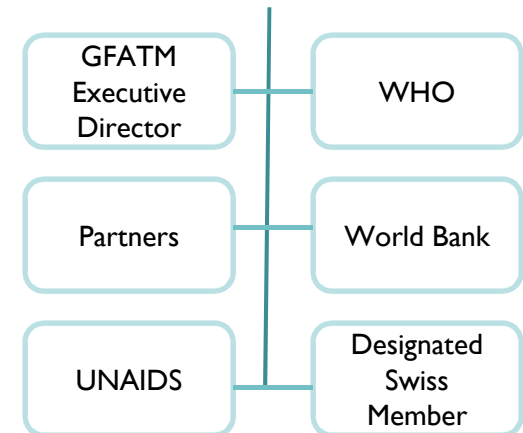
Donor Block



Implementer Block



Non-Voting Members



05/04/2011

Overview of Main Board Issues

- Current funding situation => low third replenishment => more competition (performance based) + delays in rounds
- Launch of Round 11 => eligibility and prioritization + consolidation
- Global Fund Reform Agenda => short & long term
- New Strategy (2011-2016) => Consultation May-June 2011
- Single Stream Funding => per PR & disease
- Health Systems Funding Platform (Pilot Countries)
 - (i) one national health strategy supported by all development partners;
 - (ii) one joint assessment of the national health strategy (JANS) tool;
 - (iii) one fiduciary framework which includes financial management and procurement;
 - (iv) one M&E framework based on country systems

Overview of Main Board Issues (2)

- National Strategy Applications => for NDS up to 2015 + Joint assessment (Sept. 2011)
- OIG findings & fiduciary controls
 - Audits in 33 of 145 countries (completed only in 10 countries).
 - Total funds confirmed as lost US\$ 43 million of which => US\$ 5M returned / US\$ 4M is still in dispute / US\$34M misappropriated (requested for return)

Subsequent measures taken

- Freeze of grants + criminal investigation
- Improved management of grants (country teams)
- Training of LFAs; strengthened role of LFAs in fraud detection and of CCMs in grant oversight;
- Doubling the budget of the OIG / increasing OIG staff
- PR have to submit for approval detailed Training Program
- Regular spot-checks

Key messages for Tanzania

- Global Fund resources will be limited in the near future
- Necessary prioritization of grants to be funded
- Increased focus on grant performance
- DPs to provide technical assistance for grant monitoring *(N.B. money is available for this purpose in approved grants; it is up to the Principal Recipient to request TA).*
- Round-based model is over *(consolidation of grants has started)*
- Future of Global Fund grants => National Strategy Applications (NSA) & Health System Funding Platform (HSFP – together with GAVI and World Bank)
- Tanzania has to prepare for these processes => *need to collect all required documentation for application; start early!*

Key messages for GFATM Board

- Alignment and harmonization => *CCMs have to be integrated into existing coordination mechanisms*
- All health sector stakeholders to be involved in grant process (*CSOs, private, bilateral/multilateral partners*)
- New HSS grant system to build on SWAp => *One plan, one assessment, one fiduciary framework, one results framework*
- Communication with implementing countries to be improved => *in particular regarding reforms and new mechanisms of funding*
- Global Fund to align with agreed in-country policies and practices => *Salary top-ups*
- Fiduciary control measures to be coordinated with other DPs