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

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1. NEWS: Global Fund Shows Its Performance Has Improved Modestly
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In 2009, only 47% of the Global Fund's Key Performance Indicators (KPIs) achieved 90% or more of their target, down from 60% in 2008. But overall, the Fund's KPI performance was modestly up in 2009 over 2008.

This is based on an analysis by the Fund of 26 KPIs that had been set by the Board in 2008. Some of the KPIs cover performance by Global Fund grant recipients; others cover performance by the Secretariat.

Details are shown in the following table:

KPI Performance		Number and percent of KPIs					
		End 2009		**End 2008**		**End 2007**	
A	Achieved 90% or more of the target	12	(46%)	10	(60%)	8	(47%)
B1	Achieved 60-89% of the target	10	(38%)	3	(17%)	4	(23%)
B2	Achieved 30-59% of the target	2	(8%)	0	(0%)	2	(12%)
C	Achieved under 30% of the target	1	(4%)	3	(17%)	1	(6%)
Not measured		1	(4%)	1	(6%)	2	(12%)
	TOTAL	26	(100%)	17	(100%)	17	(100%)

Based on this data, the Global Fund concluded that in 2009, 84% of KPIs met or exceeded their targets (i.e., received an A rating) or performed adequately (i.e., received a B1 rating), compared to 77% in 2008 and 70% in 2007; and that only 12% of KPIs performed below expectations (i.e., received a rating of B2 or C), compared to 17% in 2008 and 18% in 2007.

Examples of strong 2009 performance include the following:

- Programmes supported by the Global Fund exceeded the targets established for the top 10 output and service indicators by an average of 5%.

- 35% of all funding provided by the Global Fund went to civil society organisations as implementers, compared to a target of 30%.

- Contributions to health systems strengthening in Round 9 were $738 million, ahead of the target of $650 million.

- Operating expenses of the Secretariat were 2.2% of grants under management and 5.3% of total expenditures, against respective targets of "under 3%" and "under 10%."

- 77% of Global Fund staff rated their professional satisfaction and motivation as "high" or "very high" in a staff survey, against a target of 70%.

Examples of underperformance in 2009 include the following:

- The proportion of grants reporting complete information through the Price and Quality Reporting (PQR) system was 88%, against a target of 100%.

- The average time between proposal approval and first disbursement for Round 8 was 10.4 months, compared to a target of eight months. (In Rounds 6 and 7, the average time was 11 months. The Secretariat says that an improved approach has been put in place for Round 9.)

- The average time from Secretariat receipt of a disbursement request to actual disbursement of the payment was 42 calendar days, much worse than the target of 21 days. (The Secretariat says that several initiatives are being implemented to accelerate disbursements,

- Only one percent of staff (6 staff out of 576) were from affected communities, compared to a target of two percent. (The Secretariat says it will launch a campaign in 2010 to encourage applications from people living with HIV/AIDS.)

- Only 1.3% of money given to the Fund came from the private corporate sector, as against a target of 4%.

The one KPI that was not measured in 2009 had to do with staff performance management – specifically, the percentage of staff rated below expectations in their performance evaluations.

For 2011, an indicator has been added that measures the percentage of Global Fund-supported programmes that report, at the time of grant renewals, increasing or stable government expenditures for health or for the disease in question. As well, the Secretariat has been asked by a Board committee to work with civil society to develop performance measures for community systems strengthening.

Information for this article was taken from www.theglobalfund.org/en/performance/kpi/2009, and from "Key Performance Indicators: Year-End Report on Results for 2009," available at www.theglobalfund.org/documents/performance/Paper_on_KPI_Framework_2009.pdf.

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2. NEWS: Global Fund Approves Wave 8 RCC Proposals
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In April 2010, the Global Fund Board approved six proposals in Wave 8 of the Rolling Continuation Channel (RCC) funding stream, representing costs of up to $151 million over three years. Of the six proposals, four were for HIV and two were for malaria. All approvals are conditional on the applicant responding satisfactorily to clarifications requested by the Technical Review Panel (TRP).

This is the last full wave of funding for the RCC, which is being discontinued.

As is its custom, the Board approved the TRP funding recommendations in block – i.e., without debating the merits of individual proposals. As a result of cost-cutting measures adopted at the November 2009 Board meeting, the Board formally approved funding only for the first two years of each proposal; funding for the third year will be approved later if there are sufficient funds available. The costs for the first two years of all approved proposals is $96 million.

The TRP reviewed 11 proposals in all, which means that the success rate was 55 percent, which is about the same as the success rate in Wave 7 and a little lower than the average success rate for the six previous waves.

All of the proposals were from CCMs, except for one which was from a Sub-CCM in South Africa. Six of the 11 proposals were re-submissions of unsuccessful proposals from Waves 6 and 7; four of the re-submissions were approved. The two re-submitted proposals that were not approved were an HIV proposal from Tanzania and a malaria proposal from Suriname. The TRP rated both proposals Category 3B, which means that the applicants are strongly encouraged to re-submit their proposals through the rounds-based channel, but only after major revisions.

(Tanzania submitted two HIV proposals: the resubmission mentioned above, plus a new Wave 8 proposal. Neither was recommended for funding.)

Only two of the five new proposals were approved. The other three proposals were rated Category 3A by the TRP, meaning that the applicants are strongly encouraged to re-submit these proposals in the final resubmission wave of the RCC, taking into account the issues raised by the TRP.

Table 1 summarises the results for the first eight waves of funding. Table 2 provides the results for Wave 8, by country.

Table 1: RCC applications and results – Waves 1-8

Wave	Number of expiring grants eligible for consideration	OF WHICH: Number and % invited to apply	OF WHICH: Number of new proposals submitted	Board decision date	Number of proposals approved		Total budget, Years 1-3	Total budget, Years 1-6
1	51	11 (22%)	10	Nov 2007	5:	(1 HIV, 1 TB, 3 malaria)	$130 m.	$207 m.
2	31	11 (36%)	10[1]	Apr 2008	6:	(3 HIV, 1 TB, 2 malaria)	$365 m.	$737 m.
3	18	8 (45%)	7	July 2008	3+5[2]:	(4 HIV, 1 TB, 3 malaria)	$513 m.	$1,033 m.
4	22	8 (36%)	8	Oct 2008	3+2[3]:	(2 HIV, 2 TB, 1 malaria)	$229 m.	$509 m.
5	17	8 (47%)	6	Mar 2009	3+3[4]:	(2 HIV, 2 TB, 2 malaria)	$322 m.	$705 m.
6	24	10 (42%)	10[1]	May 2009	5+4[5]	(5 HIV, 3 TB, 1 malaria)	$263 m.	$522 m.
7	37	15 (41%)	14	Dec 2009	8+1[6]	(4 HIV, 3 TB, 2 malaria)	$451 m.	$1,126 m.
8	18	5 (28%)	5	Apr 2010	2+4[7]	(4 HIV, 2 malaria)	$151 m.	$306 m.
Total	**218**	**76** (35%)	**70**		**54:**	**(25 HIV, 13 TB, 16 malaria)**	**$2,424 m.**	**$5,145 m.**

[1] This represents nine countries
[2] Three of the new applications and five Wave 1 re-submissions.
[3] Three of the new applications and two Wave 2 re-submissions.
[4] Three of the new applications and three Wave 3 re-submissions.
[5] Five of the new applications and four Wave 4 re-submissions.
[6] Eight of the new applications and one Wave 5 re-submission.
[7] Two of the new applications and four resubmissions from Waves 6 and 7.

Table 2: Wave 8 RCC results by country

Country	Component	Board Decision	Upper ceiling budget: First 3 Years	Upper ceiling budget: Up to 6 Years
Burundi	HIV	Not approved: Cat. 3A	$27,014,263	$100,599,117
Guatemala**	HIV	Approved: Cat. 2	$42,488,913	$88,965,989
Guatemala	Malaria	Approved: Cat. 2	$7,068,730	$12,000,723
Guyana**	Malaria	Approved: Cat. 2	$1,613,136	$3,217,761
Lao PDR*	HIV	Approved: Cat. 2	$5,810,152	$11,642,882
South Africa	HIV	Approved: Cat. 2	$71,361,630	$143,086,769
Sudan (North)	Malaria	Not approved: Cat. 3A	$26,806,918	$152,575,672
Suriname***	Malaria	Not approved: Cat. 3B	$1,968,850	$2,849,300
Tanzania	HIV	Not approved: Cat. 3A	$67,597,159	$157,374,931
Tanzania***	HIV	Not approved: Cat. 3B	$60,515,528	$98,116,487
Uzbekistan*	HIV	Approved: Cat. 2	$22,324,402	$47,024,128

* Not approved in Wave 7, but approved upon re-submission in Wave 8
** Not approved in Wave 6, but approved upon re-submission in Wave 8
*** Not approved in Waves 5 or 6, and not approved again upon re-submission in Wave 8

There will be one final "catch all" RCC window later in 2010 for re-submissions from Waves 7 and 8. No new submissions will be accepted.

The "Report of the Technical Review Panel and the Secretariat on Wave 8 Rolling Continuation Channel Proposals" is available (in English only) at www.theglobalfund.org/en/trp/reports/.

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3. NEWS: First Learning Wave of NSAs Seen as Being Successful
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The use of national strategy applications (NSAs) is attractive to countries, technical partners, donors and the Global Fund's own Technical Review Panel (TRP). This is the conclusion of the Global Fund Secretariat, based on evaluations that have been conducted on the first leaning wave (FLW) of NSAs and other feedback.

NSAs involve CCMs submitting a national disease strategy itself – rather than the usual Global Fund proposal form – as the primary basis of the application for Global Fund financing. (For background information on NSAs, see *GFO 102* at www.aidspan.org/gfo.) The FLW was conducted in 2009; five of the seven NSAs submitted were approved for funding by the Global Fund Board in November 2009 (see *GFO 110*).

The FLW involved a three-stage process, as follows: Stage 1: a desk review of the national strategy and accompanying documentation, conducted by a Strategy Review Team made up of members of the TRP; Stage 2: if the outcome of this desk review was favourable, a country visit by the Review Team to seek clarifications and collect additional information; and Stage 3: submission by the CCM of the actual NSA.

Feedback on the FLW was generally quite positive. The participation of "national facilitators" (independent country stakeholders) during the country visits conducted by the Review Team was cited as being crucial to provide "local context."

However, some concerns were expressed regarding aspects of the process. For example, countries said that the process was rushed and that they would have appreciated more time. Also, countries said that they would prefer the freedom to determine for themselves whether or not to apply for an NSA and which diseases to submit, rather than being invited to participate. The Global Fund Secretariat said that being invited to participate in the FLW raised expectations of a successful outcome for many stakeholders, despite clear and consistent Global Fund messages designed to manage expectations.

In addition, many stakeholders could not see a clear distinction between the review of the national strategy (Stage 1 above) and the review of the actual NSA (Stage 3). The Secretariat said the fact that both were done exclusively by the TRP contributed to this. (In future waves, it is expected that Stage 1 will be handled differently.)

Some stakeholders questioned the prominent role given to CCMs during the FLW on the grounds that the CCM does not "own" the national strategy. On the other hand, participation in the NSA was seen as helping countries strengthen and clarify the roles and responsibilities between national disease authorities and CCMs, and improving their partnership, particularly in countries applying for AIDS NSAs.

The evaluations concluded that the NSA approach has generated considerable enthusiasm and buy-in, and that it is seen as a promising new funding strategy for the Global Fund. At the same time, the TRP cautioned that the shift from project funding to programme support is complex and will require attention at each stage. The TRP said that unless NSA-derived grants are managed using more aligned and consolidated grant management processes, this will likely lead to grants that are substantively unchanged from current Global Fund grants. In the view of the TRP, this would limit the extent to which NSAs could be really innovative.

The above information is based on findings in the following reports, none of which are yet available at the Global Fund website:

- *"Technical Review Panel Lessons Learned Report on the Global Fund's National Strategy Application First Learning Wave." This report provides feedback synthesised from the full TRP group that worked on the FLW.*

- *"Presenting National Strategic Plans on HIV/AIDS to the Global Fund Through the National Strategy Application Modality – Country Experiences from the First Learning Wave." Commissioned by UNAIDS, this paper provides insights into the experiences of selected stakeholders in three countries that participated in the FLW on the basis of their HIV/AIDS strategy – Kenya, Malawi and Rwanda.*

- *"Study of Country Stakeholder Experience with the NSA First Learning Wave." Commissioned by the Global Fund and carried out by external consultants McKinsey & Company, this study report provides an in-depth analysis of the FLW based on structured stakeholder interviews conducted across 11 countries selected to represent all three diseases, three continents and examples of different degrees of success in the NSA application process.*

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4. NEWS: NSA Wave 2 Will Likely Involve Joint Assessments of National Disease Strategies
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Wave 2 of the National Strategy Application (NSA) funding channel will probably involve joint assessments of national disease strategies rather than just assessment by the Global Fund, but the form that these assessments will take is not yet decided.

In Issue 122, *GFO* reported that the Global Fund Board decided that Wave 2 of NSAs would be launched in time for funding decisions to be made by the Board at its meeting in the final quarter of 2011. This article provides additional information.

When the Global Fund developed the NSA concept, it was assumed that national strategies would be reviewed jointly by the Global Fund and other donors, and that countries would then submit proposals to the Global Fund (and, presumably, other donors) based on their national strategies.

In April 2008, a Working Group on National Strategies was convened under the auspices of the International Health Partnership (IHP+) to make recommendations on how to do joint assessments of national strategies (JANS). The Global Fund participated, along with a wide variety of partners.

The deliberations of the IHP+ Working Group were still ongoing in 2009 when the Global Fund decided to proceed with Wave 1 (the "First Learning Wave" (FLW)). The FLW did not involve joint assessments; instead, members of the Global Fund's Technical Review Panel (TRP) assessed the national strategies.

In July 2009, the IHP+ decided to disband the Working Group, and move instead to a pilot phase to "learn by doing" how to carry out the JANS process. This work is ongoing; to date, one joint assessment has been carried out (in Nepal). The Global Fund Secretariat says that a number of fundamental issues remain unresolved, including the following:

- the focus so far appears to be on national health strategies rather than national disease strategies;

- it remains unclear how the principles of credibility, independence and consistency will be implemented in the IHP+ JANS process; and

- there is a lack of solid mechanisms to ensure multi-stakeholder involvement in the JANS.

The Global Fund Secretariat says that its "medium-term vision" for the NSA approach (over the next 3-10 years) still depends on the availability of a solid, credible, accepted joint assessment strategy. However, it is not clear whether the IHP+ process will produce such a strategy. Therefore, the Secretariat says that it needs flexibility in Wave 2 to pursue approaches to joint assessments that are appropriate to the country context and consistent with the Global Fund's principles.

At its meeting on 28-30 April, the Global Fund Board said that Wave 2 applications should be "based on a national disease strategy that has been jointly assessed using a credible, joint assessment approach for national disease strategies that accords with the fundamental principles … [of] country ownership, independence, consistency, adequate expertise, transparency, and multi-stakeholder involvement." This decision appears to leave the door open for the Secretariat to pursue a variety of approaches to joint assessment.

The FLW was limited to a small number of countries, mainly because of logistical constraints. Countries were identified on the basis of a set of criteria, and then invited to participate. The Secretariat said that for Wave 2, the intent is to move closer to a more open process, but that it is not yet logistically feasible to have a completely open process.

The Secretariat says that Wave 2 will retain the features of multi-stakeholder involvement that applied in the FLW, but would also seek to enhance such involvement through three supplementary measures:

- requiring that there be at least one expert from civil society or the private sector in the team that reviews the national strategy;

- encouraging systematic consultation of civil society and private sector stakeholders by the Review Team; and

- requiring that the Review Team include an assessment of the level of multi-stakeholder involvement in the information it considers when deciding whether a strategy is sufficiently sound to form the basis of an NSA.

The Global Fund Secretariat says that in Wave 2, all NSA funding requests will have to be made using a consolidated proposal form. (A consolidated proposal is one that clearly demonstrates how new funding will be added to programmes already being funded by the Global Fund for that disease.) The Secretariat also says that all grants signed as a result of Wave 2 NSAs will be single-stream-of-funding grants.

The Secretariat points out that the NSA concept already fits very well with the concept of a single stream of funding per disease per PR, and it says that four of the five FLW grants will be signed as single-stream grants. Furthermore, it says, these will be some of the first Global Fund single-stream grants.

This article is primarily based on "Analysis of Lessons from the National Strategy Application First Learning Wave and Proposed Further Investment Through National Strategy Applications," a report referred to in Decision Point 4 at the April 2010 Board meeting. The report has not been posted on the Global Fund website.

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5. NEWS: Global Fund Uses Enhanced Financial Reports To Improve Grant Management
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About two years ago, the Global Fund introduced a template for an Enhanced Financial Report (EFR), which all principal recipients (PRs) are required to submit annually (and also at the 18-month mark, in preparation for Phase 2 renewal). The EFR replaced the old Annual Report. The purpose of the EFR is to improve grant management, performance measurement, transparency and accountability.

The EFR requires that the PR provide a minimum set of budget and expenditure information for each grant, broken down in the same way as the grant agreement budget summary – i.e., (a) by standard cost categories (human resources, infrastructure, health products, etc.); (b) by program objectives and service delivery areas; and (c) by implementing entity (PRs, sub-recipients [SRs] and sub-sub-recipients [SSRs]).

There are separate templates for HIV, TB and malaria. The templates are sent directly to PRs by the Global Fund Secretariat. The Secretariat says that it expects to post copies of the templates on its website in the near future.

Unlike the Progress Update and Disbursement Request (PU/DR), which is based on the PR's own expenditures and the PR's disbursements to SRs, the EFR asks for all grant expenditures – i.e., the expenditures of the PR, SRs and SSRs.

Currently, the completed EFRs are not available at the Global Fund's website. The Secretariat says that because of a backlog of reports to be entered into its new Grant Management System, it will be at least several months before the EFRs are posted for public access.

Several documents related to the EFR are publicly available. "Guidance for Completion of Financial Reporting Template," dated November 2007, is available at www.theglobalfund.org/documents/lfa/VerificationOfImplementation/GuidelinesForCompletingTheEFR .pdf. The "LFA Review Template" and the "LFA Statement of Work" are available at www.theglobalfund.org/en/lfa/documents/ (look for "Enhanced financial reporting" in the section "Verification Of Implementation").

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6. NEWS: Study Assesses Global Fund Support for Human Rights Programming
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The Global Fund is supporting programmes that address HIV-related human rights issues; however, countries do not appear to be using this opportunity to establish and scale up all of the programmes needed to reduce stigma and discrimination and increase access to justice in national responses to HIV.

These are two of the conclusions of a study done by UNAIDS on *"Addressing Human Rights Issues in National Responses to HIV: A Review of Programmes to Reduce Stigma and Discrimination and Increase Access to Justice."* However, UNAIDS points out that the data set for the analysis was small because the documents available on the Internet for many Global Fund proposals were incomplete.

The study reviewed documents in 56 countries, including papers used to plan national AIDS strategies, and successful HIV and HIV/TB proposals for the Global Fund's Rounds 6 and 7.

The study set out to identify to what extent the following six key programme areas were included in national responses:

- programmes to reduce HIV-related stigma and discrimination

- HIV-related legal services for people living with HIV and key populations at risk

- training of key service providers (e.g. health care workers, judiciary and police) on non-discrimination, informed consent and confidentiality

- legal audit and law reform programmes

- "know your rights/laws" campaigns

- programmes to reduce violence against women and girls

The study found that successful Global Fund proposals included, on average, 2.5 of the six programme areas. In addition, Global Fund proposals sometimes included programme areas that were not included in national strategic plans, thus indicating that the Global Fund may have been used to fill gaps in the national strategies. Programmes found in Global Fund proposals were more likely to be targeted to specific populations than those found in national strategic plans. However, the review did not find strong evidence of specific budgets and indicators for these programmes being included in Global Fund proposals.

This article is based on a summary report issued by UNAIDS, which will be posted on the UNAIDS website (www.unaids.org) in the coming weeks. UNAIDS is planning to subsequently release a full

report. In addition, UNAIDS, UNDP and the Global Fund are involved in a new project that builds on the research conducted by UNAIDS. The three organisations are conducting an in-depth analysis of human rights programming in grants financed in Rounds 6 and 7, which will look at target populations, budgets, indicators and performance ratings. In addition, UNDP is collaborating with the Open Society Institute, which is working on an advocacy strategy to strengthen Global Fund support to programmes that promote human rights.

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7. NEWS: Global Fund Releases New Procurement Guide
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The Global Fund has published a new version of its procurement guide. The *"Guide to the Global Fund's Policies on Procurement and Supply Management,"* at 28 pages, is twice as long as the previous version (issued in 2006).

The new version provides guidance on the development of a procurement and supply management (PSM) plan; on how grant recipients can deal with weaknesses in their PSM systems; on how to implement quality assurance systems; and on the need to comply with relevant national and international laws. The guide also provides information on the PSM cycle.

The Global Fund has also published an updated version of its PSM Plan Template (full name: "*A Guide to Writing a Procurement and Supply Management Plan"*).

"The Guide to the Global Fund's Policies on Procurement and Supply Management," is available at www.theglobalfund.org/en/procurement. Currently, the guide is posted in English, French and Chinese. The Global Fund says that versions in other languages will be posted in due course. The updated PSM Plan Template is available on the same site in English, French and Russian.

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8. ANNOUNCEMENT: Global Fund Seeks Experts to Serve on the TRP
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The Global Fund is seeking applications from experts willing to join the Technical Review Panel (TRP) Support Pool. It is from the support pool, which usually consists of about 80 persons, that the Global Fund periodically selects people to fill vacancies on the TRP.

The TRP, which has about 40 members, reviews proposals submitted to the Global Fund and makes funding recommendations to the Board. TRP members can serve for up to four rounds of reviews. TRP members need to have sound technical knowledge and extensive programme experience in HIV/AIDS, TB or malaria, and also need to understand broader health systems and development cross-cutting issues.

The agency handling this recruitment is HLSP. More information, including selection criteria and application forms, is available at www.hlsp.org/opportunities/globalfundTRP. The deadline for applications is 31 May 2010.

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9. ANNOUNCEMENT: Non-English Versions of Aidspan Guide to Round 10 Applications
    (Volume 1) Are Released
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French-, Spanish- and Russian-language versions of *"The Aidspan Guide to Round 10 Applications to the Global Fund – Volume 1: Getting a Head Start"* are now available at www.aidspan.org/guides. The English version was posted earlier. For a description of the contents of this guide, see *GFO 121* at www.aidspan.org/gfo.

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10. EDITOR'S NOTE: Correction and Clarification
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Correction: On two occasions in GFO 122, we spelled out what GAVI stands for. On one occasion, we got it right ("Global Alliance for Vaccines and Immunisation.") On the other occasion, we got it very wrong ("Global AIDS Vaccine Alliance.") Our apologies not only to GAVI, but also to IAVI ("International AIDS Vaccine Initiative").

Clarification: In GFO 122, we said that "a cap has been placed on the cost of Round 10." A cap normally means that the total amount to be approved is limited to some specific amount ($X). That has not happened. As we explained, what has happened is that the amount to be approved has been limited to the amount that donors make available by the end of 2011. Some would call that a cap; others would not.

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

Author: In this issue, all articles except the Editor's Note were written by David Garmaise (garmaise@aidspan.org), Aidspan's Senior Analyst.

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