



Independent observer
of the Global Fund

Global Fund Provides Updates on Grant Consolidation and Other Areas

In the first eight months of 2010, 13 countries went through a grant consolidation process, a feature of the Global Fund's new grant architecture. In the process, 38 grants were consolidated into 19, and single-stream-of-funding agreements were signed for these 19 grants. The Global Fund estimates that this will result, on average, in a reduction of 50% in transaction costs for implementers.

Further consolidations are expected once Round 10 is completed. Submitting consolidated proposals was optional in Round 10, but will become mandatory in Round 11, expected in 2011. Given the five-year cycle of the Global Fund, this means the entire portfolio will be managed under the new grant architecture by 2016. The Global Fund forecasts that 50% of all grants will have transitioned to the new architecture by the middle of 2013.

Under the new architecture, all Global Fund grants in a given country's disease portfolio will undergo periodic programme reviews at the same time (compared to the current practice of individual grant performance reviews). The Global Fund said that the first such reviews are due to be conducted in the fourth quarter of 2011.

This information is contained in "An Agenda for a More Efficient and Effective Global Fund," recently released by the Fund. The report provided updates on a number of other areas, including the HSS joint platform, national strategy applications, CCM funding, and data quality. These are discussed below.

Health systems strengthening joint platform

Working with the Global Alliance for Vaccines and Immunisation (GAVI) and the World Bank, the Global

Fund is implementing the HSS joint platform through two tracks. Track 1 involves reviewing the organisations' existing projects and programmes to ensure coherence and eliminate duplication. Track 2 involves new HSS funding through either a joint proposal form for grant applications to GAVI and the Global Fund (Option 1), or a joint assessment of national disease strategies (JANS) by development partners (Option 2).

For Track 1, from June to December 2010, the platform partners are undertaking field visits to three countries (Benin, Cambodia and DRC) in which specific areas of existing grants and loans, such as the M&E and fiduciary frameworks, will be harmonised and aligned with country processes.

For Track 2, the platform partners are developing a joint proposal form, due to be finalized in March-April 2011 for use in Round 11, and an agreed JANS methodology, which will be piloted in 4-5 countries in 2011.

The Global Fund said that the platform partners hope to have the M&E and fiduciary frameworks for Global Fund HSS grants harmonised with World Bank, GAVI and country processes in at least 15 countries by the end of 2012. By the fourth quarter of 2013, they aim to establish access to funding through JANS-based funding requests as the preferred approach for countries with strong health sector strategies.

National strategy applications

The second wave of NSAs will be launched in October 2010 through a call for expressions of interest by countries. Joint assessments of NSAs are due to take place in March-April 2011, with the Board to consider proposals by the fourth quarter of 2011. The Global Fund said that it is aiming to have the NSA established as the preferred approach for requesting funding from the Global Fund for countries that have adopted strong national disease strategies by the fourth quarter of 2013.

CCM funding and strengthening

The introduction of the new grant architecture and new financing models has accentuated the need to ensure effective performance of CCMs, particularly with respect to the CCMs' oversight function. The Global Fund is currently reviewing its CCM guidelines. In addition, the Fund is developing best practice standards on good CCM governance and transparency.

Under the new expanded CCM funding policy, which allows for applications with no ceiling, funding for all CCMs combined is expected to increase from \$1.3 million in 2008 to \$7.2 million in 2010. The Global Fund said that CCM funding is likely to level off at \$13-15 million annually by 2012-2013, a ten-fold increase from 2008 levels.

The Global Fund has begun to design and promote a demand-driven approach to technical support for CCM strengthening. Regional workshops are being conducted to strengthen CCM knowledge and understanding of their most important functions – with a particular emphasis on grant oversight and the CCM's strategic role in the development of programmes. The workshops will provide a venue for sharing best practices across regions and for familiarising CCM members with evolving Global Fund policies. These workshops will continue through 2013.

Country visits by Secretariat staff or technical partners will also be conducted in response to CCM requests for assistance in addressing oversight challenges, partnership issues and management of conflicts of interest.

The Global Fund said that in 2011-2013 it will provide learning tools and systems which draw from CCM knowledge and experience, and that by 2011 it will implement a global system for assessing CCM

performance and sharing results in a timely and public manner.

Data quality

The Global Fund is implementing reforms in four areas to improve data quality. These reforms aim to (a) strengthen data governance (e.g., by developing an operational policy note by the end of 2010); (b) streamline data architecture (e.g., by mapping and automating grant business processes by mid-2011); (c) reinforce data verification (e.g., by providing on-site data verification for at least 85% of grants); and (d) strengthen health information systems with partners at the country level (e.g., by rolling out reinforced data quality assurance at the country level during 2010).

The information in this article was derived from “An Agenda for a More Efficient and Effective Global Fund,” produced by the Global Fund, which should be available shortly at www.theglobalfund.org.

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