

E.D. Report Provides Updates on CCMs, Round 8 Grants, Other Topics

The Global Fund is developing a comprehensive performanceassessment framework designed to enhance its ability to identify CCMs that needassistance. As well, fund portfolio managers (FPMs) have been instructed to actively participate in CCM meetings and to liaise more regularly with CCM members. This information was contained in the "Report of the Executive Director," presented to the Global Fund Board at its meeting in Geneva at the end of April 2010.

The report also revealed that the Global Fund Secretariathas been organising CCM-specific regional meetings; and that, to date, about300 CCM members have participated in these meetings in South and West Asia, South America, and West and Central Africa. Five more regional meetings are planned for 2010.

In addition, the report said that the Global Fund's newdashboard oversight tool is being used by CCMs in 14 countries. GFOreported on the new tool in Issue 116, at www.aidspan.org/gfo(see "Global Fund Provides CCMs with New Tool forGrant Oversight").

The E.D.'s report contained information on a variety oftopics, including the following:

Round 8 grants. Of the 147 Round 8 grants, 113 (77%)were signed within the 12-month deadline; 16 were signed after being granted athree-month extension; and 18 remained to be signed. Two of these 18 grantshave been given an indefinite extension because the nominated PR has beensuspended (with respect to grants signed before Round 8). For Round 8, theaverage elapsed time between proposal approval and first disbursement was 10.7months. Delays were due to a number of factors, including the volume and complexity of grants, lengthened negotiations due to the need to find "efficiencygains," and the growing number of proposals (as more countries adoptdual-track financing).

Dual-track financing. Thirty-four percent of Round 9proposals nominated both a non-governmental PR and one from the public sector. Civil society and private sector PRs constituted 40% of the PRs nominated inRounds 8 and 9, more than double the percentage in previous rounds.

Phase 2 renewals and grant performance. In 2009, 79Phase 2 renewals were signed, with a total value of \$1 billion. Grantperformance continues to be strong. Of the grants renewed in 2009, 32% were rated A at the time of renewal, 58% B1, 9% B2, and only 1% C. Sixty-one percent of the grants received a "Go" rating, while the remaining 39% received a "Conditional Go" rating.

LFA performance evaluations. The LFA performance evaluation system is now in use. So far, this system has led to the retendering of contracts with poor performing LFAs in five countries.

Additional Safeguard Policy (ASP). The countries whose grants are currently being managed under the ASP are Chad, Cuba, Haiti, Iran, North Korea, Sudan and Zimbabwe. The Global Fund invokes the ASP when it believes that accountability for the use of Global Fund resources is weak and that its assets would otherwise be exposed to an unacceptable level of risk.

Active and inactive grants. In March 2010, 600 grantswere being implemented or were in negotiation, and 256 were inactive. Of thelatter, 85 had been formally closed and 157 were in the process of beingclosed. Eight grants were continuing to supply lifesaving services under the Continuity of Services Policy.

Single stream of funding. One of the first (if notthe first) single stream of funding grant agreement was signed with Fiji's Ministry of Health, Women and Social Welfare. It involved the consolidation of two TB proposals from Rounds 8 and 9. Preliminary estimates are that the number of grant consolidations will reach 35 by 1 July 2010 and more than 60 by theend of 2010. The system of funding applications will undergo a major redesignin time for Round 11, to reflect changes in the grant architecture.

Voluntary Pooled Procurement. PRs from 37 countries(representing 68 grants) have joined the Voluntary Pooled Procurement (VPP)system. Discussion are ongoing with PRs from another 20 countries. The VPP hasnow registered 130 orders, with a total value of \$335 million. Ten countrieshave signed up for capacity building and supply chain management assistance.

Affordable Medicines Facility – malaria (AMFm). TheGlobal Fund will soon sign master supply agreements with the sixartemisinin-based combination therapy (ACT) manufacturers that are currentlyeligible. The Fund expects that first-line buyers in the fastest moving countries will be able to order co-paid ACTs starting this month, for deliveryin August 2010.

PMTCT. As part of its initiative to scale up PMTCTprogrammes, the Global Fund, working with a number of partners, has identifiedopportunities for reprogramming in nine countries: Burundi, Democratic Republicof Congo, Ethiopia, Ghana, India, Nigeria, South Africa, Tanzania and Zambia. The scaling up involves a switch from the use of single dose nevirapine to moreeffective dual or triple ARV therapy. For more information, see "Opportunity to Reprogramme Grants to Improve PMTCT Treatment," in GFO 120, at www.aidspan.org/gfo.

The E.D.'s report also revealed that In December 2009, the Global Fund was granted official observer status by the United Nations General Assembly.

The "Report of the Executive Director" is at

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