



Independent observer  
of the Global Fund

## MAIN DECISIONS MADE AT NOVEMBER BOARD MEETING

On 9-11 November 2009, the Global Fund Board held its twentieth board meeting, in Addis Ababa, Ethiopia. GFO was present, with observer status.

This article summarises the main decisions made at the meeting. The decisions, 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/twentieth](http://www.theglobalfund.org/en/board/meetings/twentieth). Background documentation will also, in time, be posted by the Fund at the same location.)

Common platform for joint funding and programming of HSS: The Global Fund has held discussions with the World Bank and the GAVI Alliance, with technical support being provided by the World Health Organization (WHO), regarding a possible shared approach to the funding of health systems strengthening (HSS). Two main approaches have been examined. The first is to create a single HSS funding application form that countries would complete and submit to all three agencies (Global Fund, World Bank and GAVI). The three agencies would jointly assess the applications, but different agencies would fund different applications. The second approach is for the three agencies to jointly assess complete national health strategies (rather than just assessing proposals submitted via an application form). The three agencies would jointly decide which ones to fund, and would jointly provide funding for each endorsed national health strategy. The Board authorised the Global Fund Secretariat to continue participation in this assessment work and to broaden the discussions to include additional options. The Board also asked the Secretariat and the Board's Policy and Strategy Committee to propose how a joint HSS platform could be implemented and funded. [See Decision Point 4.]

Support for the Board's implementing constituencies: To enhance the engagement of constituencies representing implementing countries in Board deliberations and decision-making, the Board decided to

make more money available to support communications, meeting, travel and staff costs incurred for intra-constituency functions. The Board approved an annual budget of \$800,000 for this purpose. Each of the seven implementing constituencies may apply for up to \$80,000 for 2010, but exceptions to this ceiling may be granted by the Secretariat as long as the overall budget is not exceeded. [See Decision Point 7.]

**Coping with limited funding availability:**The Board endorsed the “broad lines of thought” contained in the recommendations of the Board’s “Working Group To Manage the Tension Between Supply and Demand in a Resource-Contained Environment.” The Working Group’s recommendations dealt with how to reduce the costs of funding approved proposals for Round 9 and the first learning wave of National Strategy Applications (NSAs); how to delay the provision of some of the funding for these approved proposals; how to determine the order in which these proposals should be funded; how to deal with these and related issues in rounds subsequent to Round 9; and new approaches to raising money for the Fund. The Board decided that many of the Working Group’s topics and recommendations require further discussion by the Board. This discussion will take place at a Board retreat to be held in January or February 2010. [See Decision Points 10 and 30.] The Board also adopted some of the specific recommendations of the Working Group, such as an average 10% reduction in the first-two-year budgets of approved Round 9 and NSA proposals; GFO reported on these decisions in the first article in Issue 110, available at [www.aidspace.org/gfo](http://www.aidspace.org/gfo). [See Decision Point 9.]

**Approval of Round 9 and NSA grants:**The Board approved 85 Round 9 grants that will cost \$1.99 billion over two years, and five “first learning wave” National Strategy Applications that will cost \$0.39 billion over two years. GFO provided details of these decisions in Issue 110, available at [www.aidspace.org/gfo](http://www.aidspace.org/gfo). [See Decision Point 11.] [Note: Up-to-date information regarding approved Round 9 and NSA grants, together with information on all earlier grants, is available on a country-by-country basis at [www.aidspace.org/grants](http://www.aidspace.org/grants).]

**CCM Guidelines:**The Global Fund is planning revisions to the CCM Guidelines. The Board delegated to its Portfolio and Implementation Committee (PIC) the authority to make the changes, except that if the PIC wants there to be any changes to the six CCM minimum requirements, these will have to be approved by the Board. [See Decision Point 12.]

**Quality Assurance Policy for Pharmaceutical Products:**The Fund’s Quality Assurance Policy requires that Finished Pharmaceutical Products (FPPs) can only be purchased using Global Fund money if the FPPs are WHO-prequalified, or have been authorised by a Stringent Regulatory Authority, or have been approved by the Fund’s Expert Review Panel (ERP). The Board agreed to expand the eligibility criteria for products to be reviewed by the ERP, because grant implementers have sometimes found it difficult to find suppliers for qualifying malaria and first-line TB FPPs, leading to the risk of treatment disruptions. The Board also decided that because it will take some time to organise submissions and reviews for products newly eligible as a result of this change, certain additional exceptions to the current policy will be allowed until 31 December 2010. [See Decision Point 13.]

**2010 operating expense budget:**The Board approved a 2010 operating budget for the Secretariat of \$274 million. The size of the Secretariat, at 597 staff, will remain roughly the same as it is in 2009. [See Decision Point 14.]

**In-kind non-health product donations:**The Board approved, on a trial basis in a limited number of countries, the idea of accepting non-health products as donations to the Global Fund. The trial will last about two years. [See Decision Point 16.]

**Expansion of Debt2Health:**The Board decided to make Debt2Health a permanent part of the Global Fund’s fundraising effort. (Under this initiative, wealthy countries that have lent money to developing countries choose to forgo repayment of a portion of their loans on the condition that the borrowing country

invests an agreed-upon amount in health in their own country through Global Fund-approved programmes. The amount generally equals the payments the country was making to service the debt.) The pilot phase has been completed, with two agreements signed and a third signature pending. These agreements cover debt with a face value of \$140 million, which has raised \$80 million, after discounts, for the Global Fund. In addition, a further three agreements are being negotiated with a face value of \$93 million, with the potential to generate additional funding of \$46 million. [See Decision Point 17.]

**Affordable Medicine Facility – Malaria (AMFm):**The Board approved 10 proposals in a small new funding stream, the AMFm, at a net cost to the Fund of \$18 million after some grant restructuring. The funds are for interventions to support the increased use of artemisinin combination therapies (ACT) for the treatment of Malaria. The proposals were part of a pilot phase in a limited number of countries, which is expected to last about two years. The Board said that it will consider a global scale-up of the AMFm funding stream if an independent evaluation reveals that the initiative is achieving its objectives. [See Decision Points 24 and 25. See also separate article on AMFm, below.]

**Partnership Strategy:**The Board approved a new Partnership Strategy designed to enhance the Global Fund's partnerships. The Strategy includes an accountability framework (the Partnerships Performance Framework) to enable the Fund and its partners to assess the effectiveness of the partnership. The Secretariat will develop an implementation plan for the Partnership Strategy by March 2010. [See Decision Point 27.]

**Translation and interpretation:**The Board approved funding some increased translation and interpretation for Board and committee meetings and documents (or portions of documents). Decisions concerning whether and what to translate and interpret will be left to chairs and vice-chairs. The Board said that this new policy would be implemented incrementally. For example, initially, translation and interpretation (from English) would be limited to two languages. [See Decision Point 28.]

**Round 3 Russia HIV grant:**The Board approved "on an extraordinary basis" an extension of a Round 3 HIV grant to Russia, for which the PR is the Open Health Institute, and which was due to expire on 31 August 2009. The extension is until 31 December 2011. The cost of the extension is \$24 million. The OHI grant, as it is known, includes the provision of ARVs as well as the provision of lifesaving prevention services to vulnerable populations. The Board was responding to the fact that under the current income eligibility policies of the Global Fund, Russia is no longer eligible for HIV funding, and so cannot apply for funding to enable these activities to be continued. In its decision, the Board noted that the Fund's income eligibility policies are under review, and that this review should be completed by late 2010. The Board also urged Russia to expand its investments in services to vulnerable populations. [See Decision Point 29.]

**Launch of Round 10:**As reported in GFO 110, the Board decided that subject to confirmation at its next board meeting in April 2010, the Fund will issue the Round 10 call for proposals on or about 1 May 2010. Proposals must be submitted by 1 August 2010, and the board will decide which ones to approve between November 2010 and January 2011. [See Decision Point 30.]

**Architecture review:**The Board approved a number of measures to simplify processes for grant implementers by introducing a single stream of funding per PR per disease. (The Board had approved this basic concept at its meeting one year ago.) The single stream of funding means that, in future, when there are multiple grants for the same PR for the same disease, they will be rolled into one. The transition to the single stream of funding will occur gradually over the next two years. There will continue to be rounds of funding, similar to the current rounds-based channel, as well as national strategy applications (NSAs). However, as reported in GFO 110, the rolling continuation channel (RCC) will be discontinued. By the start of Round 11, each new proposal submitted to the Global Fund will have to be in the form of a consolidated request for funding, incorporating all then-current Global Fund support to the country for that disease. [See Decision Point 31. See also separate article on the architecture review, below.]

**Youth leadership:**The Board asked the Secretariat, in consultation with the constituencies represented on the Board, to consider how they can better include young people and facilitate youth-led action at global and national levels; and how to ensure that the ideas and perspectives of youth are better reflected in the work of the Global Fund and the Board – and to report back to the Board on this within two years. [See Decision Point 32]

**Other Decisions:**Several appointments were made to the Technical Evaluation Reference Group (TERG) to replace people whose terms had expired [Decision Point 5]; the Board approved a new memorandum of understanding between the Global Fund and Roll Back Malaria [Decision Point 6]; the Board decided that a representative of the Partners Constituency on the Board, a non-voting position established at the 19<sup>th</sup> Board meeting, would have a seat on both the Policy and Strategy Committee and the Portfolio and Implementation Committee [Decision Point 8]; the OIG (Office of the Inspector General) Charter and Disclosure Policy were amended to clarify working relationships between the OIG and the Secretariat and to enable the OIG to collaborate more closely with partner organisations [Decision Points 21-23]; the Board adopted a Risk Management Framework [Decision Point 15]; and the Board authorised the Secretariat to engage in further negotiations for the construction of a building to be leased by the Secretariat for use as office space, leading to reduced rental costs [Decision Point 19].

[Read More](#)

---