



Investing in our future

**The Global Fund**

To Fight AIDS, Tuberculosis and Malaria

Twenty-First Board Meeting  
Geneva, Switzerland 28-30 April 2010

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### Appointment of the Rapporteur

**Decision Point GF/B21/DP1:**

Karlo Boras from the Developing NGOs constituency is designated as Rapporteur for the Twenty-First Board Meeting.

This decision does not have material budgetary implications.

Signed: 28 April 2010

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Karlo Boras  
Rapporteur

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Secretariat



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### Approval of Agenda

**Decision Point GF/B21/DP2:**

The agenda for the Twenty-First Board Meeting (GF/B21/1, Revision 1), as amended, is approved.

This decision does not have material budgetary implications.

Signed: 28 April 2010

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Karlo Boras  
Rapporteur

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**Approval of Report of the Twentieth Board Meeting**

**Decision Point GF/B21/DP3:**

The report of the Twentieth Board Meeting (GF/B21/2) is approved as amended at the Twenty-First Board Meeting.

This decision does not have material budgetary implications.

Signed: 28 April 2010

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Rapporteur

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### Next National Strategy Application Funding Opportunity

#### Decision Point GF/B21/DP4:

The Board:

1. notes the progress achieved in the implementation of the First Learning Wave (“FLW”) of National Strategy Application (“NSAs”);
2. acknowledges the analysis of lessons of the FLW and the recommendations for further investment on the basis of NSAs presented in GF/PSC13/02, which respond to the Board’s decision GF/B20/DP26 requesting these; and
3. refers to its decision GF/B18/DP20 to bring the NSA procedure into operation through a phased roll-out.

The Board requests the Secretariat to initiate a next NSA funding opportunity on a schedule that enables funding decisions to be made at the Board meeting in the fourth quarter of 2011, subject to availability of funding. The TRP-recommended applications emanating from this NSA submission opportunity shall be treated at least in the same manner as other proposals being simultaneously considered for new funding (see Section 9 of the Comprehensive Funding Policy).

In addition, the Board requests the Secretariat to:

1. ensure the next NSA funding opportunity builds on the lessons learned in the FLW;
2. plan for the next NSA funding opportunity to include an incrementally larger number of countries than the FLW;
3. focus on applications 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 supported by the Policy and Strategy Committee (GF/B16/06):
  - i. country ownership;
  - ii. independence;
  - iii. consistency;
  - iv. adequate expertise;
  - v. transparency; and
  - vi. multi-stakeholder involvement;
4. further encourage meaningful multi-stakeholder involvement in the development of the national strategy;
5. ensure the application and grant management processes for the next NSA funding opportunity are consistent with the new Global Fund grant architecture (as described in GF/B20/DP31 and GF/PSC12/02);
6. draw lessons from the next NSA funding opportunity to inform a future broader roll-out of the NSA procedure; and
7. periodically update the Board through the PSC on the possible financial implications of the next NSA funding opportunity, and consult with the PIC on implementation.

The Board authorizes the Secretariat to make exceptions to existing policies and procedures to the extent necessary to implement the next NSA funding opportunity, under the same conditions as those for the FLW, as stated in GF/B18/DP20. The principles in that decision shall also apply to the next

NSA funding opportunity, with the exception of the principle regarding the funding period, which will be based on the Global Fund new architecture.

This decision does not have material budgetary implications.

Signed: 28 April 2010

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Karlo Boras  
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## Health Systems Funding Platform

### Decision Point GF/B21/DP5:

The Board affirms the critical importance of strong health systems to achieve the Global Fund's mandate to fight AIDS, tuberculosis and malaria.

The Board endorses an incremental approach to coordinated health systems strengthening investments under Track 1 and Track 2 as presented by the Secretariat in GF/PSC13/03 in collaboration with partners.

The Board requests the Secretariat to continue rapid implementation of Track 1.

The Board requests the Secretariat to continue, based on consultations at country level, implementation of Track 2 Option 1 through the development of a joint proposal form with GAVI as described in GF/PSC13/03. The joint proposal form would be approved by the PIC (as per current policy) for use as soon as possible, no later than Round 11. Any funding proposals using this new joint proposal form would be subject to TRP review and Board approval processes.

The Board requests further work on Track 2 Option 2 such that funding requests emanating from a pilot in 4-5 countries could be approved by the Board at the same time as it approves Round 11. The Board requests that in the interim, its Policy and Strategy Committee review and approve the pilot's design at its meeting in late 2010.

The Board requests the Secretariat to increase dialogue with partners, and develop a communications strategy and mechanisms for building health systems capacity at country level as part of the implementation and to regularly provide updates to the PSC.

The Board endorses the current scope of Global Fund HSS support as the scope for Global Fund HSS support within the Platform. This will help to achieve outcomes for the three diseases and improve progress towards achieving MDGs 4, 5 and 6.

The Board requests TERG to oversee the independent evaluation of the Joint Platform.

This decision does not have material budgetary implications.

Signed: 28 April 2010

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Karlo Boras  
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## Incremental Funding and Related Commitment for 2011

### Decision Point GF/B21/DP6:

The Board refers to its decision made at the Twentieth Board Meeting on the Global Fund Architecture Review (GF/B20/DP31) and takes note of document GF/PSC13/04 regarding the mechanism under which additional funding to accelerate strongly performing programs can be made available at the time of grant renewal.

Therefore, the Board decides as follows:

- Approves the establishment of a dedicated funding envelope to allow for additional funds to be committed to programs on the basis of demonstrated strong performance and impact at the time of the requests for and approval of additional commitments under the Periodic Reviews and Commitments Policy (the “Incremental Funding at grant renewal”).
- Allocates for this purpose an amount of 30 million US\$ as a funding reserve for 2011, and will consider establishing a funding reserve for 2012 at its meeting in November 2011.
- Requests the Secretariat to implement this mechanism and manage this funding reserve in line with the procedure defined in Annex 2 of the PSC Report to the Board (GF/B21/4).
- Replaces references to “Scale-up Funds” in the Comprehensive Funding Policy of the Global Fund (Annex 5 Version 2 of GF/B20/12) with “Incremental Funding at grant renewal”.

This decision does not have material budgetary implications.

Signed: 29 April 2010

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Karlo Boras  
Rapporteur

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### Revisions to the Terms of Reference of the Technical Review Panel

#### Decision point GF/B21/DP7:

The Board decides to amend the Terms of Reference of the Technical Review Panel, as set forth in Annex 1 of the Report of the Portfolio Implementation Committee (GF/B21/5, Revision 2).

The Board decides that for the final re-submission wave of the Rolling Continuation Channel (RCC), the Terms of Reference as amended at the Nineteenth Board Meeting (GF/B19/DP16), will be applicable.

The budgetary implications for this decision point in 2010 are estimated at approximately US\$36,000 for TRP travel expenses, accommodation and honoraria for the review of Rounds-based proposals. The Secretariat will endeavor to absorb the incremental costs in 2010 by making commensurate savings within the approved budget.

Signed: 29 April 2010

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**Exception to the Terms of Reference of the Technical Review Panel  
for Round 10**

**Decision Point GF/B21/DP8:**

The Board decides to make an exception to Article 17 of the Terms of Reference of the Technical Review Panel (Annex 1 of GF/B21/5, Revision 1) only for Round 10 to permit existing Permanent TRP Members to serve more than four Rounds to ensure that a sufficient pool of experienced TRP Members are available on which to draw on for Round 10.

This decision does not have material budgetary implications.

Signed: 29 April 2010

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**FAC Reattribution of 2009 Budget (AMFm)**

**Decision Point GF/B21/DP9:**

In light of the considerations set out in the Finance and Audit Committee's Report to the Board (GF/B21/6), the Board approves the reattribution of US\$ 2.85 million of the Affordable Medicines Facility - malaria (AMFm) professional fees budget from 2009 to 2010.

The budgetary implications of this decision are to reduce the 2009 budget by US\$ 2.85 million and to increase the 2010 budget by the same amount.

Signed: 29 April 2010

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Karlo Boras  
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## Exceptions to the Salary Threshold

### Decision Point GF/B21/DP10:

The Board delegates its authority to the Chair and Vice Chair of the Finance and Audit Committee (“FAC”) together with one constituency member from the Donors block and one constituency member from the Implementers block invited by the Chair of the FAC (the “Remuneration Group”) to approve new staff salaries that exceed the threshold of CHF 245,000 set in the Global Fund Human Resources Policy Framework. The approval of salaries will be based on criteria proposed by the FAC and approved by the Board. The Remuneration Group will inform the Board of its decisions when the Board meets in Executive Session. Decisions on the salary of the Executive Director remain with the Board.

The Board requests the Executive Director to present to the Remuneration Group:

- i) The existing exceptions to the threshold; and
- ii) On an on-going basis, the salaries that exceed the threshold as a result of increases given to staff based on satisfactory justifications.

The threshold may be adjusted by the Remuneration Group, when needed, taking into account the process set out in the Global Fund Human Resources Policy Framework (GF/EDP/08/16 - Annex 1, Section 2.3).

This decision does not have material budgetary implications.

Signed: 29 April 2010

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Karlo Boras  
Rapporteur

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Secretariat



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**Approval of 2009 Financial Statements**

**Decision Point GF/B21/DP11:**

The Board approves the 2009 Financial Statements of the Global Fund which have been audited by Ernst & Young.

This decision does not have material budgetary implications.

Signed: 29 April 2010

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Karlo Boras  
Rapporteur

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Secretariat



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**Secretariat Office Space**

**Decision Point GF/B21/DP12:**

The Board refers to its decision made at the Twentieth Board Meeting on Secretariat Office Space (GF/B20/DP19). Having reviewed the draft development contract (GF/B21/6 - Annex 4) pertaining to the development of a building in which the Secretariat would lease office space, the Board requests the Finance and Audit Committee to approve the development contract for signature by the Secretariat once it is finalized and report on this issue to the Board at the Twenty-Second Board Meeting.

This decision does not have material budgetary implications.

Signed: 29 April 2010

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Karlo Boras  
Rapporteur

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Secretariat



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### Review of the Comprehensive Funding Policy

#### Decision Point GF/B21/DP13:

The Board refers to the Chair's Summary of the Third Global Fund Voluntary Replenishment (2011-2013) Preparatory Meeting (the "Preparatory Meeting") noting that participants at the meeting "without at this stage taking any collective positions on the substance of the issue - encouraged the Board to review the comprehensive funding policy." The Board also refers to the briefing note entitled "Use of Promissory Notes and Similar Obligations as a Means of Contributing to the Global Fund," prepared by the Secretariat at the request of participants of the Preparatory Meeting.

The Board requests the Finance and Audit Committee to conduct a review of the Global Fund Comprehensive Funding Policy, with the support of the Secretariat and through a balanced and inclusive process. Considering the relevance of this review for the Third Voluntary Replenishment, the Board requests the FAC to provide to the Board its analysis and recommendations on the use of promissory notes and similar obligations and its impact on the Comprehensive Funding Policy prior to 30 June 2010. Any proposed changes to the Comprehensive Funding Policy would be considered by the FAC after 30 June 2010 and recommendations would be provided by the FAC to the Board before the Twenty-Second Board Meeting.

This decision does not have material budgetary implications.

Signed: 29 April 2010

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Karlo Boras  
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**Membership of the Ethics Committee and  
Amendments to the Ethics Committee's Terms of Reference**

**Decision Point GF/B21/DP14:**

The Board approves the appointment of the Dr Aishath Shiham from the South East Asia Constituency as a member of the Ethics Committee until the adjournment of the first Board meeting of 2011.

The Board also approves the amendments to the Ethics Committee's Terms of Reference as follows:

**AMENDED TERMS OF REFERENCE OF THE ETHICS COMMITTEE**

**Ethics Committee (EC)**

- Develop and promote on an ongoing basis a values and integrity framework, and provide guidance and information on the related policies including the Policy on Ethics and Conflict of Interest for Global Fund Institutions (Col Policy), and all codes of conduct;
- Provide oversight for ethical and related reputational risks;
- Oversee the Col Policy and its implementation, and advise the bodies and staff of the Global Fund on conflict of interest and ethics issues;
- Resolve differences in the interpretation of conflict of interest;
- At its discretion, bring any conflict issue it may consider necessary to the Board for discussion and determination;
- Take such other actions as are consistent with the Global Fund Bylaws, Board Operating Procedures, COI Policy and a values and integrity framework, as are necessary and appropriate for achieving the objectives of the Committee;
- Review the Secretariat's bi-annual report of secondment staff appointments;
- Keep appropriate written records of its activities; and
- Report annually to the Foundation Board.

This decision does not have material budgetary implications.

Signed: 29 April 2010

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Karlo Boras  
Rapporteur

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Approval of the 2009 Annual Report

**Decision Point GF/B21/DP15:**

The Board approves the Annual Report as presented in GF/B21/14.

The Board decides that, starting with the Annual Report for 2010, the Annual Report will include appropriate information on donor contributions to the Global Fund.

This decision does not have material budgetary implications.

Signed: 29 April 2010

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Karlo Boras  
Rapporteur

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## Interim Exception to the Global Fund's Quality Assurance Policy for Pharmaceutical Products

### Decision Point GF/B21/DP16:

1. The Board approves a restatement of the Interim Exception to the Global Fund's Quality Assurance Policy for Pharmaceutical Products as set out in Annex 4 to the MDC Report to the Board (GF/B21/8 Revision 1, Annex 4). This interim exception expires on 31 December 2010.
2. The Board requests the Secretariat to work on an urgent basis with WHO to establish a process for the Expert Review Panel (ERP) to specifically consider and assist to deal with exceptional cases in the future. Such exceptional cases would be limited to situations in which financing provided by the Global Fund would be used to procure a Finished Pharmaceutical Product (FPP) of a formulation for which:
  - (i) no available\* FPP complies with the quality standards of the Global Fund's Quality Assurance Policy; and
  - (ii) WHO has made a determination, based on the available information, that no therapeutic alternatives exist that would be adequate for the specific country or region of intended use.

In such exceptional cases, ERP review should include an assessment of the clinical risk of providing ineffective or no treatment, in addition to a quality risk analysis. If necessary, the Terms of Reference of the ERP shall be revised accordingly.

\* 'Available' means that the manufacturer can supply the requested quantity of the FPP within not less than 90 days of the requested delivery date.

This decision does not have material budgetary implications.

Signed: 29 April 2010

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Karlo Boras  
Rapporteur

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### Prioritization Criteria for Round 10 Proposals

#### Decision Point GF/B21/DP17:

The Board decides that, for Round 10 only, the prioritization provisions of the Comprehensive Funding Policy described in Article 8 will be replaced with the provisions set out in the Annex to this decision point.

The Board requests that, at the time of issuing the Call for Round 10 proposals, the Secretariat communicate clearly to applicants the new prioritization mechanism that will apply for Round 10.

The Board requests (i) the Portfolio and Implementation Committee to consider an exceptional bridge funding mechanism as proposed by the Policy and Strategy Committee for possible approval at the Twenty-Second Board Meeting; and (ii) the Technical Review Panel (TRP) to review data on significant under-spending of existing grants as part of its formal recommendation process (such data to be provided by the Secretariat).

Further, the Board requests that, as part of the Eligibility and Cost Sharing Review being jointly carried out by the Policy and Strategy Committee and the Portfolio Implementation Committee, the following long-term strategic issues be considered; long-term implications of existing financial commitments of grant agreements; appropriate cost sharing and graduation guidance; and optimal allocation of future resources.

This decision does not have material budgetary implications.

Signed: 30 April 2010

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Karlo Boras  
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**Prioritization for funding amongst Round 10 TRP-recommended Proposals - Annex to GF/B21/DP17**

8. The system for prioritizing among Round 10 TRP-recommended proposals, in the event that there are insufficient resources available to approve all TRP-recommended proposals, is as follows:

- a. The Secretariat is responsible for assigning a score to all TRP-recommended components of proposals in accordance with the composite index described in paragraph (b) below and is to present the Board with these scores at the time of the Board's consideration of the TRP's recommendations. They are then financed in descending order (with the highest scoring proposals receiving priority).
- b. A composite index, based on three criteria, is used to assign scores to each TRP-recommended component of a proposal as described below.

Criteria	Indicator	Value	Score
TRP Recommendation	TRP Recommendation Category	Category 1	4
		Category 2	4
		Category 2B	3
Disease Burden	Specific disease burden criteria set forth in paragraph c below		4
			3
			2
			1
Poverty	World Bank Classification	Low Income	4
		Lower-Middle Income	2
		Upper-Middle Income	0

- c. The specific disease burden indicators, values and scores which will be used to assign scores for disease burden are:

i. For HIV/AIDS:

Indicator	Value	Score
HIV prevalence in the general population and/or in vulnerable populations*	HIV national prevalence $\geq 2\%$	4
	HIV national prevalence $\geq 1\%$ and $<2\%$ OR MARP <sup>1</sup> prevalence $\geq 10\%$	3
	HIV national prevalence $\geq 0.5\%$ and $<1\%$ OR MARP prevalence $\geq 5\%$ and $<10\%$	2
	HIV national prevalence $< 0.5\%$ and MARPS $<5\%$ OR no data	1

\*Source of data: WHO and UNAIDS

ii. For Tuberculosis

Indicator	Value	Score
Combination of tuberculosis notification rate per 100,000 population (all forms including relapses); and WHO list of high burden countries (TB, TB/HIV or MDR-TB) **	TB Notification rate per 100,000 population $\geq 146$ <b>OR</b> TB Notification rate per 100,000 population $\geq 83$ and $<146$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country	4
	TB Notification rate per 100,000 population $\geq 83$ and $<146$ <b>OR</b> TB Notification rate per 100,000 population $\geq 38$ and $<83$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country	3
	TB Notification rate per 100,000 population $\geq 38$ and $<83$ <b>OR</b> TB Notification rate per 100,000 population $< 38$ and high TB burden, high TB/HIV burden, or high MDR-TB burden country	2
	TB Notification rate per 100,000 population $< 38$	1

\*\* Source of data: WHO

<sup>1</sup> MARP: Most at risk populations

iii. For Malaria<sup>2</sup>

Indicator	Value	Score
Combination of mortality rate per 1,000 persons at risk of malaria; morbidity rate per 1,000 persons at risk of malaria; and contribution to global deaths attributable to malaria***	Mortality rate $\geq 0.75$ and morbidity rate $\geq 10$ <b>OR</b> Contribution to global deaths $\geq 1\%$	4
	Mortality rate $\geq 0.75$ and morbidity rate $<10$ <b>OR</b> Mortality rate $\geq 0.1$ and $<0.75$ regardless of morbidity rate <b>OR</b> Contribution to global deaths $\geq 0.25\%$ and $<1\%$	3
	Mortality rate $<0.1$ and morbidity rate $\geq 1$ <b>OR</b> Contribution to global deaths $\geq 0.01\%$ and $< 0.25\%$	2
	Mortality rate $<0.1$ and morbidity rate $<1$ <b>OR</b> Contribution to global deaths $< 0.01\%$	1

\*\*\* Source of data: WHO

Signed: 30 April 2010

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Karlo Boras  
Rapporteur

\_\_\_\_\_  
Secretariat

<sup>2</sup> (i) It is recommended to use burden estimates for earlier years (2000) in order not to penalize countries that have demonstrated progress; and  
(ii) In the case that a proposal is submitted from a sub-national Applicant it will be scored according to incidence and mortality rates for those specific areas (and the contribution of those areas to the global burden).



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## Creation of a dedicated reserve for Most at Risk Populations for HIV/AIDS for Round 10

### Decision Point GF/B21/DP18:

1. The Board decides that for Round 10 a dedicated reserve of resources for proposals from applicants who decide to submit a proposal which focuses only on most-at-risk populations for HIV/AIDS will be established. It is anticipated that this will lead to discussions on future eligibility and strategy.
2. The Board strongly recommends that proposals coming from 'lower-middle' and 'upper-middle' income applicants clearly demonstrate increasing government contribution over the proposal lifetime to ensure sustainability of the proposal interventions in the long-term and a possible exit strategy from requiring Global Fund financing. The TRP shall take this into consideration when recommending proposals for funding.
3. The following conditions will apply to the funding stream described in paragraph 1 above:
  - (a) US \$75 million will be made available for the period of the initial commitment for all these proposals;
  - (b) The totality of the five years of all these proposals cannot exceed US \$200 million;
  - (c) Applicants can request up to US \$5 million for the initial commitment and US \$12.5 million over the proposal lifetime;
  - (d) Existing income eligibility and cost-sharing requirements shall apply for these applicants;
  - (e) Applicants must opt at the time of submission of their Round 10 proposal to apply under this stream and may not submit another proposal for Round 10 for the same disease component;
  - (f) Applicants may not submit a separate health systems strengthening cross-cutting part under this funding stream;
  - (g) The prioritization for funding amongst these Round 10 TRP-recommended proposals is described in the Annex to this decision point; and
  - (h) In the event that a recommended proposal is not able to be funded under this funding stream due to the fact that maximum resources allocated have been exhausted, these proposals will be subject to the prioritization provisions set out GF/B21/DP17.

This decision does not have material budgetary implications.

Signed: 30 April 2010

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Karlo Boras  
Rapporteur

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**Prioritization for funding amongst Round 10 TRP-recommended Proposals under the dedicated reserve for Most at Risk Populations for HIV/AIDS - Annex to DP/B21/DP18**

8. The system for prioritizing among Round 10 TRP-recommended proposals under this funding stream, in the event that there are insufficient resources available to approve all TRP-recommended proposals, is as follows:

- a. The Secretariat is responsible for assigning a score to all TRP-recommended components of proposals in accordance with the composite index described in paragraph b. below and is to present the Board with these scores at the time of the Board's consideration of the TRP's recommendations. They are then financed in descending order (with the highest scoring proposals receiving priority).
- b. A composite index, based on two criteria, is used to assign scores to each TRP-recommended component of a proposal as described below.

Criteria	Indicator	Value	Score
TRP Recommendation	TRP Recommendation Category	Category 1	4
		Category 2	4
		Category 2B	3
Disease Burden	Specific disease burden criteria set forth in paragraph c. below		4
			3
			1



- c. The specific disease burden indicator, value and score which will be used to assign scores for HIV/AIDS disease burden are:

Indicator	Value	Score
HIV prevalence in vulnerable populations*	MARP <sup>3</sup> prevalence $\geq 10\%$	4
	MARP prevalence $\geq 5\%$ and $< 10\%$	3
	MARPS $< 5\%$ OR no data	1

\*Source of data: WHO and UNAIDS

- d. If an applicant requests funds for more than one most at risk populations then scores will be allocated for each target population according to the indicator and values described above and the scores will be averaged. The average will then be rounded to the nearest score.

This decision does not have material budgetary implications.

Signed: 30 April 2010

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Karlo Boras  
Rapporteur

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Secretariat

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<sup>3</sup> MARP: Most at risk populations



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**Launch of Round 10**

**Decision Point GF/B21/DP19:**

1. Recognizing the continued need for countries to maintain and scale up their national programs to fight HIV/AIDS, tuberculosis and malaria and reaffirming the Board's commitment for the new architecture for grant funding, the Board urges donors to make firm pledges at the Replenishment Meeting in October 2010 to meet the expected demand and to allow the scaling up of life saving treatment.
2. With reference to its decision regarding the launch of the next Round of proposals (GF/B20/DP30), the Board requests the Secretariat to issue a Call for Proposals for Round 10, on or about 20 May 2010 with a submission date on or about 20 August 2010, and to provide for review of those proposals in time for approval at the Twenty-Second Board Meeting in December 2010.
3. The Call for Proposals for Round 10 shall include a provision for a dedicated funding stream for proposals which focus only on Most at Risk Populations (GF/B21/DP18).
4. In determining the amount of assets available to be committed for Round 10 at the time of approval of the proposals, only pledges to be received within (and for use within) the period up to and including 31 December 2011 shall be considered. Notwithstanding Article 3d of the Comprehensive Funding Policy, the determination of available assets as at 31 December 2011 will be updated at the end of the first quarter of 2011 in relation to new pledges.
5. In the event that insufficient resources are available to approve all TRP recommended proposals, the provisions of Decision Point GF/B21/DP17 will apply.

The budgetary implications of this decision point have already been approved by the Board (GF/B20/DP30) and are reflected in the 2010 budget.

Signed: 30 April 2010

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Karlo Boras  
Rapporteur

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## Exploring Options for Optimizing Synergies with Maternal and Child Health

### Decision Point GF/B21/DP20:

The Global Fund Board recognizes that the health-related Millennium Development Goals are interlinked. Achieving MDG 6 (combating HIV, malaria and TB and other diseases), MDG 4 (reducing child mortality) and MDG 5 (improving maternal health) can only be approached in an integrated manner and the success of one MDG depends on progress on all others.

The Board acknowledges that HIV, tuberculosis and malaria place a heavy burden on the health of women and children. In sub-Saharan Africa, HIV is responsible for 46 per cent of all deaths among women of reproductive age. HIV, TB and malaria are among the most common indirect causes of maternal deaths. All three diseases heavily impact on the health of children: Children account for more than 80 per cent of malaria, and over 2 million children are living with HIV, 90 per cent of them living in sub-Saharan Africa.

The Board notes the efforts of a broad range of partners who are working to accelerate action and to scale up integrated services, and especially applauds the efforts of MCH advocates, who have been tireless in their efforts to improve the health and save the lives of women and children.

The Board is encouraged by the contributions of the Global Fund in financing country-led programs that improve maternal and child health, including scaling up PMTCT services, malaria prevention and treatment, anti-retroviral therapy, integration of sexual and reproductive health services with HIV/AIDS programmes and support for children orphaned by HIV/AIDS. The Global Fund investments are also strengthening health and community systems, and supporting a range of interventions to promote gender equality and equity, as articulated in the *Gender Equality Strategy* (Decision Point GF/B18/DP18).

The Board supports the efforts of countries to integrate MCH within their HIV/AIDS, TB and malaria programmes, and strongly encourages CCMs to look at opportunities to scale up an integrated health response that includes MCH in their applications for HIV/AIDS, TB, malaria and HSS.

However, the Board notes that despite support for integrated MCH services through the current Global Fund portfolio, some areas along the continuum of care in maternal and child health will not be addressed by 2015. These areas, as outlined in the *Consensus for Maternal, Newborn and Child Health*, include comprehensive family planning, skilled care for women and newborns during and after pregnancy and childbirth.

The Board encourages countries and partners, as a matter of urgency, to work together in the context of opportunities presented through grant reprogramming, Round 10, and changes to the Global Fund grant architecture to urgently scale up investments in MCH in the context of the Global Fund's core mandate.

The Board strongly encourages CCMs to identify opportunities to scale up an integrated health response that includes MCH in their applications for HIV/AIDS, tuberculosis, malaria and HSS.

The Board agrees to work with partners in exploring ways to further enhance and integrate the Global Fund's contributions in this area within the context of national strategies and integrated approaches.

The Board requests the Secretariat to review and elaborate the potential options and their implications for enhancing the contributions of the Global Fund to MCH, recognizing the urgent need for additional and sufficient financing for MCH as well as for AIDS, tuberculosis and malaria, and exploring how this will impact on existing Global Fund policies, partnerships, resource mobilization, procedures, and operations, including CCMs, TRP and staffing at the Secretariat. The Board further requests the Secretariat to report on this matter at the 14th Policy and Strategy Committee meeting for its recommendation to the Twenty-Second Board Meeting.

This decision does not have material budgetary implications.

Signed: 30 April 2010

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Karlo Boras  
Rapporteur

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Secretariat