



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Board Retreat

Sofia, Bulgaria, 10-11 December 2010

SOFIA POLICY RETREAT REPORT (DECEMBER 10-11 2010)



PART I: BACKGROUND

1.1 On 10 and 11 December 2010, Global Fund Board Members and Alternates (or other designated representatives of the Global Fund's Board constituencies) came together in Sofia for a Policy Retreat to start putting in place the necessary measures to ensure the Global Fund's continued success over the coming years by laying down the foundations of the next strategy of the Global Fund. Specifically, the objectives of the Retreat were to agree, for confirmation at the 22nd Board meeting that followed the Retreat on December 13-15, on:

- i. The objectives of the Global Fund over the next years;
- ii. Broad indicators of success;
- iii. Strategic areas of focus; and
- iv. The process and timeline for development of the strategy.

1.2 The discussions at the Retreat built on the results of the fruitful discussions at the Montreux Board Retreat earlier in 2010, where a lot of ground was covered. In particular, in Montreux participants reviewed and reaffirmed the currency and relevance of the purpose and core founding principles of the Global Fund, as contained in the Fund's Framework Document, which participants agreed remains as relevant and inspiring as it was when it was first crafted.

1.3 Using grand strategy¹ as the framework for the discussions, the Retreat focused on the 'big picture' and the Global Fund's position in the rapidly evolving global health landscape. The facilitators urged participants to be aware of and thus avoid common flaws in designing grand strategy, including a) being "out of touch" or not informed about the current state (internally or externally); b) not setting objectives at all and jumping into strategy before agreeing on objectives; c) setting too many or unrealistic objectives (i.e., being bold is good, but delusional thinking is not); d) not being grand enough (getting mired in operational/programmatic issues or in current approaches rather than thinking creatively about strategic alternatives); e) trying to do too much on too many different fronts (strategic overreach); and f) forgetting to connect the strategy to the implementation tactics.

1.4 The Retreat consisted of six sessions:

- i. Session 1: Where are we today?
- ii. Session 2: The Global health landscape
- iii. Session 3: Vision of the Global Fund: Where we want to be
- iv. Session 4: Strategic areas of focus: How can we achieve the objectives set?
- v. Session 5: Implementation issues: Business model and comprehensive reform
- vi. Session 6: Next steps: Process for developing the strategy

(See Annex 1 for the Agenda of the Retreat)

¹ The 'grand strategy' concept is defined as "the development and implementation of comprehensive plans of action to achieve large ends with limited means...". See: Curry et al. "Achieving large ends with limited means: Grand strategy in global health". *International Health* 2010.

1.5 This report summarizes the main points discussed and the outcome of each of the above sessions.

PART II: SUMMARY

Session 1: Where we are today

2.1 Participants first heard short presentations by Rifat Atun, Director of the Global Fund's Strategy, Performance & Evaluation Cluster, and Simon Bland, Board Member, United Kingdom and Australia.

2.2 Rifat Atun presented reflections and lessons learned from the Global Fund's 2007-2010 Strategy, looking specifically at how well the Fund has done with regard to achieving the three strategic objectives established in the strategy:

- i. Grow to meet demand;
- ii. Adapt to country realities; and
- iii. innovate for greater impact.

2.3 He reminded participants that the Global Fund was set up to vastly accelerate the response to AIDS, TB and malaria - "to achieve big objectives and big goals". He noted that most of the targets the Global Fund set for itself when it developed key performance indicators in 2007 have been achieved, but highlighted areas that remain to be addressed under each of the strategic objectives, including:

- i. Reaching the US\$ 6-8Bn annual investment target to meet forecast demand;
- ii. Better alignment with country cycles and procedures and an even greater focus on aid effectiveness;
- iii. Further work required to address procurement-related bottlenecks, including responding to the recommendations by the Office of the Inspector General related to voluntary pooled procurement;
- iv. Further innovation leading to simplification of grant application and management.

2.4 He highlighted the results and strong impact achieved, as evidenced by an impressive portfolio of 825 grants in 146 countries, over US\$12.5Bn invested to date, with approximately \$3Bn invested in 2010 and an estimated \$11.7Bn of additional investments by 2013, resulting in nearly 9 million deaths averted by 2013. He concluded by drawing some lessons learned from the experience of the implementation of the 2007-2010 strategy for the new strategy. First, he suggested that the new strategy should have bold objectives on outcomes and impact, with an effort to balance efficiency and equity, and a continued focus on value for money solutions and tactics to help achieve the objectives. Second, he highlighted that the new strategy should be seen as an opportunity for a step change - bold innovation rather than incremental change - and that this would require everyone to think "outside the box". Third, he emphasized that having a strong country focus will be key, requiring increased efforts to generate the greatest value for the beneficiaries. And finally, he suggested that, in order to achieve all of the above, leveraging the strength of the Global Fund partnership will be essential.

2.5 Simon Bland then provided a short summary of the discussions at the Montreux Board Retreat, putting them in the context of the Board meetings that preceded and followed the Montreux Retreat and the work undertaken since then to address some of the main challenges that were discussed. He started by saying that he strongly felt that the best of the Global Fund is yet to come, that we still have not seen the full impact of the Fund's work, and that participants now needed to focus on making the Fund even better and then bigger - rather than just focusing on making it bigger. He referred to Ernest's opening remarks and reflected on Jim Collins book "Good to Great" and highlighted special leadership, the right staff and sustainability as key ingredients of a "great" organization. He reminded participants that at the time of the Twentieth Board Meeting in Addis Ababa in November 2009, many of the Board members were worried about the future and sustainability of an organization on which so many lives depend, at a time of severe economic crisis. This is why the Montreux Board Retreat was held, providing an opportunity to freshly debate and seriously reflect on some critical issues and to identify priority areas for change. Among the main areas discussed were efficiency and value for money; resource prioritization; sustainability of the organization and cost sharing; harmonization and alignment with country cycles and procedures; and the issue of informed demand. Bland noted that in some of these areas, such as in the area of efficiency and value for money, progress had been made since the Montreux Retreat, while in others, such as in the area of prioritization, work has started but further discussions are needed to reach consensus and move forward. He highlighted that, irrespective of disagreement on some issues, all participants at the Retreat reaffirmed the purpose and core founding principles of the Global Fund, as contained in the Fund's Framework Document, agreeing that they remain current and relevant and that they should not be changed.

2.6 After these introductory presentations, participants worked in small groups to discuss where the Global Fund is today in terms of upholding its core founding principles and fulfilling its overall mission, and to reflect on the major strengths and challenges of the Global Fund as it is designed and operating in the current global health landscape.

2.7 Key strengths identified included:

- i. Results and Impact
 - The Global Fund has a proven ability to deliver.
 - It is achieving impressive results - beyond what was thought possible.
 - It is achieving not only results, but having major impact (such as, for example, substantial reductions in the global disease burden of HIV, TB and malaria and improved health systems capacity in low- and middle-income countries).
 - It has acted as a catalyst - helping getting things done in countries that would otherwise not have happened.
 - It has demonstrated that poor countries can scale up the response to AIDS, TB and malaria and achieve impressive results if financial resources are made available - while previously the consensus was that they could not do this, even if financial resources were available.
 - It has leveraged broader health outcomes, beyond AIDS, TB and malaria.
 - It has promoted human rights and has the potential to do even more to promote equity and human rights.
 - It has kept health issues on the political agenda, at the highest level.

- ii. Mandate, Focus and Scope
 - The Fund has a clear mandate and focus, making it easier to demonstrate the results and impact achieved and helping mobilize resources.
 - It has a broad scope - getting resources to many countries, to those most in need.
- iii. Principles and Approaches
 - The Fund represents a unique partnership model.
 - It is inclusive, at all levels, from the country level to the Board.
 - It responds to countries' demand and provides them a real and meaningful way to contribute and manage the country processes.
 - Its performance-based funding approach is a key strength.
- iv. Ownership
 - It creates the space and spirit for people to contribute.
 - There is strong ownership, across implementers and donors, and a shared commitment and responsibility.
- v. Innovation
 - It was innovative from the beginning and continues to be flexible and to innovate and adapt.
 - It has been willing to take risks, monitor the results, and learn and make changes if necessary.
 - It has actively contributed to global efforts to improve aid effectiveness and continues to improve aid effectiveness and value for money.
 - Its recent "agenda for a more efficient and effective Global Fund" is proactively addressing the challenges of growth and enhancing operational performance.
- vi. Reputation
 - The Global Fund is well known and respected, at country and global levels.
- vii. Human Resources
 - The human resources at the Global Fund Secretariat represent a major asset.

2.8 Key challenges identified included:

- i. Resource Mobilization
 - Increasing resources, both from traditional and new donors, to be able to meet demand and ensure sustainability;
 - Broadening the donor base, as most funding still comes from traditional donors;
 - Increasing funding from the private sector and from sources such as sports and culture, as well as resources obtained through innovative financing;
 - Catalyzing domestic funding for AIDS, TB and malaria (and for health more broadly) in low- and middle-income countries;
 - Synergizing with other development partners in resource mobilization;

- ii. Sustainability
 - Ensuring that Global Fund resources add to, rather than replace, national resources;
 - Becoming more proactive and exploring new forms of co-funding requirements;
 - Addressing the high rate of failures of funding applications and its impact on sustainability of programs;
 - Increasing country ownership - which is not as strong as needed;
 - Increasing capacity at country level;

- iii. Equity and Human Rights
 - Focusing on AIDS, TB and malaria while seeking to strengthen health systems and to increase the impact on maternal and child health and other broader health outcomes;
 - Increasing access to services for vulnerable groups that in many countries continue to be left out completely or have inequitable access;
 - Responding more pro-actively to human rights issues and challenges;
 - Influencing policy change, for more effective and equitable responses to AIDS, TB and malaria - something the Fund has not taken on enough in the past

- iv. Efficiency and Effectiveness
 - Continuing to improve aid effectiveness and value for money;
 - Achieving greater impact on market dynamics, reducing the price of medicines and other commodities - huge financial opportunities would be created by reducing the cost of providing treatment;
 - Further improving the implementation of performance-based funding;
 - Increasing harmonization and alignment with country cycles and procedures;
 - Returning to greater simplicity - the Global Fund has become too heavy and complex;
 - Clarifying the roles of the LFAs, CCMs and the PRs and SRs;

- v. Partnerships
 - Improving coordination between the Global Fund and UN agencies at country level and generally maximizing the potential of the Global Fund partnership at country level;

- vi. Innovation
 - Being transformative instead of undertaking incremental initiatives;
 - Improving data collection and use, and converting new knowledge quickly into program responses.

- vii. Governance
 - Increasing meaningful participation of implementers at the Board level;
 - Reforming the Board so that it remains active and involved but moved away from operational issues and does not seek to micromanage;
 - Addressing the conflicts of interest at various levels, including Board, CCMs and PRs and SRs.

2.9 Overall, there was consensus that the Global Fund has done well and that the challenge now is to do even better, by building upon the Fund's many strengths and the reform agenda that the Secretariat has already started to implement, and by pro-actively addressing the challenges the Fund faces.

Session 2: The global health landscape

2.10 This session aimed at achieving clarity on opportunities and threats/challenges for the Global Fund in the current environment. As background information, participants had received copies of the new or upcoming strategies of key partners, including the new UNAIDS strategy, the upcoming WHO Health Sector Strategy for HIV/AIDS for 2011-2015, the Stop TB Partnership Global Plan 2011-2015, the Global Malaria Action Plan, the US Global Health Initiative and others.

2.11 Stefano Bertozzi, Director of HIV and TB at the Gates Foundation, introduced the session with a short presentation. He started by saying that, at the Replenishment conference in New York in early October, participants rightly celebrated the incredible successes of the Global Fund. Now, as the Fund embarks on developing a new strategy, a focus on the problems that have yet to be conquered is required. First, he pointed out that there has been extraordinary progress in fighting the three diseases, but that "the glass is still half empty" - for example, there are still almost three million new HIV infections, including 400,000 babies born with HIV, every year, and two thirds of people with HIV still die without ever receiving antiretroviral therapy; 75 per cent of people with TB still do not receive an HIV test and MDR-TB is a serious problem; and there are still almost one million deaths from malaria yearly and 30 million pregnant women who contract malaria. He argued that it is necessary to aspire to step, transformative change in each of three areas: money, tools (in the broadest sense, including not only condoms or bed nets but also, for example, declarations of the rights of women or children), and national programs, which are all interrelated. On money, he cautioned that participants should not "obsess too much about the reality we face today, but rather think longer term". He suggested it should be possible over the next decade for low- and middle-income countries to vastly expand their health funding; and for high income countries to contribute increased amounts. On tools, he highlighted the exciting developments of the last 15 months, ranging from the areas of AIDS vaccines and microbicides to the trial showing that daily oral pre-exposure prophylaxis significantly reduces HIV infection risk to the new two-hour TB test that can potentially save millions of lives through earlier diagnosis. He emphasized that, while initially increased funds will be needed to make these tools widely available, if these funds can be raised ultimately a lot of money will be saved. He further argued that transformative change should be possible also in the area of human rights, by undertaking serious efforts to address violence, criminalization and stigma and inequality, and by replicating successful programs. On national programs, he emphasized that efforts to strengthen them needed to continue, since performance of existing systems remains inadequate in many countries and in many areas, as shown for example by the relatively slow progress made on prevention of mother-to-child transmission of HIV, despite the fact that enough funds are available in this area and the tools to reduce transmission have existed for many years.

2.12 Participants then worked in small groups to discuss and list the key external opportunities and threats for the Global Fund over the next 5 years. Key **threats** identified included:

- i. A decreased focus on AIDS, TB and malaria (losing the “exceptionalism”);
- ii. Deviation of limited resources to other health priorities like maternal and child health;
- iii. Other priorities like climate change;
- iv. The prospect of flat or decreased donor funding due to complacency, short-sightedness, the economic crisis and other priorities;
- v. Pressure to expand the mandate of the Global Fund, without corresponding increase in funding;
- vi. The (increasing) use of bilateral channels instead of using the Global Fund
- vii. Lack of support for international financing facilities to offer predictable platforms of funding for research;
- viii. Corruption;
- ix. Emergence of resistance to certain drugs, including ART;
- x. Cost of second-line treatments;
- xi. Free-trade agreements that could further limit access to affordable, generic medicines;
- xii. Complexity of new tools;
- xiii. Over-reliance on new technologies;
- xiv. Criminalization of certain groups and certain behaviours, which is increasing and creates barriers to provision of prevention and treatment, care and support services;
- xv. Continued human rights abuses and neglect of most-at-risk and most marginalized populations.

2.13 Key opportunities identified included:

- i. A number of important goals can realistically be reached within the next five years, such as virtual elimination of transmission of HIV from mother to child and elimination of malaria as a public health problem in most malaria-endemic countries;
- ii. Strong international commitment to achieving health-related MDGs by 2015
- iii. Increased focus internationally on global health in foreign policy;
- iv. Increased attention in human rights in the context of health issues;
- v. Expanding the mandate of the Global Fund could provide extraordinary opportunities to tackle health issues in a more holistic fashion and to gain more mileage out of investments - if adequate funding comes with it;
- vi. New development concepts may emerge (such as, for example, liberalization of the intellectual property regime);
- vii. Economic recovery has started in most countries;
- viii. New sources of funding, such as from a tax on the financial sector (“Robin Hood Tax”);
- ix. Expected greater contributions to health from low- and middle-income countries;
- x. Expected greater contributions from new donors to the Global Fund ;
- xi. Effective tools already exist to tackle AIDS, TB and malaria;
- xii. There is ample evidence of what works, and what does not work;
- xiii. New tools such as the new TB test and upcoming tools such as pre-exposure prophylaxis for HIV, microbicides and vaccines will provide further opportunities.

2.14 In summary, participants felt that, despite a multitude of threats, there are tremendous opportunities to come close to, reach or even exceed the health-related Millennium Development Goals. They strongly felt that, today and in the years to come, as in 2002 when the Fund was founded and in 2007 when it adopted its last strategy, “business as usual” is not an option. Importantly, they agreed that, while the new strategy is being created in a time of financial crisis, it provides an opportunity for a step change in many areas, requiring participants to think longer term and continue to be bold, ambitious and innovative.

Session 3: Vision of the Global Fund: Where we want to be

2.15 A particularly important part of the deliberations was the discussion of what, based on the discussion in the previous sessions, the major objectives for the Global Fund should be for the next years. Participants did have some discussion of what they envision the Global Fund will become and achieve over the next decade and felt a need to establish such a long term vision, but focused on the next five years and quickly agreed that a five-year strategy should be developed, with a review in the year of the next Replenishment.

2.16 There was consensus that the new strategy should have bold, ambitious and measurable objectives in each of the following six areas:

- i. lives saved: the number of lives saved between 2011 and 2016 due to AIDS, tuberculosis and malaria interventions should be triple the number of lives saved between 2005 and 2010;
- ii. infections averted: the number of HIV, tuberculosis and malaria infections averted between 2011 and 2016 should be triple the number of infections averted between 2005 and 2010;
- iii. increased impact: the Global Fund needs to do more to leverage the impact of its investments and maximize their beneficial effects beyond AIDS, TB and malaria to achieve broader health gains, particularly for women and children (an alternative wording proposed at the Retreat was: “the Global Fund needs to undertake efforts to increase the impact of its investments on integrated health services delivery, particularly on women, children and most at risk populations”);
- iv. efficiency and effectiveness: the Global Fund needs to continue and further increase efforts to maximize value- for-money throughout all processes by being as efficient and effective as possible (some participants phrased this simply as “the Global Fund should be the most efficient mechanism”);
- v. equity and human rights: the Global Fund needs to increase focus on efforts to ensure protection of human rights and access to prevention, treatment, care and support for all, including the poorest and most marginalized populations - recognizing that the Fund must balance efficiency and equity and a focus on human rights;
- vi. sustainability: the Global Fund needs to continue and scale up resource mobilization efforts, and ensure that health gains are sustained in the medium and longer-term, by strengthening country and community capacity and countries’ ownership and contributions.

2.17 For many of these areas, participants discussed specific targets and indicators,² but were conscious of the fact that they could not and should not establish the targets and indicators at the meeting. Instead, they agreed that the Secretariat should do this work to ensure that all targets are achievable (balancing ambition with realism), aligned with the targets established by the Global Fund partners,³ and enable the Global Fund to get where it needs to be in five years. There was consensus on these broad areas, but participants decided not to try to come up with the exact wording of each objective, acknowledging that the details will have to be developed over the next months and that ultimately, technical experts and people in communications should come up with clear, measurable objectives that can be summarized in a concise manner. Participants had some discussion about whether achieving greater equity and ensuring human rights should be one of the key objectives, or whether it represented a way to enable the Global Fund to save a greater number of lives and avert a greater number of infections. Ultimately, they agreed that it was both and thus also had to be included as a key objective, pointing out that the Global Fund is not only about saving the greatest number of lives and averting the greatest number of infections, but also about ensuring that those most-at-risk and marginalized are given priority and about promoting human rights, including by contributing to elimination of stigmatization and discrimination against those infected and affected by HIV/AIDS.

2.18 There were divergent perspectives on whether the objectives related to the number of lives saved and infections averted should be phrased in a way to allow the Global Fund to progressively expand its mandate in the next couple of years (using language such as “the number of lives saved between 2011 and 2016 in MDGs 6, 5 and 4 should be triple the number of lives saved between 2005 and 2010”), or whether the objectives should focus on AIDS, tuberculosis and malaria. Some of the participants, particularly from implementing countries and the communities affected by the diseases, strongly felt that the objectives of the new strategy should clearly reflect an intention to expand the mandate in the next years. They emphasized that, while AIDS, TB and malaria are the priority at the moment, in 2015 the world will be looking at the Global Fund to see what it has done for health generally and maternal and child health specifically. Therefore, in their view the Fund needs to be ready now and start moving towards an expansion of the mandate. They argued that expanding the mandate would respond to countries’ needs and priorities better and would allow for more integrated and ultimately more cost-effective programs. They rejected the notion that opening up the mandate in a careful and planned fashion would dilute the focus on AIDS, TB and malaria, saying that instead it would create opportunities to access the additional funding needed to tackle a broader mandate. According to them, “donors will lose interest if the Global Fund focuses too narrowly on AIDS, TB and malaria”. Other participants however felt that it was not yet the right time to expand the mandate, primarily because in the current resource-constrained environment this could lead to a partially unfunded mandate and dilute the focus on AIDS, TB and malaria, but also because they felt that efforts to make the Global Fund even more effective and efficient needed to progress further before the mandate can be expanded. They cautioned the Fund to take on more when it cannot be sure to be able to “finish its current job” and questioned whether broadening the mandate in the

² Such as, for example, the targets of eliminating vertical transmission of HIV by 2016; decreasing TB infections in people living with HIV by 50% by 2016; eliminating malaria deaths in children by 2016. Participants also urged that indicators for most-at-risk populations be included.

³ Such as, for example, the targets in the Stop TB partnership Global Plan 2011-2015 (<http://www.stoptb.org/global/plan/>) and the goals in the new UNAIDS Strategy 2011-2015 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf).

next years would help, rather than hinder, fundraising efforts. They emphasized that the Fund has been so successful precisely because it has been so focused, but also agreed that an expansion of the mandate in the future should not be excluded. Other implementing countries and civil society participants also argued that the job was still far from being done in order to control AIDS, TB and malaria (i.e. 30 million living with HIV and only 5 million on ART), and that by expanding its mandate the Global Fund would lose focus and effectiveness.

2.19 In the end, there was agreement that the Global Fund: (a) needs to move forward boldly and ambitiously on the three diseases; and (b) needs to move pro-actively and boldly and ambitiously on increasing the positive impact programs it funds have on maternal and child health and on health outcomes more broadly. However, participants could not resolve the issue of whether the mandate should be expanded during the lifetime of the new strategy and decided that they needed to keep this discussion for some other time. Some found the notion of moving smoothly and progressively towards a global health fund appealing, and many participants felt that the door should remain open to developing strategic options and gradually expanding the mandate when more funds become available. Some participants acknowledged that the question is not about *whether* the mandate should be expanded - agreeing that in the medium- or longer-term, this should definitely happen - but *when* it should be expanded. It was suggested this issue should be revisited soon, before the next Replenishment.

Session 4: Strategic areas of focus: How can we achieve the objectives set?

2.20 Participants then had some initial discussion of how the Global Fund could best achieve these objectives and identified some strategic areas of focus and discussed ways in which these could best be organized.

2.21 To start the discussion, the facilitators suggested a number of strategic areas of focus, including:

- i. The scope/mandate of the Global Fund;
- ii. Sustainability;
- iii. Effectiveness and efficiency;
- iv. Resource mobilization; and
- v. equity.

2.22 Participants then worked in small groups and identified their own lists of potential strategic areas of focus. One of the small groups came up with proposed draft text for the overall vision of what the Global Fund seeks to achieve by 2016,⁴ and suggested the following seven strategic areas of focus:

- i. Improve the health benefit value of Global Fund investments by increasing the effectiveness and lowering the cost of existing and new interventions.

⁴“The Global Fund will seek to save X million lives and avert Y million infections to reduce the impact of AIDS, TB and malaria. It will accomplish this by supporting countries to implement sustainable and efficient strategies, leveraging investments for broader health impact, and overcoming human rights barriers to equitable access.”

- ii. Improving the efficiency of the Global Fund business model, especially by empowering the Secretariat to more actively negotiate with countries to achieve maximum durable impact.
- iii. Attracting additional necessary resources by demonstrating the effectiveness and value of the Global Fund as a financing instrument for AIDS, TB and malaria and broader health improvement.
- iv. Supporting expedited access by poor and vulnerable populations to tools to protect against AIDS, TB and malaria infection and illness.
- v. Maximizing ownership by implementing country governments in meeting, including funding, the needs of their people for prevention, treatment, care and support for AIDS, TB and malaria.
- vi. Improving the effectiveness of support in country by partners to develop, implement and fund effective strategies for AIDS, TB and malaria.
- vii. Better harness the Global Fund's ability to positively impact the price, quality and availability of key health commodities.

2.23 Other groups came up with similar lists, with most or all groups suggesting a number of the following strategic areas of focus:

- i. Scope/mandate of the Global Fund;
 - Vastly accelerating progress on AIDS, TB and malaria
 - Increasing impact on health systems strengthening
 - Increasing impact on health of mothers and children
- ii. Financing (mobilizing greater resources (from G8/G20, private sector, innovative financing), leveraging and sustaining the financing)
- iii. Improving the current business model
 - Building on partnership
 - Co-funding, co-programming
 - Governance, including delegation to Secretariat and countries as appropriate
 - Simplified funding model, based on needs, performance, predictability and equity
- iv. effectiveness and efficiency
- v. impacting price, quality and availability of key health commodities
- vi. increasing access to prevention, treatment, care and support by poor and vulnerable populations
- vii. leadership & advocacy - supporting the creation of more enabling legal, policy, and human rights environments (“how to improve the power of money to achieve positive change”)
- viii. mobilizing the partnership to its full effect
- ix. working with countries
 - Improving alignment
 - Increasing country ownership
 - Increasing in-country support
 - Strengthening capacity of CCMs, LFAs, PRs, SRs
- x. establishing a new relationship with middle-income countries

2.24 Because of lack of time, the work on strategic areas of focus could not be completed. There was consensus that a lot more work will be needed to develop strategic areas of focus for each of the six major objectives.

Session 5: Implementation issues: Business model and comprehensive reform

2.25 Participants spent some time discussing the Fund's comprehensive reform agenda, how the Board could best support that agenda, and how the reform efforts can best be linked with the development of the Fund's new strategy and its implementation plan. Participants thanked the Secretariat for launching the reform agenda in a timely manner and for the progress made to date. They supported the establishment of a small working group to support, enhance and complement the important work being done by the Secretariat. They emphasized that the focus of the working group will have to be on high-level issues and on desired outcomes, that the group should be time-limited and dissolved by the end of 2011, and that the group will have to be very careful to avoid involving itself in the operational aspects of the reform agenda.

2.26 It was decided that the group would be composed of three implementers, three donors and one partnership representative, reporting to the Chair and Vice Chair and supported by staff from the Secretariat. There was strong consensus that the reform should be implemented swiftly and should not be delayed because of the strategy development. The two processes should be linked and ultimately, the reform agenda should be further enhanced as a result of the strategy. Participants agreed that reform would focus on three broad areas:

- i. Board Reform, to ensure the Board stays focused on high level, strategic issues.
- ii. Secretariat Reform, much of which has already been proactively initiated by the Secretariat.
- iii. Other Core Structures and Processes Reform, including country-level processes from proposal development through program implementation and evaluation.

Session 6: Next steps: Process for developing the strategy

2.27 In the last session participants achieved consensus on a broad timeline and plan of action for taking the Retreat's outcomes forward. Participants were conscious of the fact that the Global Fund needs to take the time that is necessary for getting the strategy right and for obtaining the inputs of all stakeholders, which is critical given the Fund's unique business model and reliance on its diverse partners to fulfil its mandate. At the same time, participants felt the Global Fund needs to move forward swiftly, within the following timeframe:

- i. Preparation of a first draft of a strategy framework for discussion and approval at the 23rd Board Meeting in May 2011;
- ii. A consultation process including (a) discussions at the Partnership Forum scheduled for June 2011; and (b) feedback from external global health experts and other prominent leaders;
- iii. Board approval of the strategy and its implementation plan at the latest at the 24th Board meeting at the end of 2011.

2.28 Participants agreed that:

- i. The strategy framework should be a concise document setting out the objectives and strategic initiatives, with further details left to an accompanying implementation plan that the Secretariat will develop;

- ii. The Policy and Strategy Committee (PSC) should oversee the work on the strategy framework and make recommendations to the Board;
- iii. In addition to supporting the process and ensuring that any necessary content development work is carried out, the Secretariat should be involved in the thinking and development of the Strategy, and actively involved in the PSC's deliberations;
- iv. The strategy development work would be based on the six broad objectives outlined above and draw on the discussions held at the Sofia Board Retreat, as captured in this report.

PART III: CONCLUSION

3.1 The Chair concluded by expressing his appreciation to all those who had an important role in making the Retreat a success. He emphasized that this would not have been possible without the active participation and incredible wealth and diversity of experience of the participants. He stressed that the success of the deliberations was a true reflection of how the Global Fund partnership works in practice, providing everyone an opportunity to contribute. He noted that implementers were underrepresented at the Retreat and that efforts needed to continue to ensure their voices are heard and reflected in the strategy. He then thanked all those who were not able to participate in the Retreat, but took the initiative of sending their thoughts as the Board and Secretariat were preparing the Retreat. Finally, he warmly thanked all those who agreed to enrich the discussions by giving very helpful presentations at the Retreat; the Secretariat, which worked very hard to support the Retreat; and the facilitators and reporter who kept participants on track and ensured that the discussions would be appropriately documented so that they can inform the work that lies ahead.

AGENDA

Day 1: 9 December 2010

- 8:30-9:30** **Introduction**
Welcome and Introduction: Chair and Vice-Chair
 Setting the stage: Purpose and scope of Retreat
Expected outcomes: Agreement for confirmation at the Twenty Second Board meeting on (a) major objectives of the Global Fund for the next 5 years and beyond, (b) broad indicators of success, (c) strategic areas of focus and (d) process and timeline for development of the strategy.
- Opening Remarks: Prof. Michel Kazatchkine, Executive Director**
- Retreat Roadmap and Process: Facilitators**
- 9:30 - 11:00** **Session 1: *Where we are today (the current state)***
- Presentation: Dr. Rifat Atun, Director, Strategy, Policy and Evaluations Cluster**
 The Global Fund's 2007-2010 Strategy: Reflections and Lessons Learned
- Presentation: Mr. Simon Bland, Board Member, UK/Australia Constituency**
 Montreux Retreat (February 2010) Summary (15 minutes)
- Discussion:**
 Perspectives on strengths and challenges of the Global Fund as it is designed and operating in the current global health landscape (60 minutes)
Output: Clarity on strengths and challenges of the Global Fund
- 11:00-11:30** **Break**
- 11:30 - 13:00** **Session 2: *The global health landscape (the ecological approach)***
- Presentation: Dr. Stefano M. Bertozzi, Director HIV and Tuberculosis, Global Health Program Bill and Melinda Gates Foundation**

Current state of the fight against AIDS, TB and Malaria and Health Systems Strengthening and overview of other key components of the landscape (economic, political, other issues), including strategic directions of major partners (20 minutes)

Discussion:

Consider the opportunities and threats for the Global Fund for the next 5 years and beyond(70 minutes)

Output: Clarity on opportunities and threats in the current landscape

13:00 - 14:00

Lunch

14:00 - 15:00

Session 3: *Vision of the Global Fund: Where we want to be (the desired state)*

Presentation: Prof. Elizabeth Bradley, Lead Facilitator

Start with the end in mind: a framework for setting objectives and developing strategic focus

Small Group Work:

Consider the major objectives for the Global Fund for the next 5 years and beyond. Discuss broad indicators of success in achieving the objectives.

15:00 - 15:45

Discussion:

Consider the major objectives for the Global Fund for the next 5 years and beyond. Discuss broad indicators of success in achieving the objectives.

Output: Convergence on key objectives, timeframe for strategy and broad indicators of success

15:45 - 16:00

Coffee Break

16:00 - 18:00

Session 4: *Strategic areas of focus: How can we achieve the objectives set?*

Presentation: Prof. Elizabeth Bradley, Lead Facilitator

Describe key elements of designing strategy

Discussion:

Identify and prioritize strategic areas of focus, using output from strengths and weaknesses from Session 1, opportunities and threats from Session 2, and key objectives from Session 3. Discuss the criteria

important to the Board for making such strategic choices. Potential criteria might include sustainability, political support, resource efficiency, country engagement, and others.

1. **Scope of mandate:** Scope and focus of the Global Fund's mandate. Disease-based and health systems, prioritization, etc.
2. **Resourcing:** The future of the Global Fund financing given demand and supply imbalance, towards a sustainable and predictable replenishment mechanism, voluntary contributions, informed demand, cost sharing, co-financing, and sustainability
3. **Partnerships:** Strengthening existing partnerships, harmonization and alignment of aid, expanding the Global Fund's partnership/support-base from G8 to G20, ensuring complementarity and synergy of partnerships
4. **Maximizing impact of Global Fund resources:** Value for money, human rights, setting performance targets and monitoring, role as catalyst for policy change in countries, sustainability of impact

Wrap up

Day 2: 10 December 2010

8:30 - 12:00	Session 4: Objectives revisited and strategic areas of focus Presentation: Prof. Elizabeth Bradley, Lead Facilitator Summary of objectives and proposed strategic areas of focus. Discussion: Build agreement on objectives and strategic areas of focus. <u>Output:</u> Agreement on objectives and strategic areas of focus.
10:00 - 10:30	Coffee Break
12:00 - 13:30	Lunch
13:30 - 14:30	Session 5: <i>Implementation issues: Business model and comprehensive reform</i> Consider the objectives in light of the Board Chair/Vice-Chair-led <i>Board Process & Action Plan for Expediting the Successful Implementation of the Global Fund's Comprehensive Reform</i> to ensure that reform efforts are aligned with and reinforce the strategic areas of focus and subsequent strategy development process.

Output: Clarity on alignment of objectives, business model, and comprehensive reform process

14:30 - 17:15

Session 6: *Next steps: Summary and process for developing the strategy*

Summary: Prof. Elizabeth Bradley, Lead Facilitator

Summarize discussion regarding major objectives, timeframe for strategy, and strategic areas of focus. (15 minutes)

Discussion:

Build agreement on process for developing strategy. (90 minutes)

1. Timeline for development of strategy and plan for broad stakeholder consultations and effective communications
2. Workforce for developing strategy

Output: Agreement on proposed way forward

17:15 - 17:30

Chair and Vice-Chair Conclusion

LIST OF PARTICIPANTS

Delegation	Role	Title	First Name	Last Name	Position in Organisation	Name of Organisation
Canada, Germany, Switzerland	Board Member	Ms.	Diane	Jacovella	Vice President, Multilateral and Global Programs Branch	Canadian International Development Agency
Canada, Germany, Switzerland	Alt. Board Member	Dr.	Simon	Koppers	Head of Division "Health, Population Policies"	Federal Ministry for Economic Cooperation and Development
Communities	Alt. Board Member	Ms.	Morolake	Odetoyinbo	Chief Executive Officer	Positive Action for Treatment Access (PATA)
Communities	Delegate	Mr.	Shaun	Mellors	Head: Treatment, Care and Support Dept	Foundation for Professional Development
Developed Country NGO	Board Member	Ms.	Joanne	Carter	Executive Director	RESULTS/RESULTS Educational Fund in the US
Developed Country NGO	Alt. Board Member	Dr.	Mohga	Kamal-Yanni	Senior Health and HIV Policy Advisor	Oxfam GB
Developed Country NGO	Chair, Finance and Audit Committee	Mr.	Peter	van Rooijen	Executive Director	International Civil Society Support
Developing Country NGO	Board Member	Mr.	Karlo	Boras	Executive Director	Yugoslav Youth Association Against AIDS
Developing Country NGO	Delegate	Mrs	Mabel Beatriz	Bianco	President / Coordinator	Fundacion para Estudio e Investigacion de la Mujer
Eastern and Southern Africa	Chair of the Board	Dr.	Tedros A.	Ghebreyesus	Minister of Health	Federal Ministry of Health
Eastern and Southern Africa	Alt. Board Member	Dr.	James	Mukabi	Head/International Health Relations & Country Focal Person	Ministry of Public Health & Sanitation Kenya
Eastern and Southern Africa	Vice-Chair, Portfolio and Implementation Committee (GF)	Mrs.	Blandina	Nyoni	Permanent Secretary	Ministry of Health and Social Welfare

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Delegation	Role	Title	First Name	Last Name	Position in Organisation	Name of Organisation
Eastern Europe	Board Member	Prof.	Maksut	Kulzhanov	Rector	Kazakhstan School of Public Health
Eastern Europe	Alt Board Member	Dr.	Aliona	Serbulenco	Head of the Department of Public Health	Ministry of Health
Eastern Mediterranean Region	Focal Point	Dr.	Abdul-Hakim Ali	Al-Kuhlani	DG, Disease Control and Surveillance	Ministry of Public Health and Population
Eastern Mediterranean Region	Delegate	Dr.	Moncef	Sidhom	Directeur des Soins de Sante de Base	Ministry of Health - Tunisia
European Commission (Belgium, Finland, Portugal)	Board Member	Mr.	Luis	Riera Figueras	Director DEV D, DG Development	European Commission
European Commission (Belgium, Finland, Portugal)	Alt Board Member	Dr.	Frederic	Goyet	Senior Health Advisor	European Commission
France and Spain	Board Member	Ambassador	Patrice	Debré	Ambassador for the Fight Against AIDS and Communicable Diseases	Ministry of Foreign Affairs
France and Spain	Delegate	Ms.	Helene	Barroy	Health adviser	French Ministry of Foreign and European Affairs
France and Spain	Vice-Chair, Finance and Audit Committee	Ms.	Clarisse	Paolini	Deputy head of division	Ministry of Economy
Italy	Alt Board Member	Mr.	Enrico	Vicenti	Counsellor	Italian MFA
Japan	Board Member	Mr.	Masaya	Fujiwara	Deputy Director General for Global Issues	Ministry of Foreign Affairs
Japan	Alt Board Member	Ms.	Ayako	Shimizu	Official, Specialized Agencies Division	Ministry of Foreign Affairs

Delegation	Role	Title	First Name	Last Name	Position in Organisation	Name of Organisation
Latin America and the Caribbean	Board Member	Dr.	Jose Antonio	Izazola	Director General of the National Center for the Prevention and Control of HIV/ AIDS	Ministry of Health
Latin America and the Caribbean	Focal Point	Dr.	Jorge	Saavedra	President	AHF-Mexico
Observer	Chair, Partnership Forum Steering Committee	Dr.	Paolo	Teixeria	Director, National STD/AIDS Programme	Ministry of Health, Brazil
Observer	Chair, Technical Evaluation Reference Group	Dr.	Lola	Dare	Chief Executive Officer	Centre for Health Sciences Training, Research and Development
Observer	Chair, Technical Review Panel	Dr.	Bolanle	Oyeledun	COUNTRY DIRECTOR	COULMBIA UNIVERSITY/MSPH, ICAP NIGERIA
Observer	Office of the Inspector General	Mr.	John	Parsons	Inspector General	The Global Fund
Observer	Vice-Chair, Technical Evaluation Reference Group	Prof.	Wim	Van Damme	professor in public health	Institute of Tropical Medicine, Antwerp
Observer	Vice-Chair, Technical Review Panel	Mr.	Shawn K	Baker	Vice President, Regional Director for Africa (Vice-Chair, Technical Review Panel)	Helen Keller International
Observer	Vice Chair, Technical Review Panel	Dr.	George	Gotsadze	Director	Curatio International Foundation (Vice Chair of Technical Review Panel)
Office of the Board Chair	Office of the Chair of the Board	Dr.	Hareya	Fassil	International Affairs Advisor to the Minister	Federal Ministry of Health Ethiopia
Office of the Board Vice Chair	Office of the Vice Chair of the Board	Ms.	Susan	Nazzaro	Program Officer	The Bill & Melinda Gates Foundation

Delegation	Role	Title	First Name	Last Name	Position in Organisation	Name of Organisation
Other	PSC Chair	Dr.	Suwit	Wibulpolprasert	Senior Advisor on Disease Control	Ministry of Public Health
Other	Policy and Strategy Committee, Sub-Working Group on KPIs	Dr.	Churnrurtai	Kanchanachitra	Vice President	Mahidol University
Other	Vice-Chair, Policy and Strategy Committee	Mr.	Todd	Summers	Senior Advisor, Global Health	The ONE Campaign
Other	Support PSC Chair	Dr.	Walaiporn	Patcharanarumol	Researcher	International Health Policy Program, IHPP
Partners	Board Member	Prof.	Awa Maria	Coll-Seck	Executive Director	Roll Back Malaria
Partners	Alt. Board Member	Ms.	Lucica	Ditiu	Team Leader, TB REACH	WHO, Stop TB Partnership
Point Seven	Board Member	Dr.	Marijke	Wijnroks	HIV/AIDS Ambassador	Ministry of Foreign Affairs
Point Seven	Delegate	Ambassador	Anders	Nordström	AIDS Ambassador	Department for Multilateral Development Cooperation, Ministry for Foreign Affairs
Private Foundations	Vice Chair of the Board	Mr.	Ernest	Loevinsohn	Director Global Health Policy & Advocacy	Bill & Melinda Gates Foundation
Private Foundations	Alt Board Member	Mr.	Kevin	Starace	Executive Director, Global Health Innovation	United Nations Foundation
Private Foundations	Delegate	Dr.	Stefano	Bertozzi	Director, HIV/TB	Bill & Melinda Gates Foundation
Private Sector	Board Member	Dr.	Brian	Brink	Anglo American plc	Chief Medical Officer
Private Sector	Alt Board Member	Dr.	Richard	Wilkins	General Manager of Health and Medical Services	Chevron
South East Asia	Board Member	H.E.	Umakant	Chaudhary	Minister for Health and Population	Ministry of Health and Population
South East Asia	Focal Point	Dr.	Praveen	Mishra	Secretary	Ministry of Health and Population

Delegation	Role	Title	First Name	Last Name	Position in Organisation	Name of Organisation
UNAIDS	Board Member (Acting)	Dr.	Paul	De Lay	Deputy Executive Director, Programme	UNAIDS
UNAIDS	Delegate	Mr.	Jimmy	Kolker	n/a	UNICEF
United Kingdom and Australia	Board Member	Mr.	Simon	Bland	DFID Deputy Director	United Kingdom Mission to the UN
United Kingdom and Australia	Alt Board Member	Mr.	Murray	Proctor	Deputy Director General and Australia's HIV Ambassador	Australian Agency for International Development (AusAID)
USA	Board Member	Ambassador	Eric	Goosby	U.S. Global AIDS Coordinator	Office of the U.S. Global AIDS Coordinator
USA	Delegate	Mr.	John	Monahan	Special Advisor for Global Health Partnerships	Office of the U.S. Global AIDS Coordinator
USA	PFSC Vice Chair	Dr.	Nils	Daulaire	Director, Office of Global Health Affairs	Department of Health and Human Services
USA	PIC Chair	Ms.	Michele	Moloney-Kitts	Deputy Coordinator	Office of the U.S. Global AIDS Coordinator
West and Central Africa	Board Member	Prof.	Georges Marius	Moyen	Minister	Ministry of Health and Population
West and Central Africa	Focal Point	Dr.	Yolande	Voumbo Matoumona	Conseillère à la Santé	Ministère de la Santé et de la Population
Western Pacific Region	Acting Board Member	Dr.	Minghui	REN	DG, Department of International Cooperation	Ministry of Health, China
Western Pacific Region	Delegate	Mr.	William (Bill)	Parr	Director - Public Health Division	Secretariat of the Pacific Community
WHO	Board Member	Dr.	Hiroki	Nakatani	Assistant Director General, HIV/AIDS, TB Malaria and Tropical Diseases	World Health Organization
WHO	Acting Alternate Board Member	Dr.	Winnie	Mpanju-Shumbusho	Senior Adviser to the Assistant Director General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases	World Health Organization
World Bank	Delegate	Mr.	Armin	Fidler	Advisor, Policy and Strategy	World Bank