

Twenty-Third Board Meeting Geneva, Switzerland, 11-12 May 2011

> GF/B23/13 Attachment 2

Review of literature

PURPOSE:

This document provides a review of the literature in each of the nine reform goals identified by the CRWG.



















Board Reform Working Group Literature Review - All Documents

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#	Document Title (Hyperlinked Where Possible)	Yea r	Type	Summary	1. FIDUCIARY CONTROL & RISK- MANAGEMENT	2. RESOURCE ALLOCATION & VALUE FOR MONEY	3. PROPOSAL DEVELOPMENT & REVIEW	4. GRANT MANAGEMENT & TRANSACTION COSTS	5. INTERNAL MANAGEMENT	6. PARTNERSHIP AND IN-COUNTRY STRUCTURES	7. IMPROVED GOVERNANCE	8. ENHANCED RESOURCE MOBILIZATION	9. INCREASED SUSTAINABILITY AND EFFICIENCY
1	Analysis of Lessons from the National Strategy Application First Learning Wave and Proposed Further Investment Through National Strategy Applications (GF/PSC13/02 and its annexes)	2010	PSC Paper	 This paper focuses on lessons learned from the NSA First Learning Wave (FLW) and presents three studies that are included as annexes: 1) the TRP report on lessons learned (March 2010); 2) a report commissioned by UNAIDS (December 2009); and 3) a report commissioned by the Global Fund (March 2010). The main findings from these studies provided information on the perceived value of the NSA approach and highlighted the lessons of particular relevance to the design parameters for further NSA investment. Overall, at country level, the value of NSAs was perceived to be positive, and compares favorably to the regular Global Fund proposal-based applications process. Country-level stakeholders highlighted multiple benefits including: improved alignment of Global Fund 									×

				financing with country priorities; more efficient use of country resources; greater ease in aligning donors around the national strategy and negotiating contributions; and improved incentives for a wide range of stakeholders to become involved in the strategy development process and to recognize the national strategy as the primary planning mechanism. • These studies also found evidence that the FLW demonstrated some progress towards meeting the Paris Declaration principles of alignment, harmonization and country ownership, as well as contributing to principles of 'managing for results' and strengthening funding predictability.				
2	Assessment of the Global Fund HIV Portfolio in 2002- 2009	2010	Secretariat Document	 This report presents financing trends and resource allocation in the Global Fund HIV portfolio, and assesses how the allocation of resources for HIV grants addressed the needs of key populations in relation to disease burden and national income. It also reviews the additionality of HIV investments for most-at-risk populations. It is based on Global Fund program and financial data from Rounds 1 to 9 (including NSA and RCC) in 140 countries, and the UNAIDS National AIDS Spending Assessment framework. The majority of funds went to HIV treatment (35%) and prevention (29%), followed by HSS, and program management and administration (20% each), enabling environments (8%) and other interventions. 87% of the cumulative Global Fund HIV funding went to low- and lower-middle income countries, and 67% was channeled to sub-Saharan Africa. The Global Fund investment by country was positively correlated with 	X			×

				national adult HIV prevalence, indicating that the funding reaches those with highest need. • 6% of the cumulative HIV resources for prevention targeted most-at-risk populations. Although this figure is low, the Global Fund was the only or major donor for risk groups in many recipient countries (especially in Eastern Europe and Central Asia).				
3	Assessment of the Global Fund TB Portfolio in 2002-2009	2010	Secretariat Document	 This report presents financing trends and resource allocation in the Global Fund TB portfolio, and assesses how the allocation of resources for TB grants addressed the needs of key populations in relation to disease burden and national income. It examined Global Fund TB investments from Rounds 1 to 9 (including RCC) in 112 countries. Assessment was conducted using the National Health Accounts framework. Global Fund support for key TB interventions was increasing, with substantial growth in funding for multidrug-resistant TB and TB/HIV, and high levels of funding maintained for first-line TB treatments. The majority of Global Fund investments for TB was approved for services of curative care (including 10% for curative care for TB/HIV, 15% for multidrug-resistant TB, and 21% for first-line drugs). Notable variations were observed in TB resource allocation when measured against the severity of the epidemics. Most TB notified cases in 2009 occurred in East Asia and the Pacific, and in South and West Asia 	X			X

				(33% and 32% respectively). These regions accounted for the highest Global Fund funding per person in need. A smaller proportion of cases occurred in Sub-Saharan Africa, and this was in line with the level of Global Fund investments and funding per person in need. • However, Eastern Europe and Central Asia accounted for 5 percent of global TB cases, but relatively high funding per person in need (US\$ 245), and 16% of approved funding for TB and TB/HIV. Higher financing needs in this region were due to the costs associated with multidrug-resistant TB control - as Eastern Europe and Central Asia accounts for 15 of the 27 high multidrug resistant TB-burden countries.				
4	Assessment of the Global Fund Malaria Portfolio in 2002- 2009	2010	Secretariat Document	 This report presents financing trends and resource allocation in the Global Fund malaria portfolio, and assesses how the allocation of resources for malaria grants addressed the needs of key populations in relation to disease burden and national income. It is based on Global Fund program and financial data from Rounds 1 to 9 (including RCC, exceptional extension funding, NSAs and AMFm) in 83 countries, and the National Health Accounts framework. The study documented a substantial scale up in approved Global Fund malaria investments across all regions, especially in Round 9 (2009). The dramatic scale up was observed in sub-Saharan Africa and the East Asia and Pacific Region where the vast majority of malaria cases and deaths due to malaria were reported. 	X			X

				 In all epidemiological settings, funds to procure ITNs accounted for the largest share of grants and showed a significant and steady 162% annual growth up to 2009. Indoor residual spraying remains the main intervention in Eastern Europe and Central Asia, and proved to be cost-effective in areas with low incidence and seasonal transmission. Regression analysis showed that the Global Fund resource allocations to malaria programs best correspond to the number of malaria deaths in applicant countries, indicating that funds are channeled to countries most in need. 							
5	Joint Report of the PSC and PIC on the Review of the Global Fund's Eligibility, Cost Sharing and Prioritization Policies (GF/B22/14)	2010	Board Paper	 This paper covers the analysis and deliberations of the PSC and PIC joint review of the Global Fund's eligibility criteria (determining which countries can apply to the Global Fund, and under what conditions), counterpart financing and graduation (which address a country's ability and responsibility to invest in the three diseases), and prioritization rules (which are applied if financial resources are limited and cannot cover all of the approved proposals). The report includes decision points recommended by the PSC and PIC. This work is currently being updated with further analysis for presentation in 2011. 	X		X			X	X
6	The Framework Document of the Global Fund	2002	Global Fund Document	• This is the founding document of the Global Fund from 2002. It outlines the organization's principles - including additionality, country-led programs, proposal evaluation, focus on best practice, and multistakeholder partnerships. It covers eligibility criteria, proposal development and review processes, CCMs, and fiduciary responsibilities. It also makes explicit the role of the	X	X	X	X	X		

				Global Fund in HSS, emphasizing the need to "support programs that address the three diseases in ways that contribute to strengthening health systems".				
7	Shakarishvili et al. Health Systems Strengthening: A Common Classification and Framework for Investment Analysis. Journal of Health Policy and Planning, 2010; 1–11.	2010	Journal Entry	 This paper was written by staff of the Global Fund, Harvard University School of Public Health and the GAVI Alliance. In response to scaled-up donor support for health systems around the world, the article proposes a framework for tracking donor investments in HSS. Up to 40% of Global Fund grant budgets contribute to strengthening disease-related aspects of the health systems. Additionally, the Global Fund also supports cross-cutting HSS interventions, which affect more than one disease outcome. 	X			X
8	The Global Fund and Health System Strengthening: How to Make the Case in a Proposal for Round 8	2008	WHO Document	 This note for applicants summarizes some critical points that proposals with HSS activities must make if they are to have greater chances of success. The most frequent health system obstacles to improved HIV, TB and malaria outcomes addressed in countries' proposals include: availability, skills, motivation of health workers; commodity procurement and distribution systems; access to health services—especially financial access; integrated delivery of health services; and health information and monitoring systems. 	X	X		X
9	Strategic Approach to Health Systems Strengthening (GF/B16/DP10)	2007	Board Decision Point	In this paper, the Global Fund reaffirms its support for the strengthening of public, private and community health systems and states that it should "allow broad flexibility regarding HSS actions eligible for funding, such that they can contribute to system-wide effects".	x			X

10	Joint Letter from Julian Lob-Levyt (GAVI) and Michel Kazatchkine (GF) to the High-Level Task Force	2009	Global Fund Document	This publically available letter was written by the Global Fund and GAVI, announcing their intention "to begin jointly programming GAVI Alliance and the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM) resources towards health systems strengthening".	X			X	X
11	Implementing the New Global Fund Architecture for Health Systems Strengthening Activities (GF/PSC14/03)	2010	PSC Paper	• In 2009, collaboration was initiated with GAVI, WHO and the World Bank aimed at developing a Health Systems Funding Platform (HSFP). HSFP offers two options for funding countries HSS efforts: "Option 1" enables countries to access financing from GAVI and the Global Fund via a joint proposal form. "Option 2" enables countries to access financing from the Global		X			X
12	Health Systems Funding Platform (GF/B21/DP5)	2010	Board Decision Point	Fund, GAVI and the World Bank (and potentially also from other financing partners), following a joint assessment of the national health strategies (or plans) and subsequent request for financing.		X			X
13	Implementing the New Grant Architecture for Health Systems Strengthening Activities (GF/B22/DP4)	2010	Board Decision Point	The 2010 PSC paper provides the context and justifications for recommending stand-alone proposals for cross-cutting HSS proposals in future Rounds. In April 2010, the Board approved the implementation of the HSFP Option 1, which will become operational in Round 11. In December 2010, the Board then approved the implementation of the new grant architecture for		X			X
14	Health Systems Funding Platform: Pilot for Funding Requests Based on Jointly Assessed National Health Strategies (GF/B22/DP5)	2010	Board Decision Point	HSS activities, as well as the HSFP Option 2 (which will be piloted in 4 or 5 countries and will become operational in Round 11.		X			X

15	Equity, Social Determinants and Public Health Programmes	2010	WHO Document	This book derives from work with WHO programs during the Commission on Social Determinants of Health, and includes in-depth analyses on several key topics – including health and nutrition of children, neglected tropical diseases, and tuberculosis. The final synthesis chapter focuses on what public health programs can and should do, and highlights the need for strengthening the competence base, restructuring for social determinants, communication and dialogue, appropriate time horizons, evidence-based action, and considerations of cost implications.	x	X	X	
16	Equity in Development: Why it is Important and How to Achieve It	2009	Public Document	This report from the Overseas Development Institute includes an appreciation of equity that can be helpful to Global Fund in moving on the equity agenda: 1. Equal life chances: There should be no differences in outcome based on factors for which people cannot be held responsible. 2. Equal concern for people's needs: Some goods/services are matters of necessity and should be distributed proportional to people's level of need and nothing else. 3. Meritocracy: Positions in society and rewards should be distributed to reflect differences in effort and ability, based on fair competition.	x	X		

17	Seale et al. Partnership, Sex and Marginalization: Moving the Global Fund Sexual Orientation and Gender Identities Agenda. Health and Human Rights, 2010; 12(1): 123–135.	2010	Journal Entry	 This paper comes one year after the Global Fund Board approved the Sexual Orientation and Gender Identities (SOGI) Strategy. Written from the perspective of the Global Fund Secretariat, it is intended to inform external partners and stakeholders about the importance of ensuring that Global Fund investments reach key communities at higher risk of HIV. The article emphasizes the importance of strengthened partnerships in keeping the Global Fund true to its key principle of country ownership, and the importance of knowledge and analysis of the policy development process. It concludes by calling on all stakeholders to be active in the creation of supportive environments where most-at-risk populations are able to maximize the potential of the Global Fund. 		X	
18	Increasing Civil Society Impact on the Global Fund to Fight AIDS, Tuberculosis and Malaria	2007	Public Document	 This document is supported by the three civil society delegations to the Board, and provides a detailed explanation of the concept of Community Systems Strengthening (CSS) and the rationale for its adoption by the Global Fund. It describes the opportunities for enabling contributions from civil society, and how the CSS measures would work. The stated implications for the Global Fund included revising the proposal form to encourage CSS-related requests, actively communicating with countries and partners, and providing guidance and support for technical assistance during proposal development and program implementation. The TRP capacity and expertise on CSS should also be improved. 	×	X	

19	Models for Funding and Coordinating Community-Level Responses to HIV/AIDS	2007	Public Document	This report from CADRE uses case studies to document seven different models in South Africa for developing the capacity of local organizations, streamlining the distribution of funding, and maximizing the impact of local activity through networks and coordination mechanisms. The models examined are quite different from one another in their form, historical evolution and scale, but each provides institutional support to community organizations through a combination of funding, capacity building or networking. Elements of the models potentially lend themselves to replication or scaling-up. Although there are many challenges involved in disbursing funding for HIV, special attention should be paid to what makes funding work effectively: addressing, for example, basic absorptive capacity and systems. To enhance impact, community organizations need predictable levels of finance with which to work, along with sufficient coordination, alignment and advocacy, and the necessary training and capacity building to support service delivery in a sustained and effective manner.		X	
20	Civil Society Success on the Ground: Community Systems Strengthening and Dual-Track Financing	2008	Global Fund Document	This publication from the Global Fund and the International HIV/AIDS Alliance serves as a tool to support countries in understanding the mechanisms employed by the Global Fund to harness and enhance the role of civil society in proposals and grants. Through nine country-level case studies (from Cambodia, India, Mongolia, Peru, Senegal, Somalia, Thailand, Ukraine and Zambia), it highlights examples of substantial civil society involvement in Global Fund processes. The case studies show the range of innovative options that many		X	

				civil society groups have already identified and implemented within their specific contexts.			
21	Community Systems Strengthening Information Note	2010	Global Fund Document	 This is one of the 17 "Information Notes" from the Global Fund that accompanied the Round 10 application process. Community organizations and networks have a unique ability to interact with affected communities, react to community needs and issues, and connect with affected and vulnerable groups. Community System Strengthening (CSS) initiatives are encouraged by the Global Fund in order to achieve improved health outcomes. Core components of community systems include enabling environments and advocacy; community networks, linkages, partnerships and coordination; resource and capacity building; community activities and service delivery; organizational and leadership strengthening; and monitoring and evaluation. The Global Fund encourages applicants to include CSS interventions routinely in proposals, and the proposal form and guidelines were revised in 2010 to reflect this. In preparing proposals, applicants need to work closely with community organizations, with efforts harmonized across the three diseases whenever possible and overlaps avoided at all cost. 	X	*	

22	Investing for Impact: Global Fund to Fight AIDS, Tuberculosis, and Malaria. {Fact Sheet from PEPFAR website, October 2010)	2010	Public Document	• In the Third Replenishment, the United States pledged \$4 billion to the Global Fund over three years and also committed to work with the Global Fund to develop and implement reforms to maximize impact. With this statement, the United States called upon other donors and partners to do likewise. • More can and must be done to streamline Global Fund processes and, although the Secretariat's internal reforms are positive and essential, a more comprehensive agenda is needed. The United States believes a comprehensive action agenda must include a focus on 1) improving processes and policies related to grant management, grant signature, performance review, communication, expenditure tracking, disbursement, oversight over resources and program results, proposal development, technical review, value for money, eligibility, and the prioritization of funding; and 2) strengthening country-level coordination and capacity to maximize the impact of Global Fund resources (supporting joint planning, program review and evaluation at the country level, strengthening local monitoring and evaluation systems, empowering CCMs to carry out their roles, and increasing access to technical assistance).		X	X	X	X	X
23	International Cooperation: Working with the Global Fund to Fight AIDS, Tuberculosis and Malaria	2009	Public Document	This statement from USAID describes how the United States Government works in partnership with the Global Fund, and outlines four key priorities: governance and leadership; financial and grant management; procurement and supply management; and monitoring and evaluation and reporting.			X		X	

24	Value For Money: Progress Report (GF/PIC03/07)	2010	PIC Paper	This paper provides an update on the work of the Secretariat. Ensuring value for money at every stage of the financing chain (from donors to the people who benefit from program services) is a critical priority for the Global Fund. Secretariat operational expenses are minimized, and value for money in grants is assessed at key decision points throughout the grant life cycle. There is a focus on further improving mechanisms to ensure effectiveness, economy and efficiency in activities funded by grants. • Building upon existing mechanisms in Phase 2 reviews, an enhanced and more systematic consideration of value for money has been designed for introduction into periodic reviews in 2011. • Changes introduced in the Round 10 proposal form and guidance more directly consider value for money at the proposal stage. • Enhancements to the Price and Quality Reporting system have improved the quality and completeness of information on health product costs. Work also continued with technical partners on building capacity to measure the overall costs per service at a national level. • The additionality of Global Fund financing is another key value for money priority, with a KPI developed for tracking and additionality becoming a material part of decision-making in periodic reviews. Initiatives such as the new architecture, NSAs and HSFP are further providing means towards reducing transaction costs and facilitating the consideration of value for money in grant management.		X				×
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25	Report Of The Market Dynamics And Commodities Ad-Hoc Committee (GF/B22/11)	2010	Board Paper	 The Secretariat is already effectively implementing a range of activities that are helping to ensure recipients pay internationally competitive prices for health products procured with Global Fund financing, including thorough reviews of procurement and supply management plans prior to grant signature and at Phase 2. Recent analyses show that there are few instances of recipients paying substantially above international reference prices for key health commodities and that inflated pricings therefore represent a relatively modest opportunity to increase the value for money achieved by the Global Fund. The committee conclude that dramatic improvements in product prices and other outcomes can now only be achieved through new strategies to more deliberately shape market outcomes with Global Fund resources - such as reducing supplier risk by guaranteeing product volumes, or instituting requirements or incentives that will accelerate the adoption of more effective products or formulations. The committee noted the encouraging progress that Voluntary Pooled Procurement has made in its implementation phase, indicating early signs of price stabilization, market sustainability and increasing pooling of demand. 	X	(X
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26	World Health Report 2010 - Health Systems Financing: The Path to Universal Coverage	2010	WHO Document	 At a time of economic downturn, all countries should look first for opportunities to improve efficiency before looking for areas to cut spending on health care. Investing these freed-up resources more wisely can help countries move much closer to universal coverage without increasing spending. At a conservative estimate, 20 to 40% of health resources are being wasted. Reducing this waste would greatly improve the ability of health systems to provide quality services and improve health. Ten leading causes of inefficiency were identified and ways to make health systems more efficient were also suggested. Sources of inefficiencies include underuse of generic drugs, inappropriate and ineffective use of medicines, corruption and fraud. Potential efficiency savings include: human resources 15–25%; medicine 10–15%; hospitals 10–25%. Based on these savings it is estimated that low-income countries could save annually 12–24% of their total health spending by improving hospital or workforce efficiency. Even allowing for the transaction costs of making the necessary reallocations, efficiency gains of 20% are feasible in countries that prioritize cost-effective interventions. 	X		X	X
27	Hecht et al. Critical Choices in Financing the Response to the Global HIV/AIDS Pandemic. Health Affairs (Millwood); 28: 1591-1605.	2009	Journal Entry	 Modeling resource needs shows that HIV/AIDS intervention cost could rise to \$35 billion a year by 2031 unless the world takes dramatic steps to avert the worst outcomes. The pandemic will remain a serious public health issue in 2031 if critical choices are not made in terms of a focus on high-impact prevention for MARPs and efficient treatment interventions. At the same time, changes in approaches could cut costs by half. 	x			X

				• Policy actions to spend effectively on HIV treatment programs, which will represent a quarter of AIDS costs over the long term, will require obtaining low drug prices. It is also essential to adopt low-cost, high-quality delivery approaches consisting of tightly supervised local clinics staffed with paraprofessionals as well as doctors.			
28	The Past, Present and Future of HIV/AIDS and Resource Allocation	2009	Public Document	 This report is by the Futures Institute and the Results for Development Institute, and was commissioned by the aids2031 Financing Working Group. There are clear indications that most countries are not allocating their HIV and AIDS resources based on evidence, nor in a way which is likely to achieve the greatest possible impact. A number of tools are currently available that can improve the resource allocation process and provide policymakers with a clearer vision of how they might reallocate funds - such as the Goals and the Allocation by Cost-Effectiveness (ABCE) models. The Goals model has been used to improve the resource allocation process in 17 countries between 2002 and 2008. Resource allocation exercises conducted in 8 countries provided successful outputs. For the national resource allocation process to be improved over the long term, both countries and the global community must perform research on costing and cost-effectiveness in terms of understanding how resource allocation has helped countries to develop an effective response, while also understanding how poor resource allocation decisions have limited the impact of available resources. 	X		X

29	Assessing Costing and Prioritization in National AIDS Strategic Plans	2009	Public Document	 This paper is by the Results for Development Institute, and was commissioned by the aids2031 Financing Working Group. It examines costing practices, costeffectiveness data and prioritization processes in national HIV/AIDS strategic plans. A detailed assessment of seven current-generation National Strategic Plans showed that few countries mentioned cost-effectiveness as a key factor in selecting which interventions to prioritize. In addition, few countries indicated that a transparent financial system is in place to track disaggregated spending for identifying unit costs. A specific assessment of national strategies with respect to issues of economic efficiency and costeffectiveness revealed that none mentioned the relative costs and effects of different interventions (with the exception of high costs of hospital care for people living with HIV, which were mentioned in several strategies). Governments and donors should support the improvement of country-specific unit cost/costeffectiveness data as well as continued development of tools and resources to facilitate costing and resource allocation scenario exercises. 	X		
30	The Global Plan to Stop TB 2011-2015: Transforming the Fight Towards Elimination of Tuberculosis	2010	WHO Document	 This revised plan illuminates the way forward in global TB control through 2015. It reviews progress since 2006 and developments in epidemiology, policy and costs related to multidrug-resistant TB and TB/HIV coinfection. It identifies an urgent need to give a higher profile to laboratory strengthening, and to address the full spectrum of TB research in a coherent and coordinated manner. The Global Drug Facility ensures access to high-quality TB drugs at the lowest possible price for countries in 	X		X

				need. This service will evolve to fill the needs of the TB landscape, promoting the use of quality-assured medicines through streamlined procedures to increase effective and efficient services to countries.			
31	Korenromp et al. Implementing the Global Plan to Stop TB, 2010-2015: Optimizing Allocations and the Global Fund's Contribution.	2011	Journal Entry (In Development)	 This study estimates the Global Fund contribution between 2011 and 2015 toward scaling-up DOTS, multidrug-resistant TB treatment and ART during DOTS for HIV co-infected patients, relative to country needs defined in the Global Plan to Stop TB. Corresponding health impact is estimated under various scenarios of regional and service allocations, that either maximize lives saved or prioritize allocations. In 2015, China and India will cover 24% of global funding need, sub-Saharan Africa 33%, other lowincome countries 20%, and other middle-income countries 24%. The global increase in TB control funding needs by 2015 is driven by multidrug-resistant TB targets, especially in Eastern Europe and Central Asia. From 2011 to 2015, funding needs will rise fastest in sub-Saharan Africa, reflecting increasing TB/HIV coinfections. The Global Fund is expected to contribute 8–12% of DOTS, multidrug-resistant TB and ART funding every year. Lives saved in 2015 could increase around 1.5-fold if funding is re-allocated to HIV co-infected patients and then to DOTS worldwide (excluding Eastern Europe and Central Asia, where per-patient costs are disproportionally high). Preferential allocations to ART and multidrug-resistant TB would shift funding to sub-Saharan Africa and 	X		X

				Eastern Europe and Central Asia – the regions with the highest domestic contributions relative to income. Worldwide TB control costs will be driven by multidrugresistant TB, and by possible efficiency gains in Eastern Europe and Central Asia. Between 2011 and 2015, most lives will be saved through TB/HIV management in Africa, but investing in multidrug-resistant TB control is essential to prevent its spread, which threatens the affordability of TB control in longer-term.			
32	Measuring and Improving the Value for Money of HIV Programming: The Approach of the International HIV/AIDS Alliance	2010	Public Document	 This document provides an analysis of value for money issues related to the Alliance's approach and programs. The Alliance wants to be more effective and to achieve more with the funds available. It wants to use value for money data for decision-making and to demonstrate that its approach is credible. The focus is on getting more value for the beneficiaries of the Alliance's programs. The Alliance has undertaken a number of different studies to assess the value for money of its work. They measure cost efficiency through analysis of the financial expenditure of linking organizations in different countries, comparing this to the number of people reached with services. Total expenditure per person ranging from \$0.30 to \$175. 	X		

	 The report also measures cost-effectiveness using a value for money case study on Social Return on Investment for children affected by HIV in India. Every £1 invested in this population from 2008 to 2010 led to £6.76 of social, health and financial value. Measurements across the Conceptual Framework include the development of a funding proposal to support cost effectiveness assessments of community-based HIV interventions. This includes a plan to develop a populated global database on the value for money of community HIV/AIDS interventions and a robust toolkit and capacity building service to allow civil society organizations to better generate cost and value for money data. 	
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33	Financial and Health Impacts of Continued Support to the Three Diseases: Long-Term Estimates	2010	Global Fund Document	 This document, published to support the Third Replenishment, presents model-based projections of the resource needs of current beneficiaries of Global Fund-supported ART delivery, LLIN distribution and services for orphans and other vulnerable children (OVC). It also estimates the corresponding deaths averted and life-years gained. The annual cost of ongoing support is fairly stable from 2010 to 2020 for ART and for LLIN distribution, if current per-person service unit costs are maintained. For OVC services, costs would decrease by 2020 as over half of the beneficiaries reach adulthood. The Global Fund share of the overall program-level costs in 2010 was estimated at 27% for ART, 74% for LLINs and 16% for OVC (based on grant data on expenditure and service delivery results for the period 2006-2009). Whether this share will remain stable over coming years will depend on the relative scale-up in contributions by other donors and domestic resources. For ART, second-line ARV prices are a key cost driver, increasingly so over time. This underscores the importance of investing in treatment quality to improve retention of patients on first-line regimens. In general, management of service delivery unit costs in program implementation will be critical to contain overall cost. ART was projected to save 2 million life-years annually between 2011 and 2020, and LLINs 6.2 million life-years annually. These estimates were based exclusively on mortality effects (ignoring morbidity effects and any health effect of LLINs beyond children under five in sub-Saharan Africa). For a lower cost, LLINs saved more life-years than ART, reflecting: (1) the young age that malaria deaths occur relative to HIV/AIDS deaths; (2) 		X				X	X
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	the general amplified impact of preventive interventions relative to curative interventions. These estimates do not consider the substantial economic return on investment that especially ART would yield within 10 years, due to restored labor productivity of adult patients on ART and reduced cost of care for orphans due to fewer deaths of young parents.				

34	World Malaria	2009	WHO	This report summarizes information received from			
	Report 2009		Document	health ministries and national malaria programs from			
				108 malaria endemic countries, and other sources.			
				International funding commitments for malaria			
				control increased from around US\$ 0.3 billion in 2003 to			
				US\$ 1.7 billion in 2009, due largely to the emergence of			
				the Global Fund and increasing commitments by the US			
				President's Malaria Initiative, the World Bank and other			
				agencies.			
				Approximately 80% of external funds were targeted to			
				the WHO African Region. The South-East Asia Region			
				received the least money per person at risk for malaria			
				and saw the lowest increase in external financing			
				between 2000 and 2007.	X		
				More than one-third of the countries documented			
				reductions in malaria cases of more than 50% between			
				2000 and 2008. The number of cases fell least in			
				countries with the highest incidence rates. In countries			
				that have achieved high coverage of their populations			
				with bed nets and treatment programs, recorded cases			
				and deaths due to malaria have fallen by 50%.			
				High levels of external assistance (per capita) are			
				associated with increased procurement of commodities			
				and larger decreases in malaria incidence. This was			
				mainly the case in smaller countries outside Africa and			
				with lower malaria endemicity.			

35	World Malaria Report 2010	2010	WHO Document	 This report summarizes information received from 106 malaria-endemic countries and other partners, and updates analyses presented in the 2009 report. International disbursements for malaria control reached their highest ever levels in 2009 (at US\$ 1.5 billion), but new commitments for malaria control appear to have stagnated in 2010 (at US\$ 1.8 billion). Countries with smaller populations at risk (mostly outside of sub-Saharan Africa) continue to receive more funding per person at risk than more populous countries. The imbalance and resulting geographical inequity in progress with malaria control is of concern; addressing it will probably require greater levels of malaria funding overall. 	X	
36	Malaria Funding and Resource Utilization: The First Decade of Roll Back Malaria	2010	WHO Document	 Global financing needs for malaria control were quantified and characterized in the Global Malaria Action Plan (GMAP) in 2008 and in the short term are estimated at \$5-6 billion per year for program implementation costs. Approximately 85% of external financing goes to the Africa region, which accounts for nearly 90% of global deaths from malaria. This funding supports a reasonable balance of actions in the areas of prevention, treatment, systems strengthening and program support. Countries are able to spend external financing for malaria control effectively and relatively quickly—on average more than 80% of funds are spent within the year that they become available. For the 12 African countries with recent documentation of progress, the report estimated that approximately 384,000 child lives have been saved between 2000 and 2009 through the scale-up of prevention interventions. 	X	

37	Snow et al. Equity and Adequacy of International Donor Assistance for Global Malaria Control: An Analysis of Populations at Risk and External Funding Commitments. Lancet. 2010; 376: 1409-1416.	2010	Journal Entry	 This article identifies the unmet financial needs that would be biologically and economically equitable, and would increase the chances of reaching worldwide malaria control ambitions. International financing for malaria control has increased by 166% since 2007 (from \$0.73 billion to \$1.94 billion), and is broadly consistent with biological needs. However, funding for malaria control worldwide is 60% lower than the US\$4.9 billion needed for comprehensive control in 2010. 20 countries have reached adequate assistance to provide a comprehensive suite of interventions by 2009, including 12 countries in Africa. However, assistance was inadequate for 50 countries representing 61% of the worldwide population at risk of malaria—including ten countries in Africa and five in Asia that coincidentally are some of the poorest countries. More efficient targeting of financial resources against biological need and national income should create a more equitable investment portfolio that with increased commitments will guarantee sustained financing of control in countries most at risk and least able to support themselves. 	X				
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38	Snow et al. International Funding for Malaria Control in Relation to Populations at Risk of Stable Plasmodium Falciparum Transmission. PLoS Medicine; 5: e142.	2008	Journal Entry	 This study evaluates the adequacy of international financing of malaria control relative to country needs, by comparing international commitments with national populations at risk of malaria transmission in 2007. Of 87 malaria-endemic countries, 76 received malaria funding commitments by the end of 2007. Overall, annual funding amounted to US\$ 1 billion dollars, or less than US\$ 1 for each of the 1.4 billion people at risk. 40% of this total comes from the Global Fund. While the distribution of funds is found to be broadly appropriate, specific high population density countries receive disproportionately less support to scale up malaria control. Additionally, an inadequacy of current financial commitments by the international community was found: under-funding could be from 50% to 450%, depending on which global assessment of the cost required to scale up malaria control is adopted. Without further increases in funding and appropriate targeting of global malaria control investment it is unlikely that international goals to halve disease burdens by 2015 will be achieved. 	,	•		
39	Galarraga et al. Unit Costs for Antiretroviral Treatment, Prevention of Mother to Child Transmission, and HIV Testing and Counseling: A Systematic Review. Pharmacoeconomics	2011	Journal Entry (In Development)	 This article reviews studies on delivery unit costs for adult and pediatric ART provision per patient-year, and PMTCT interventions per mother-infant pair screened or treated, in low- and middle-income countries. ARV drugs were the largest component of overall ART costs in all countries. The second most important component was laboratory costs in low and lower-middle income countries, and personnel costs in upper-middle income countries. There is a paucity of information about the delivery unit costs of ART and PMTCT in different programs 	,	(

	, In Press.			(particularly in low-income countries), which hampers the standardization of unit cost measures. Evaluation of program-level unit costs would benefit from international guidance on standardized costing methods, and expenditure categories and definitions. • The large differences in ART unit costs observed in settings with similar epidemiologic and economic characteristics deserve additional assessments, focusing on cost determinants and opportunities for efficiency gain in program implementation and scale-up.			
40	Global Tuberculosis Control 2010	2010	WHO Document	 This is a comprehensive assessment of the TB epidemic and progress made in TB care and control at the global, regional and country levels. Funding available for TB control in the 22 high-burden countries has increased year-on-year since 2002, with the exception of a small dip in 2009. Most of this funding has been used to support DOTS implementation. There is considerable variation in the estimated cost per patient treated with DOTS - ranging from under US\$ 100 to more than US\$ 7,500, which is partly explained by country income levels and varying program scale. 	x		
41	Guidelines and Requirements for Country Coordinating Mechanisms		Global Fund Document	These guidelines outline the principles for CCMs and their roles and responsibilities in proposal development, grant implementation, and monitoring and evaluation.		x	
42	Evidence Basis for CCM Guidelines Review	2010	Secretariat Document	This document outlines the evidence that underpins the CCM guidelines review, particularly regarding the structure and revisions of the core sections (such as application funding, nomination of recipients, oversight and periodic review, multistakeholder engagement, and governance). The evidence listed comes from a wide		X	

				range of sources: including Partnership Forum reports, regional reports, the Five-Year Evaluation, the Global Fund Partnership Strategy, OIG reports, and CCM thematic reports.				
43	Guide to Produce National AIDS Spending Assessment (NASA)	2009	UNAIDS Document	 NASA provides indicators for financial country responses to HIV, as well as support for the monitoring of resource mobilization. Information derived from NASA can also help to analyze structural bottle-necks and absorptive capacity issues that impede proper utilization of resources. NASA provides information relevant for decision makers by answering these simple questions: Who finances? Who manages the funds? Who provides? What is being provided? Who benefits? And how is it being produced? 	x			
44	NASA Country Reports		UNAIDS Document	These reports document domestic and international AIDS spending by service categories and financing resources, and cover a range of countries and years. They include information on overall allocations and spending, public and external allocations and expenditure, funding arrangements, spending categories (including by funding agents and providers of services), and spending patterns by targeted or intended beneficiary populations.	x		X	

45	Consultation on Antiretroviral Treatment for Prevention of HIV Transmission: Meeting Report	2009	WHO Document	 ART has emerged as a potentially significant component of HIV prevention strategies. The scientific evidence of the effect of ART on HIV prevention includes studies which show that viral load suppression significantly decreases the risk of sexual transmission in serodiscordant couples and virtually eliminates mother-to-child transmission. Implementing WHO recommendations for earlier initiation of ART will obviously require increased access to HIV testing and counseling. This calls for expanded service provision, high levels of adherence, strong community engagement, a human rights framework, and minimal development and transmission of resistance. There was a consensus in this meeting that ART should not be seen as a replacement for existing prevention strategies. Instead, it is part of a multifaceted, integrated prevention approach. In conclusion, the meeting participants agreed that there was a need to test assumptions regarding the implementation of ART for prevention, and build the evidence base through field trials that would measure the impact of ART on HIV transmission among individuals as well as at the population level. 		X				X
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46	Granich et al. Universal Voluntary HIV Testing with Immediate Antiretroviral Therapy as a Strategy for Elimination of HIV Transmission: A Mathematical Model. Lancet; 373(9657): 48-57.	2009	Journal Entry	 This paper investigates a theoretical strategy of universal voluntary HIV testing and immediate treatment with ART, and examines the conditions under which the HIV epidemic could be driven towards elimination. Mathematical models were used to explore the effects of universal HIV testing and immediate ART initiation - particularly on case reproduction and long-term epidemiology. This strategy could greatly accelerate the transition from the present epidemic phase (in which most adults living with HIV are not receiving ART), to an elimination phase (in which most are on ART) within 5 years. This, in turn, could reduce HIV incidence and mortality to less than one case per 1,000 people each year by 2016, and reduce prevalence to less than 1% in 50 years. Universal voluntary HIV testing and immediate ART, combined with present prevention approaches, could have a major effect on severe generalized HIV epidemics. This approach merits further mathematical modeling, research and broad consultation. 	X			X
47	Cohen. HIV Treatment as Prevention and "The Swiss Statement": In for a Dime, in for a Dollar? Clinical Infectious Diseases; 51(11): 1323-1324.	2010	Journal Entry	 This article and related editorial discuss retrospective and observational studies of serodiscordant couples, which have reported greatly reduced HIV transmission when the HIV-positive partner is receiving ART. Inspired by these observations, the Swiss HIV Advisory Committee formulated "The Swiss Statement," which indicated that, for treated patients whose blood viral load was suppressed for six months, unprotected sex 	×	(X

48	Hasse et al. Frequency and Determinants of Unprotected Sex among HIV-infected Persons: The Swiss HIV Cohort Study. Clinical Infectious Diseases; 51(11): 1314-1322.	2010	Journal Entry	with an informed partner was acceptable. • The study presents the frequency, changes over time, and determinants of unprotected sex among people living with HIV. A total of 7,309 participants contributed to 21,978 visits. Participants were more likely to report unprotected sex with stable partners if they were receiving ART, if HIV replication was suppressed, and after the publication of the "Swiss Statement".	X			X
49	Assisting Countries To Access MARPs- specific Grants from the Global Fund: Lessons Learned From Round 10	2010	UNAIDS Document	 The Global Fund established a dedicated funding reserve in Round 10 for HIV and MARPs. UNAIDS provided substantial assistance to support countries and regional networks in their efforts to apply for these funds. In October 2010, UNAIDS contracted APMG to conduct a review of applicants' experiences and determine if the technical assistance was appropriate to their needs. Nine country applications (Belarus, Bhutan, Georgia, Macedonia, Maldives, Malaysia, Moldova, Mauritius and Tunisia) and three regional applications (ISEAN, MENAHRA and REDTRASEX) were included. Countries approached the notion of a MARPs bid with varying degrees of comfort. However, applicants cited an array of benefits of the reserve, and few disadvantages. Nonetheless, some applicants reported difficulties in complying with the budget ceiling, and there were suggestions that the MARPs reserve could be improved in the future (more reasonable timeframes, greater clarity around Global Fund roles and responsibilities, provision of improved information, and a more expansive definition of MARPs). Generally there was support for, and appreciation of, 		X	X	

				the technical assistance provided by all parties and the support provided by the Global Fund. Overall, applicants indicated that they would not have been able to develop their proposals without the support received.				
50	Market Dynamics and Voluntary Pooled Procurement (GF/B15/DP15)	2007	Board Decision Point	• Voluntary Pooled Procurement (VPP) and its complementary Capacity Building Service (CBS) component were established in this Board meeting to leverage the Global Fund purchasing power to impact on market dynamics of health products, and also to address key challenges in country supply chain systems. The Board endorsed the strategic model for VPP as a first element of its strategy on market dynamics, and noted an additional element to this strategy: the Price Reporting Mechanism (now known as Price and Quality Reporting).	x			X
51	Discussion Paper: Progress Update on the Implementation of the Voluntary Pooled Procurement (GF/MDC02/06)	2010	MDC Paper	 These two documents relate to Voluntary Pooled Procurement (VPP), which became operational in June 2009. By the end of September 2010, more than 42 countries had utilized VPP: representing 83 grants with a total order value of US\$ 384 million. Preliminary reports indicate that the VPP is 	X			X

52	Progress Update on the Implementation of the Voluntary Pooled Procurement (GF/MDC03/02)	2010	MDC Paper	contributing to price reductions and market sustainability of health products, notably first-line ARVs and LLINs, which also resulted in cost savings for countries. The benefits of VPP also include substantial decreases in procurement agent fees for ARVs and ACTs (as volume thresholds were reached). • The Capacity Building Service (CBS) had also contributed to the resolution of supply chain management challenges in a number of countries, especially when linked to Conditions Precedent in grant agreements. • VPP and CBS are being strategically positioned to further use the Global Fund market power to actively impact on market dynamics, which includes reducing unit costs, improving procurement, and managing outcomes of health products - thereby contributing to increased efficiency in grant management and optimizing value for money.	X			X
53	Procurement Support Services	2011	Global Fund Web-Page	This dedicated section of the Global Fund website provides general information on VPP and CBS, including frequently asked questions.	X			X

54	PSM Budget Reviews	2010	MDC Presentation	• This presentation to the MDC in October 2010 provides background information on the Secretariat's review of commodity budgets through grant phases, and reports on the impact of budget reviews during grant negotiation. • Overall, between proposal approval and grant signature, and across the three diseases, grant budgets decreased by US\$ 428 million (15%), and health budget categories decreased by US\$ 258 million (17%). These efficiency gains represent the combined result of reviews of health budgets by the TRP and the Pharmaceutical Management Advisory Services (PMAS). • For the US\$ 257 million of procurement reported into the Price and Quality Reporting (PQR) system from February 2009 to August 2010, 68% was at prices within or below international reference ranges. The Global Fund avoided US\$ 69.4 million in costs because of recipients procuring at prices below international reference ranges, but incurred US\$ 26.5 million in costs because some recipients paid prices above international reference ranges: a net result of US\$ 42.9 million saved. • For the US\$ 26.5 million of costs, five countries represent 60% of these additional costs - and the Secretariat is focusing efforts to identify any weaknesses in the procurement process for these countries. • Based on this analysis, the MDC reported to the Board (GF/B22/11) and concluded that the Secretariat is effectively implementing activities to ensure internationally competitive prices for health products.	X				X
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55	Price & Quality Reporting (PQR)	2011	Global Fund Web-Page	 PQR is a web-based system used by the Global Fund to collect transaction-level procurement information from recipients on key health products. The system's goals are to communicate market information to recipients; improve transparency; enable the Global Fund to monitor adherence in terms of quality assurance; and help the Global Fund and partners better understand and influence markets. Every month, the Secretariat reviews price outliers, often seeking validation or correction from recipients. Reporting completeness is tracked at all Phase 2 reviews. Since August 2010, the Secretariat uses an Oracle Business Intelligence Enterprise solution that improves the development and sharing of reports based on PQR data. The system enables the Secretariat to use PQR as a source of reference prices, to track procurement trends, and to identify grants that are consistently paying higher than expected prices. The new features also enable the Secretariat to develop a methodology for benchmarking grants at Phase 2 based on achieved prices. PQR data are used throughout the grant lifecycle to improve decision making, grant efficiency, grant negotiation, budgeting, disbursements, grant performance reviews, and the identification of value for money opportunities (where PQR is used to analyze procurement trends, proactively identify grants that are paying too much, and identify potential avenues to help recipients achieve the lowest possible prices). 	X	X	X		X
56	Price and Quality Reporting (GF/MDC03/05)	2010	MDC Paper	This paper outlines the efforts of the Secretariat to further enhance the PQR system (including the development of the PQR performance framework), and describes the current operational use of the PQR data -	X	X	X		X

				such as the development of price reference reports, regional views of PQR information, comparisons against reference prices, and market snapshots of key ARVs with PQR data since September 2010.					
57	Price and Quality Reporting (GF/MDC04)	2011	MDC Paper (In Development)	At the fourth MDC meeting in April 2011, a further paper will be presented, outlining the efforts of the Secretariat on analysis to inform and support corporate market dynamics strategies. It will document the improved online reports that enable recipients to make procurement-informed decisions (standard reports which are available on internal and public dashboards and show price histograms, benchmark prices, performance index on pricing etc). Another paper will report on the impact of patents and IP issues on access to key medicines: providing a situation review in terms of grant funds and grant performance, and outlining possible measures to mitigate negative effects.	X				X
58	Kerouedan. Enjeux Politiques de l'Evaluation du Fonds Mondial de Lutte Contre le SIDA, la Tuberculose et le Paludisme. Médecine Tropicale. 2010; 70: 19-27.	2010	Journal Entry	This article (in French) presents the results of the five-year evaluation of the Global Fund. The author highlights the spectacular results achieved in terms of malaria in Eastern Africa, but the slower progress made in the collective effort to slow down the spread of HIV. In preparation for the Third Replenishment, and prior to any decisions to expand the use of innovative financing instruments for development, the author calls the attention of policy-makers to the need to ensure the development of accompanying strategies to increase the effectiveness and impact of these instruments.		X		X	X

59	Are Funding Decisions Based on Performance?	2010	Public Document	This report from the Center for Global Development examines the extent to which major donors for HIV use past performance to guide decisions about future funding. It analyzes the positive and negative aspects of linking funding to performance, and its consequences at country level. The analysis includes a comparison of approaches practiced by the Global Fund, PEPFAR and the World Bank's Multi-Country AIDS Program for Africa in Mozambique, Uganda, and Zambia. The report has recommendations for all three donors. For the Global Fund, these include improving existing processes (such as increasing the quality of data upon which funding decisions are made) and releasing more information about such decisions.	X	x				X
60	Triponel. Global Fund to Fight AIDS, Tuberculosis and Malaria: A New Legal and Conceptual Framework for Providing International Development Aid. North Carolina Journal of International Law & Commercial Regulation. 2009; 35:173.	2009	Journal Entry	This article outlines the history behind the creation of the Global Fund, and recounts the creation of the Global Fund, its key innovative features, and how these features adapted to changing circumstances. The Global Fund's innovative model is discussed through analysis of its legal status, organizational arrangements, concessional financing modalities, and resource mobilization mechanisms.				X	X	

61	Every Dollar Counts: How Global AIDS Donors Can Better Link Funding Decisions to Performance	2010	Public Document	 This report from the Center for Global Development discusses performance-based funding as one of the ways to improve the effectiveness of HIV programs. The authors present how performance-based funding rewards effective programs and gives incentives for poor performers to improve. They also highlight the way that donors have experimented with this approach, but claim that donors should do much more to ensure that funding decisions reflect and respond to how well funding recipients meet the objectives of their programs. While the Global Fund is clear and systematic about the performance measures that affect funding decisions, it could do more to improve its effectiveness. The authors present two specific recommendations for the Global Fund: disclose documentation for all disbursement decisions, and lengthen the time between performance reports to six months or more. Crossdonor issues are also discussed. 	X	X			X
62	The Global Fund: Replenishment and Redefinition in 2010. Lancet. 2010; 375: 865.	2010	Journal Entry	This editorial in the Lancet follows the launch of "The Global Fund 2010: Innovation and Impact". It briefly presents the main Global Fund results and outlines the challenges and new strategies. The last section of the editorial asks the question of whether or not the Global Fund should now aim to be for all health MDGs (including those for maternal and child health).				X	
63	Creating Shared Value: How to Reinvent Capitalism and Unleash a Wave of Innovation and Growth	2011	Public Document	This article from the Harvard Business Review outlines how a concept of shared value (value to all stakeholders) is more important than that of corporate responsibility. It recommends that companies reconceive their markets and products, redefine productivity in the value chain, and enable local cluster development.				X	

64	Citizens Engage! Edelman Goodpurpose Study 2010: Fourth Annual Global Consumer Survey	2010	Public Document	This report outlines key trends in ethical consumption, namely that 86% of global consumers believe that businesses need to place at least equal weight on society's interests as on their business interests. Emerging markets are taking the lead in these issues, and (PRODUCT)RED is highlighted as a case study. Consumer willingness to promote brands with "a cause" has increased since 2008, as has their willingness to "punish" those that do not.		X	
65	A New Era of Sustainability: UN Global Compact - Accenture CEO Study 2010	2010	Public Document	This is a global survey of CEO views on sustainability. It argues that strengthening brand, trust and reputation is the strongest motivator for taking action on sustainability issues, identified by 72% of CEOs. However, consumer power, technology, innovation and collaboration are identified as crucial drivers of more sustainable growth.		X	
66	Making Capitalism More Creative	2008	Public Document	This well-cited article by Bill Gates in Time Magazine argues that it is mainly corporations that have the skills to make technological innovations work for the poor. To make the most of those skills, we need a more creative capitalism: an attempt to stretch the reach of market forces so that more companies can benefit from doing work that makes more people better off.	x	X	X
67	Partnering for Global Health: The Global Fund and the Private Sector	2010	Global Fund Document	This brochure sets out the role of private sector partnerships and showcases some of the key partnerships that the Global Fund has developed.	X	X	
68	Recommendations for Product and Service Donations through the Global Fund (GF/PSC10/11)	2008	PSC Paper	This paper elaborates the service donation guidelines for the Global Fund. It states that the Global Fund should not, under current conditions, accept in-kind donations of health products, although the Board may reconsider this position provided certain conditions set		X	

				out in the paper are met. In addition, in-kind donations of non-health products should also not be accepted until adequate information is available to assess the implications of doing so.				
69	Service Donation Guidelines and Recommendation Regarding Donation of Non-Health Products (GF/FAC13/11)	2009	FAC Paper	This paper provides research on the donation of non-health products, including presentation of revised Service Donation Guidelines. This paper also proposes a decision point for recommendation to the Board to permit the Secretariat to conduct a small trial of non-health product donations with the aim of creating an evidence base regarding the potential and practicalities of such donations in the institutional context of the Global Fund.			X	
70	Tax-Efficient Private Donations: Establishing a US- Registered Charity (GF/FAC14/06)	2010	FAC Paper	This paper proposes the establishment of a US charitable vehicle to enable US donors to receive a tax deduction for their gifts in line with the practice of other peer organizations (such as UNICEF).			X	
71	Analysis of Private Sector Contributions in Round 8 and 9 Proposals: Opportunities for Co-Investments	2010	Global Fund Document	This paper presents the Global Fund's own analysis of co-investments by private sector donors to Global Fund programs worldwide, between 2008 and 2009.		X	x	
72	(PRODUCT)RED and the Global Fund: Public-Private Partnership in Action	2008	Global Fund Document	This case study focuses on the (PRODUCT)RED initiative, and details how its funding constitutes a highly significant source of private sector support. It also acts as an inspiration for other private sector donors and partnerships. By communicating with ordinary citizens and consumers through brands they know and trust,		X	x	

				(RED) has been able to engage millions in HIV efforts in Africa. Through its high-powered marketing partnerships, (RED) has provided the Global Fund with invaluable exposure in media coverage and advertising.						
73	Key Performance Indicators: Mid-Year Report on Results for 2010 and Proposed Modifications for 2011 (GF/PSC14/02)	2010	PSC Paper	 This paper presents the mid-2010 KPI results, and shows that several areas have improved since 2009. These areas include: value for money (with declines in the prices paid by Global Fund recipients for ARVs and LLINs); programmatic performance (with 82% of all grants performing well); disbursement efficiency (with the speed of disbursement processing reaching 27 calendar days); and the transparency of data (with 86% of Grant Performance Reports published within two weeks of disbursements, compared to 60.5% in 2009). Strong achievements have also been recorded for civil society implementers, with 35% of funds allocated to civil society organizations (meeting the target). Areas for improvement include performance-based funding (for which the Secretariat has introduced new measures - such as specialists from the Performance Impact and Effectiveness Unit joining the Country Team Approach to support grant assessments and decisions), and the speed of grant signing (for which the Secretariat has initiated various actions). During 2010, the Secretariat implemented a number of initiatives to improve KPI management and monitoring. For example, summary results for operational and grant performance are released monthly to all staff, and in-depth analyses are provided to the EMT quarterly. The KPI Management Group also conducts joint reviews of performance quarterly. 	×	X	X	X	X	X

				Following PSC guidance, the Secretariat worked with partners in 2010 to agree on a framework and performance measures for Community Systems Strengthening (CSS). The KPI on CSS has now been defined (KPI 24). End-2010 KPI results are currently being prepared for presentation to the PSC and Board in 2011.				
74	Global Fund Architecture Review (GF/PSC9/04)	2008	PSC Paper	 This paper presents an analysis of the funding architecture issues related to the Global Fund financing model as of March 2008, six years on from its first Call for Proposals in February 2002. The content of the paper was developed through consultations with over 70 individuals from 14 countries, findings from the Five-Year Evaluation, feedback from the TRP, and a comparative analysis of mechanisms used by other funding organizations. Issues identified by stakeholders include the increasing complexity and transaction costs associated with the current architecture (particularly in terms of the timing of Calls for Proposals), the non-interactive proposal review and recommendation processes, the Phase 2 review process, current systems for requesting funding, and recipients having to manage multiple 	X	X		

				grants for the same disease. • The paper introduces for consideration a number of potential architectural improvements to address these issues. The "Emerging Themes for Architectural Change" section at the end of the paper also starts to describe possible solutions.				
75	The Global Fund Architecture Review (GF/PSC10/03)	2008	PSC Paper	 Following on from GF/PSC9/04, this paper presents recommendations and principles resulting from the ongoing review of the Global Fund's architecture. The paper specifically seeks PSC input and endorsement of recommendations relating to those initiatives that are sufficiently developed to commence implementation. It also seeks endorsement of other key principles to guide on-going work. The existing architecture of the Global Fund has, in many ways, yielded strong results. Increasingly, however, the funding needs of countries are to expand or extend existing programs, rather than start new programs - and the existing architecture is not sufficiently scalable to respond to this reality. Within this context, the Secretariat proposes the adoption of a single stream of funding model (per recipient, per disease), the design of which has largely been a response to the problems that recipient countries have consistently articulated. 	X	X		

76	Architecture Review: Progress Update (GF/PSC11/02)	2009	PSC Paper	This report describes the scope of work conducted by the Secretariat on grant architecture design, analysis, consultation and policy review - with the intention of presenting the proposed architectural changes. The report also discusses anticipated outcomes and progress to date, and lays out the revised timeline for design and implementation of the new architecture.		X	X	
77	Architecture Review (GF/PSC12/02)	2009	PSC Paper	This paper presents a comprehensive review of the Global Fund's architecture, and proposes a set of improvements that relate to: how the Global Fund structures its funding agreements with Principal Recipients; how countries access new funding; and how performance management is conducted and decisions about continuation of funding are made. A plan for transitioning the existing portfolio into the new architecture is presented along with an expected timeline for implementation. The paper seeks PSC input and endorsement of the recommendations put forward, such that the Secretariat can begin implementation in a timely manner.		x	X	
78	Report of the Technical Review Panel and the Secretariat on Round 10 Proposals (GF/B22/13)	2010	Board Paper	Part 5 of these reports concentrates on recommendations and lessons learned from each Round, and both reports express concerns that the additionality of existing funding is not sufficiently addressed by applicants. The TRP recommends that messages about additionality be reinforced in the proposal forms and guidelines, and that donors and partners provide support to countries. The TRP was also concerned that applicants do not always consider absorptive capacity issues or existing	x	X		X

79	Report of the Technical Review Panel and the Secretariat on Round 9 Proposals (GF/B20/9)	2009	Board Paper	funds when requesting new funding. For Round 10, the TRP formally reviewed data on existing under-spend as part of its reviews, and they recommend that the rules for applying in successive Rounds are clearly defined (as the TRP often rejects new applications from countries with unsigned grants or grants that have only recently begun). • The TRP also systematically considers value for money during reviews - considering four criteria: (1) whether proposed activities correspond to needs and priorities; (2) whether activities are well designed, coherent and sustainable; (3) whether activities are efficient and at an appropriate cost; and (4) whether the funding requested is additional and non-duplicative. For Round 11, value for money should be addressed by asking applicants to justify, per service delivery area, the technical appropriateness of activities. In addition, applicants should demonstrate that interventions are at the lowest cost (while recognizing that in some contexts, higher costs can be justified based on appropriateness, effectiveness or sustainability). • The TRP have not formally commented on proposal development, forms or technical assistance — but noted the high success rate of Round 10 malaria proposals which may have been due to the focused support from partners. The TRP also requests to have input at key stages of the revision of proposal documents. • In Round 10, the MARPs reserve "greatly enhanced" the quality of focus on these populations, "suggesting that this mechanism provided an appropriate incentive for applicants to focus on these groups". • Older TRP reports can be accessed at http://www.theglobalfund.org/en/trp/reports/		X	X					X
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80	Proposal Form Simplification in Advance of Round 11 (GF/PIC03/06)	2010	PIC Paper	• The evolution of the proposal form (and the perceived increase in its complexity) has been in response to numerous Board decisions regarding the need for information. While it has been recognized that the proposal form has improved, it can be further streamlined to ensure that it is not overly complex, yet provides the required information for a wide variety of uses (such as eligibility screening, TRP decisions, data collection for policy implementation, and grant	X	X	
81	Approach to Simplification of Global Fund Proposal Form: Report from Stakeholders' Consultations	2010	PIC Paper	negotiations). • Significant work has been undertaken to enhance the form, support the implementation of the new grant architecture, clarify the language to make it more operational, and link more clearly to where applicants need to demonstrate certain elements. • As part of this work, applicants, partners, the Secretariat and the TRP were surveyed in 2010 to solicit views on the proposal form. There was positive	X	X	
82	Approach to Simplification of Global Fund Proposal Form: Report of the Technical Review Panel Survey	2010	PIC Paper	feedback from applicants, but many still expressed concern about its length, the number of duplicative or unnecessary questions, the difficulties in answering some questions, and the challenges in interpreting the underlying requirements of particular policies. Sections on value for money, social and gender equality, detailed budgets, measuring service unit costs, and cost effectiveness were cited most frequently as challenging to complete. • The TRP and partners reflected similar concerns as applicants, and noted a few additional areas that could use further strengthening. A series of recommendations were put forward on how to improve the form and guidelines for Round 11, including: eliminating duplication of questions; integrating some core Global	X	X	

				Fund principles (such as gender and CSS) throughout the documentation (rather than in isolated sections); consolidating the country context information into one cohesive section; strengthening the guidance around performance frameworks and adding a logical framework to help link the proposal strategy with the performance framework; and improving the budget tool and guidelines (including strengthened guidance on commonly found problems). • There is recognition that the current TRP clarification process is lengthy, as many applicants wait until the last minute to submit their responses. The TRP also needs time to review these responses. For Round 11, there is a suggestion (endorsed by the TRP) that applicants be pre-notified of TRP recommendations in order to allow more time to prepare responses. (Note: in Round 8, applicants were pre-notified to allow them to submit a Round 9 proposal immediately following the Board decision – in most cases, applicants did not respond more quickly to the clarifications as a result of this).			
83	Round 10 Applicant Survey	2010	Secretariat Document	This unpublished document presents the results of a survey in which all Round 10 applicants were consulted, and 81 applicants responded. Overall, respondents indicated that the quality of the proposal forms and guidelines was either "excellent" (32%) or "fair" (63%). In addition, almost all applicants (n=79) indicated that they received technical assistance for their proposal development - with the majority of the support coming from WHO, UNAIDS or other UN agencies.	X	X	

84	Global Fund Operational Guide: The Key to Global Fund Policies and Processes	2010	Global Fund Document	The purpose of this guide is to help implementers comply with Global Fund policies, and to provide guidance on processes and key steps to be followed when completing specific activities during the lifetime of a grant. This single document includes all the information that implementers will need to implement successfully Global Fund grants. The guide is divided into eight sections: introduction; who can apply for funding; grant negotiations and signing; implementing grants in Phase 1; continued funding for Phase 2; ending grants; risk management; and partnerships. It therefore covers all steps of the grant cycle, as well as Global Fund structures, policies and technical assistance that implementers can access from the partners at the country, regional and international levels.	X	X	X	X	X		X
85	The Global Fund Operations Policy Manual	2010	Global Fund Document	This document has been developed to assist Global Fund Secretariat staff in providing guidance on Global Fund policies and processes relating to grant management. It is based on policies approved by the Board and procedures developed by the Secretariat, and is updated as necessary to reflect any changes. The areas covered include: governance and advisory bodies; oversight and implementation entities; service providers; operational partnerships and special initiatives; and access to funding.	X		X	X	X	x	X

86	Chan et al. Meeting the Demand for Results and Accountability: A Call for Action on Health Data from Eight Global Health Agencies. PLos Medicine; 7(1): e1000223.	2010	Journal Entry	This article focuses on data quality and, more specifically, enabling countries to better monitor and evaluate their own progress and performance to allow them to respond to the increasing emphasis on results and accountability. Eight global health agencies (including the Global Fund) agreed that it is critical to strengthen key data sources, capacity for analysis, synthesis and validation, and the use of health data in countries. The agencies proposed to focus on four global actions to support these country goals: increase levels and efficiency of investments in health information; develop a common data architecture; strengthen performance monitoring and evaluation; and increase data access and use.		X	x		
87	Study of the Quality and Quantity of Civil Society Participation in Global Fund Country Coordinating Mechanisms	2011	Public Document (In Development)	 This report is produced by the International Council of AIDS Service Organisations (ICASO). It summarizes the findings, conclusions and recommendations of a study by the Civil Society Action Team (CSAT) into the quantity and quality of civil society involvement in Country Coordinating Mechanisms (CCMs). As an advocacy tool, this report aims to inform and guide decisions by relevant global policy-makers, including within the Global Fund, partner organizations and civil society itself. All respondents to the CSAT study confirmed that their CCMs include representatives of people living with HIV. However, representatives of key affected populations are often absent from CCMs. Methods to select civil society representatives for CCMs varied from open elections to government invitations and, in many countries, civil society is involved in CCMs in order to comply with the Global Fund's requirements. Difficulties were reported in relation to regular, high 	X	X	X	x	

				quality communication between CCMs and their civil society constituents. Representatives on CCMs currently receive limited or no support to represent civil society. • The report makes five recommendations: that people living with and affected by the three diseases are meaningfully involved in all stages of CCM decision-making; that civil society representatives are elected through open, transparent and inclusive processes led by local civil society itself; that these representatives have (or are given) the full skills, capacity and knowledge to work as accountable representatives; that systems for two-way communication between civil society representatives in CCMs and their wider constituents are strengthened; and that both CCM leadership and civil society representatives are fully involved in grant oversight.							
88	Five-Year Evaluation Study Area 1 Results: Global Fund Organizational Efficiency and Effectiveness	2008	TERG Report	 Study Area 1 of the Five-Year Evaluation reviews the Global Fund's organizational efficiency and effectiveness, its progress to date, and the critical areas for improvement. It describes an organization that has made exceptional and inspiring achievements in a short time, and has learned and adapted rapidly. In part due to its success, there are critical challenges that the Global Fund must tackle in order to realize its full potential and meet new responsibilities that will be part of its next stage of growth. The document highlights seven priority areas for action: strategy (focusing the vision, mission and business plan); partnerships (the core of the Global Fund's principles and strategy); governance (which is over-burdened with operational issues); organizational 		X	X	X	X	x	X

				structure (the need for a medium-term human resources plan); processes and grant management (the need to simplify and innovate); and mission-critical systems (the need for investment and innovation). • Pages 17-32 of the full report also consider Board structure and constituency participation, covering issues around achieving wider participation by a broad range of stakeholders. It discusses limitations in constituency representation and participation, and the challenges linked to the "altitude" of Board deliberations, based on analysis of issues considered to date, quality and nature of documents. It also covers the relationship and organization of work between the Secretariat and Board committees.						
89	Five-Year Evaluation Study Area 2 Results: Global Fund Partner Environment at Global and Country Levels	2008	TERG Report	Study Area 2 of the Five-Year Evaluation describes the complex environment of partnerships at the global and country levels, and some of the impact of these relationships on the successful implementation of Global Fund grants. The study found that, six years into the implementation of its unique model, the Global Fund has made notable contributions towards its original aims. While recognizing the overall achievements, the report highlights a number of areas where improvements are required in the establishment of more effective partnerships. The TERG conclusions and recommendations mainly focused on: overarching issues; Global Fund in the development architecture; Global Fund partnerships; grant oversight capacity; technical assistance; health systems strengthening; and determining grant performance. The evaluation also found that challenges for recipients, LFAs and CCMs are "compounded by the lack of a Global Fund presence in country and frequent changes in policy".		x	X	X		X

90	Five-Year Evaluation Study Area 3 Results: Health Impact of Scaling Up Against HIV, Tuberculosis and Malaria	2009	TERG Report	 Study Area 3 of the Five-Year Evaluation describes country progress in the fight against AIDS, TB and malaria - with special attention to health systems. The report focuses primarily on the collective impact of the Global Fund and its national and international partners through a comprehensive assessment of country progress. The evaluation study focuses on all possible interventions in the battle against the three diseases. The recommendations include: strengthening HIV prevention programs; ensuring predictable HIV and TB funding; accelerating grants for malaria control; addressing basic gaps in health systems and services; strengthening country health information systems; improving performance-based funding; strengthening in-country capacity building; improving future evaluations of scale-up; and conducting annual (rather than five-year) country evaluations. 		X	X						X
91	Synthesis Report of The Five-Year Evaluation of the Global Fund	2009	TERG Report	This report provides a summary and assessment of Study Areas 1, 2 and 3 of the Five-Year Evaluation. First the expectations and objectives of the evaluation are presented, followed by a summary of the main synthesis findings, recommendations and conclusions from the independent evaluators. The report also analyzes the extent to which the evaluation responds to the original study questions posed, and highlights several key issues and priorities for the Board's attention and consideration. These include responding to the evaluation, the need to develop a clearly communicated business plan (focusing on country ownership, proactive approaches to grant-making, monitoring and evaluation, quality assurance, sustainability and financial plans, improved communication, and differentiated approaches),	X	X	X	X	X	X	X	X	X

				achieving impact through partnerships, contributing to health systems strengthening, reaffirming commitments to performance-based funding, and undertaking policy and programmatic analyses.									
92	Management Response to the Five-Year Evaluation (GF/PSC12/07)	2009	PSC Paper	 This paper summarizes the Secretariat's response to the recommendations of the Five-Year Evaluation. There are numerous recommendations from the evaluation reports, so this response is organized around five overarching themes: resource mobilization; the portfolio of investments; the business model; the grant making mechanism; and the Global Fund as an organization. Actions in response to the individual recommendations from the evaluation reports are listed as attachments. One of the key findings of the Five-Year Evaluation was the absence of a risk management framework, with a recommendation to the Secretariat to introduce such a framework. The Secretariat has responded to this recommendation by establishing in May 2009 a cross-Secretariat Risk Management Working Group to create a Risk Management Framework, and to introduce a risk register with focal persons owning each risk area. 	х	X	X	X	X	X	X	X	X

93	Analysis of Key Human Rights Programmes in Global Fund- Supported HIV Programmes	2010	Public Document	 UNDP, UNAIDS and the Global Fund conducted a study of all Round 6 and 7 HIV grants: 59 successful proposals covering 74 countries (including three multicountry proposals). The study focuses on the situation in relation to human rights activities in grants, and describes significant attrition that takes place between the submitted proposals and the activities that make it into budgets and workplans. The Global Fund supports a range of human rights based activities but has the potential to do more. Successful HIV proposals included an average of three of the key human rights programs, and 96% of work plans included at least one human rights program (most commonly 'stigma and discrimination reduction', followed by 'training of health care providers on HIV-related human rights issues'). However, few activities were reflected with meaningful indicators in the grant performance frameworks. Funding for human rights programs comprised 2.4% for all Round 6 and 7 HIV grants (US\$ 33.7 million). 	X	
94	Global Fund HIV Investments Specifically Targeting Most-At- Risk Populations: An Analysis of Round 8 (2008) Phase 1	2010	Secretariat Document	 This study examined investments for MARPs in the approved HIV grants from Round 8. Of the US\$ 903 million in signed HIV budgets for Round 8 Phase 1, 8.8% (US\$ 79 million) specifically targets MSM, sex workers and people who inject drugs. The money allocated to MARPs was predominantly focused on prevention (57%) and supportive environments (25%). Crucially, however, countries with concentrated epidemics only allocated 30% of their HIV grant budgets specifically to MARPs. Those with both generalized and concentrated HIV epidemics allocated 7%. More work is needed to ensure that HIV grants are being 	X	

				appropriately allocated.			
95	Analysis of Sexual	2010	Global Fund	This study analyzed HIV proposals submitted to the			
	Orientation and		Document	Global Fund in relation to three MARPs: MSM, sex			
	Gender Identity Related Activities in			workers and transgender people.In 2008 and 2009, four out of every five HIV proposals			
	Round 8 and 9			to the Global Fund included a focus on these groups.			
	Global Fund			However, although a number of comprehensive and			
	<u>Proposals</u>			well targeted proposals were submitted, most HIV			
				proposals were still lacking. Political and technical			
				challenges to scaling up efforts with these groups are			
				present in many countries.			
				• In many contexts, sex workers, MSM and transgender people find it difficult to access in-country decision-			
				making related to the Global Fund. In Round 8, only 10%	X		
				of all HIV proposals submitted by CCMs indicated			
				representation from any of these groups, as did just			
				27% percent of all proposals in Round 9.			
				Proposals that included these groups, used evidence			
				effectively, included community system strengthening, and paid attention to the enabling of supportive			
				environments (community, social, policy and legal) were			
				more likely to be approved by the TRP.			
				Recommendations for the Global Fund included			
				enhancing the application process, working with			
				partners to bridge gaps in the data, and analyzing its			
				portfolio more systematically.			

96	Atun & Kazatchkine. The Global Fund's Leadership on Harm Reduction: 2002– 2009. International Journal of Drug Policy; 21: 103–106.	2010	Journal Entry	This article presents the finding of a HIV portfolio assessment in respect to people who inject drugs. Between 2004 and 2008, the Global Fund invested around US\$ 180 million in harm reduction programs in 42 countries, with 93% of this funding being allocated to Eastern Europe and Asia. This makes the Global Fund the leading donor for harm reduction, although commitments remain far below the estimated need. This funding has helped to initiate and scale up harm reduction programs in settings where domestic funding was lacking, and has also stimulated a strong dialogue between vulnerable groups, civil society and governments in many settings.	X				
97	An Analysis of Gender-Related Activities in Global Fund Approved HIV Proposals from Rounds 8 and 9	2011	Secretariat Document (In Development)	 This study is part of the Gender Quality Strategy implementation, and is due for release in 2011. It focuses on the extent to which the 72 approved HIV proposals from Rounds 8 and 9 included gender-specific interventions and approaches. The analysis shows that CCMs are still dominated by men, but 78% reported having a gender expert among their membership. 90% of the approved proposals provided population size data disaggregated by sex, and 60% provided prevalence data disaggregated by sex. However, only 38% included population size estimates for sex workers, and only 11% for pregnant women. Two-thirds of the approved proposals included at least one intervention targeting women, but less than one-fifth targeted men. PMTCT activities in proposals often gave little consideration to male partners or to the long-term treatment of mothers. In addition, very few proposals focused on clients of sex workers, harmful gender norms, or legal support for the victims of sexual and 	X		X		

				gender-related violence. • Key recommendations include: encouraging gender balance within CCMs; supporting countries to gather disaggregated data; and strengthening the proposal form and guidelines. Countries should also recognize gender-based violence as a driver of epidemics.		
98	Resource Scenarios 2011-2013: Funding the Global Fight against HIV/AIDS, Tuberculosis and Malaria	2010	Global Fund Document	 This paper was produced to support the Third Replenishment, and models the resources needed for 2011-2013. Demand for donor support has more than doubled since 2007, as implementing countries scale-up programs and continue to achieve impressive results. If new demand was sustained at the current level, at least US\$ 17 billion would be needed between 2011 and 2013. If demand continued to increase further (accelerating progress towards the MDGs), the resources needed would exceed that amount. It is estimated that, globally, US\$ 28-50 billion is needed every year to reach universal access for HIV by 2015; US\$ 5.9 billion is needed per year for TB. The paper presents three resource scenarios and models the results that could be achieved in each one: US\$ 13 billion between 2011 and 2013, which would allow for the continuation of funding of existing programs, but new programs would be funded at a 		x

				lower rate than in recent years. 2) US\$ 17 billion, which would allow for the continuation of funding of existing programs and funding for new proposals at the same level as in recent years (allowing current trajectories of progress to be preserved). 3) US\$ 20 billion, which would allow for the continuation of funding of existing programs, and significant further scale-up.						
99	The Global Fund 2010: Innovation and Impact	2010	Global Fund Document	 This is the 2010 "Results Report" from the Global Fund and documents the achievements and results from supported programs. Every day, these programs save 3,600 lives, prevent thousands of new infections and alleviate untold suffering. The Global Fund approved US\$ 19.2 billion for grants, and disbursed US\$ 10 billion to 144 countries around the world. With this money, programs were providing ART to 2.5 million people, distributing 1.8 billion condoms, providing PMTCT to 790,000 women, providing care and support to 4.5 million orphans, providing 1.8 million TB/HIV services, distributing 104 million ITNs, treating 108 million cases of malaria, delivering 138 million community outreach prevention services, and providing training to 11.3 million people. The Global Fund contributed one-fifth of all international HIV funding, two-thirds for TB, and 57% for malaria. These investments have an impact beyond the three diseases – they are major investments in health systems and help accelerate progress towards 	X	X	X	X		X

			the MDGs. Chapter 3 focuses on efforts to improve effectiveness and ensure value for money at every stage of the financing chain. In 2009 alone, nearly US\$ 1 billion was freed up through efficiency savings to help fund new grants. VPP is reducing the cost and improving the quality of health products, and collaboration with technical partners is assessing the efficiency of service delivery models. The Global Fund's innovative financing model was designed to respond quickly and effectively to the tremendous need for funding in countries, while ensuring transparency and broad accountability to donors and recipients. The Global Fund always seeks to learn, improve and innovate, and Chapter 4 details some of the new initiatives that have been undertaken: including the Five-Year Evaluation, OIG evaluations, dual-track financing, (PRODUCT)RED, new grant architecture, AMFm and NSAs.				
10 0	Innovative Financing of the Global Fund: Debt2Health	Global Fund Document	This brochure describes the Debt2Health initiative, part of the broader efforts to increase financial commitments through innovative financing mechanisms. Debt2Health was approved by the Board in April 2007, and uses debt swaps to free up domestic resources that can be invested in approved Global Fund programs. It is a partnership between creditors and recipient countries, facilitated by the Global Fund through a three-party agreement. Germany was the first creditor to join Debt2Health, with the first agreement signed with Indonesia for US\$ 72.6 million.			X	

10 1	Value for Money in Health Finance Mechanisms: A Review of the Evidence and a Conceptual Framework Applied to the AMFm	2010	Global Fund Document	This paper summarizes the existing evidence evaluating the sheer value (i.e. effectiveness), value for money and costs of global health initiatives or major national health initiatives that involve scaling up access to health technologies. It provides a conceptual framework to approach the idea of assessing value for money in the case of AMFm. The report also discusses seven core issues that need to be confronted when considering an assessment of costs and benefits: the choice of appropriate perspective, of an appropriate research design, and of proper outcome measures, the detailed description of costs, the choice of an appropriate counterfactual mechanism, of an appropriate time horizon and discounting procedures, and the consideration of extensive sensitivity analysis.	X			X
10 2	Estimating Benchmarks of Success in the Affordable Medicines Facility— malaria (AMFm) Phase 1	2011	Public Document	This document from the "Evidence 2 Policy Initiative" summarizes results from relevant literature and key informant interviews in order to estimate what might be realistically expected in the first and second years of the AMFm implementation. It also lays out different ways of balancing and judging performance on different outputs, and estimates achievable benchmarks of success in the AMFm Phase 1. These include a 40% increase in ACT availability, an increase in ACT market share of 15-20% (and a decrease is market share for other malaria treatments), a 10-15% increase in ACT use, and a 150% reduction in ACT prices.				X

10 3	Sabot et al. Piloting the Global Subsidy: The Impact of Subsidized Artemisinin-Based Combination Therapies Distributed through Private Drug Shops in Rural Tanzania. PLoS One; 4(9): e6857.	2009	Journal Entry	WHO estimates that only 3% of fever patients use recommended ACTs, partly reflecting high prices. To overcome this challenge, a global ACT subsidy has been proposed (AMFm). This proposal was tested through a pilot program in rural Tanzania: the proportion of consumers in the pilot districts purchasing ACTs rose from 1% at baseline to 44.2% one year later - while no change was observed in the control district. Consumers paid a mean price of \$0.58 for ACTs, which did not differ significantly from other common treatments.			X
10 4	Yoong et al. Private Sector Participation and Health System Performance in Sub- Saharan Africa. PLoS One. 2010; 5(10): e13243.	2010	Journal Entry	The role of the private health sector in developing countries remains a much-debated and contentious issue. This article examines the association between private sector participation and improved health system performance. Although these results do not establish a causal link, there is no suggestion of any negative links between private sector participation and health system performance. Greater participation is associated with favorable intermediate outcomes in terms of access and equity.	X	x	X
10 5	Report of the AMFm Ad Hoc Committee (GF/B22/10)	2010	Board Paper	This report summarizes the deliberations of the AMFm Ad Hoc Committee at its 7th and 8th Meetings in June and October 2010. It includes an overview of progress in implementing AMFm Phase 1, and recommendations to the Board. As of November 2010, the Secretariat has received 51 requests for co-payment totaling 20.7 million treatments and US\$ 21.5 million dollars for co-payment, of which US\$ 1.5 million is for freight and insurance.			X

10 6	Adeyi & Atun. Universal Access to Malaria Medicines: Innovation in Financing and Delivery. Lancet. 2010. 376(9755): 1869-1871.	2010	Journal Entry	This "Viewpoint" article from the Secretariat describes the origin of AMFm and how it has the potential to transform the way universal access to new malaria drugs and similar technologies is financed. The paper presents an interim perspective on the implementation of AMFm and potential lessons for the architecture of financing universal access to lifesaving health technologies.		X
10 7	Matowe & Adeyi. The Quest for Universal Access to Effective Malaria Treatment: How Can the AMFm Contribute? Malaria Journal. 2010; 9: 274.	2010	Journal Entry	Access to quality assured ACT has remained low in most malaria endemic countries for a number of reasons (including unaffordable prices). AMFm will use price signals and a combination of public and private sector channels to achieve multiple public health objectives: replacing older and increasingly ineffective antimalarial medicines, displacing oral artemisinin monotherapies from the market, and prolonging the lifespan of ACT by reducing the likelihood of resistance to artemisinin. Access to medicines requires various activities, funding, institutions and interventions, as well as thinking from public and private actors at global, national and local levels. This paper examines, within access to medicines frameworks, the role of the AMFm across and within each dimension and discusses how the AMFm can help to resolve bottlenecks.		X
10 8	Laxminarayan et al. Will a Global Subsidy of New Antimalarials Delay the Emergence of Resistance And Save Lives? Health Affairs, 25(2): 325-336.	2006	Journal Entry	This article pre-dates the AMFm, but helped to lay the foundations. ACTs are seen as an important tool in the global effort to roll back malaria. With parasite resistance to chloroquine increasing rapidly in many parts of the world, there is greater recognition of the need for a globally coordinated strategy to ensure that artemisinins are not used as monotherapy, which has the potential to cut short their useful therapeutic life.		X

			The article suggests that even a partial subsidy could delay the emergence of resistance and that a delay in implementing a subsidy for ACTs could facilitate the emergence of resistance and lower the economic value of ACTs.			
9	Strategy 2011–2015 (Draft)	Document (In Development)	efforts to date, and to focus on persistent challenges that remain. It sets no new targets but seeks to reaffirm the MDGs and UNAIDS targets. The strategy will be presented to the World Health Assembly in May 2011. It covers the global vision, strategic directions, country program priorities, WHO actions to support national response, strategic implementation, and the roles of partners. The strategy communicates four goals (reduce new HIV infections, eliminate HIV infection in children, reduce HIV-related mortality, and reduce tuberculosis-	X	X	
			related mortality), alongside four strategic directions through which WHO will deliver: optimizing HIV prevention, diagnosis, treatment and care outcomes; leveraging broader health outcomes through HIV responses; building strong and sustainable systems; and reducing vulnerability and removing structural barriers to accessing services. The strategy also states that WHO will "provide technical support to countries for mobilizing and implementing external funding, including that from the Global Fund".			

11 0	UNAIDS 2011–2015 Strategy: Getting To Zero	2010	UNAIDS Document	This Strategy aims to: advance global progress in achieving targets for universal access to HIV prevention, treatment, care and support; halt and reverse the spread of HIV; and contribute to the achievement of the MDGs by 2015. The new UNAIDS vision is "zero new HIV infections, zero discrimination, zero AIDS-related deaths". The strategy will be underpinned by a new unified budget and accountability framework. The framework (in draft) will operationalize the strategy, mobilize and allocate resources for its implementation, measure progress and report on results.		X	
11 1	The Global Malaria Action Plan: For a Malaria Free World	2008	Public Document	The Global Malaria Action Plan outlines the RBM partnership vision for a substantial and sustained reduction in the burden of malaria in the near and midterm, and the eventual global eradication of malaria in the long term. The targets of the plan are to: achieve universal coverage for all populations at risk with locally appropriate interventions for prevention and case management by 2010 and sustain universal coverage; reduce global malaria cases by 50% in 2010 and by 75% in 2015; reduce global malaria deaths by 50% in 2010 and to near zero preventable deaths in 2015; eliminate malaria in 8-10 countries by 2015 and afterwards in all countries in the pre-elimination phase; and eradicate malaria world-wide in the long term by reducing the global incidence to zero. The plan also states that "Countries need technical assistance support in developing their health plans and proposals (especially for applications to major donors such as the Global Fund or World Bank). They need to be supported in capacity strengthening to run such processes".	X	X	

11 2	Lu et al. Absorptive Capacity and Disbursements by the Global Fund to Fight AIDS, Tuberculosis and Malaria: Analysis of Grant Implementation. Lancet. 2006; 368(9534): 483-488.	2006	Journal Entry	Some commentators believe that poor countries cannot effectively use resources on the scale provided by donors such as the Global Fund - referred to as a lack of "absorptive capacity". This article investigates the major determinants of grant implementation in developing countries. The results of the analysis suggest that the higher rate of grant implementation seen in countries with low income and low health-spending lends support to proponents of major increases in health assistance for the poorest countries. The authors argue that focusing resources on low-income nations, particularly those with political stability, will not create difficulties of absorptive capacity. The analysis was restricted to grant implementation, which is one part of the issue of absorptive capacity. In the future, assessment of the effect of Global Fund grants on intervention coverage will be vital.	X		X	X	X
11 3	FAQ and Information Notes (Round 10)	2010	Global Fund Web-Page	This web page contains all 17 "Information Notes" produced by the Secretariat and partners to guide applicants on specific areas: community systems strengthening; dual-track financing; harm reduction; health systems strengthening; most-at-risk populations; multicountry applications; non-CCM applications; pharmaceutical systems strengthening and pharmacovigilance; PMTCT; prioritization; improving aid effectiveness; sexual orientation and gender identities in the context of the HIV epidemic; strengthening implementation capacity; TB/HIV co-infection; unit costs for selected key health products; value for money; and women, girls, and gender equality. These information notes are available in English, French, Spanish, Russian and Arabic. They are also accompanied by a "Frequently Asked Questions" document for Round	X	X		X	

				10 that covers areas such as eligibility, the proposal form, monitoring and evaluation, and budgets.					
11 4	Ravishankar et al. Financing of Global Health: Tracking Development Assistance for Health from 1990 to 2007. Lancet. 2009; 373: 2113–2124.	2009	Journal Entry	The need for timely and reliable information about global health resource flows to low-income and middle-income countries is widely recognized. This article aims to provide a comprehensive assessment of Development Assistance for Health from 1990 to 2007, and documents the substantial rise in recent years. Although this rise has resulted in increased funds for HIV, other areas of global health have also expanded. The influx of funds has been accompanied by major changes in the institutional landscape of global health, with global health initiatives such as the Global Fund having a central role in mobilizing and channeling global health funds.	×			X	
11 5	Brugha et al. The Global Fund: Managing Great Expectations. Lancet. 2004. 364: 95–100.	2004	Journal Entry	This article is an interim assessment of the Global Fund, based on interviews with 137 national-level respondents. It tracks early implementation processes in four African countries, including how CCMs were quickly formed to develop and submit grant proposals. CCM members were often ineffective at representing their constituencies and encountered obstacles in participating in CCM processes. Delays in the dissemination of Global Fund guidelines also led to uncertainty. Respondents expressed concern about the limited capacity of fund recipients (governmental and			X		x

				nongovernmental) to meet Global Fund conditions for performance-based disbursement. Delays in the payment of funds to implementing agencies have also frustrated disease control interventions. The Global Fund is one of several new global initiatives superimposed on existing country systems - new and existing donors need to coordinate their assistance with developing countries.				
11 6	Sridhar & Batniji. Misfinancing Global Health: A Case for Transparency in Disbursements and Decision Making. Lancet; 372: 1185– 1191.	2008	Journal Entry	To address the gap between health investments and financial flows worldwide, this study identified the patterns in the allocation of funds by the four largest donors (World Bank, Gates Foundation, USAID and the Global Fund) in 2005. A disbursement database was created with information gathered from annual reports and budgets. Funding per death varied widely according to type of disease: from US\$ 1029 for HIV to \$3 for noncommunicable diseases. The World Bank, US Government and Global Fund provided more than 98% of their funds to service delivery, whereas the Gates Foundation gave most of its funds to research. Publicly available data for global health disbursements is incomplete and not standardized. Continued attention is needed to develop country ownership, particularly in planning and priority setting.	X		X	

11 7	Lu et al. Public Financing of Health in Developing Countries: A Cross- National Systematic Analysis. Lancet; 375: 1375–1387.	2010	Journal Entry	 Government spending on health from domestic sources is an important indicator of a government's commitment to the health of its people, and is essential for the sustainability of health programs. The study aimed to systematically analyze all data sources available for government spending on health in developing countries; describe trends in public financing of health; and test the extent to which they were related to changes in gross domestic product (GDP), government size, HIV prevalence, debt relief, and Development Assistance for Health (DAH) to governmental and non-governmental sectors (including from the Global Fund). The statistical analysis showed that DAH to governments had a negative and significant effect on domestic spending on health: for every US\$ 1 of DAH, government health expenditures were reduced by between US\$ 0.43 and \$1.14. However, DAH to nongovernmental recipients had a positive and significant effect on domestic spending. To address the negative effect of DAH on domestic government health spending, the authors recommend strong standardized monitoring of government health expenditures and government spending in other health-related sectors; establishment of collaborative targets to maintain or increase the share of government expenditures going to health; investment in the capacity of developing countries to effectively receive and use DAH; careful assessment of the risks and benefits of expanded DAH to nongovernmental sectors; and investigation of the use of global price subsidies or product transfers as funding mechanisms. 	X			X	X	
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11 8	Technical Assistance: Follow- Up to Extraordinary PIC Meeting (GF/PIC03/03)	2010	PIC Paper	This paper presents the results from consultations with in-country partners on technical assistance (TA), as was requested by the PIC at its extraordinary meeting in April 2010. It outlines proposed next steps on six technical assistance solutions: 1) establishment of a small fund managed by the Global Fund to finance emergency and ad hoc TA needs; 2) development of multistakeholder joint operational plans at the regional level to support countries; 3) joint appeals to finance joint operational plans and, as a last resort, financing for the plans from the Secretariat budget; 4) inclusion of financial support to CCMs (within the Expanded CCM Funding mechanism) for TA coordination; 5) appointment or nomination of a TA convener within CCMs; and 6) establishment of a user-driven, user-focused online TA marketplace to address issues related to information access, quality of information and quality assurance.		X	X	
11 9	Partnership Strategy (GF/B20/4, Attachment 2)	2010	Board Paper	 The Global Fund Partnership Strategy covers what has been done, what is currently being done, what the barriers and challenges are, what should be done, and what the Global Fund plans to do. It sets an approach to fully realize the Global Fund partnership model. The strategy is the results of extensive consultation with global, regional and country partners, and takes note of the findings and recommendations of the Five-Year Evaluation. The strategy states that the Global Fund will: strengthen governance ties with UN agencies and other key international partners to enhance joint collaboration; promote greater engagement of civil society at country level; enhance access to technical assistance; develop better communication flows with 			X	

				stakeholders; and complete a review of the role of Fund Portfolio Managers in country-level partnerships.			
12 0	Recommendations of the Resource Mobilization Task Team (GF/B19/9, Attachment 1)	2009	Board Paper	• The Resource Mobilization Task Team (RMTT) states that most of the future resources will need to continue coming from the public sector, which is by far the major source of current and past funds. It is therefore important that all actors understand the basis for public donor decisions. Within this sector, the highlighting of results and impact, the global architecture, and development perspectives are more important than a further focus on branding. This is because of competition for funds, within and outside of the health sector. It is crucial to understand that the Global Fund will receive its "share" based on a well identified and clear mandate, strong results, well-functioning partnerships, and a further simplified and strengthened business model that supports national priorities, plans and programs. • The RMTT recognizes the challenges that the current global financial crisis poses for raising funds both from public and private donors. However, it welcomes the Doha Declaration on Financing for Development, in which donor countries confirmed their commitments to reach overseas development targets.		X	

12	Update on Global Fund Secretariat's Follow-Up to the Recommendations of the Task Team on Resource Mobilization	2009	Secretariat Document	In 2006, the Board established a Resource Mobilization Task Team (RMTT) of experts. RMTT then delivered a comprehensive report to the PSC and the FAC in March 2007, and their recommendations have informed and guided a resource mobilization strategy that was approved in the Fifteenth Board Meeting in April 2007. This paper reports on the implementation of this strategy in 2007 and 2008, including the progress and challenges. The report addresses the main high level recommendations of the RMTT, and describes in detail the follow-up under the four priority areas: public sector, investment income, private sector and innovative finance.			X
12 2	Progress Report on Resource Mobilization Efforts	2009	Secretariat Document	This is a progress report on resource mobilization from the Second Voluntary Replenishment (2008-2010), and provides an overview of the Global Fund's efforts since 2007. A central focus is given to attempts to further diversify the donor base and involve new donors. The report describes the advancement and the challenges in resource mobilization from the public and the private sector, and the increasing contributions from innovative financing. The recommendations from the Global Fund's Partnership Forum (December 2008), as well as the recommendations of the Resource Mobilization Task Team (January 2009) have also been taken into account in this report.			X

12 3	Third Voluntary Replenishment (2011-2013), Pledging Conference: Chair's Summary	2010	Global Fund Document	 The Secretariat provided a briefing on the Global Fund's current financial position, and conference participants noted the forecast of US\$ 8.3 billion needed in the forthcoming replenishment period for the continuation of existing programs. However, they emphasized that the approval of such funding should follow the Fund's performance-based scrutiny. Participants recommended accelerating the implementation of key policies, including the new grant architecture, NSAs and HSFP. Participants underlined the importance of active and sustained engagement of all partners to the Global Fund's business model. Participants also noted that the funding outlined during the pledging session represented an increase of 20% compared to the US\$ 9.7 billion announced in 2007. Donors not in a position to pledge were encouraged to advise of their contributions as soon as possible, in order to maximize the Global Fund's ability to carry out its work. In addition, participants invited the Board to consider providing opportunities for further pledges when considering new grant approvals. 	X
12 4	Report of the Working Group on Managing the Tension Between Demand and Supply in a Resource- Constrained Environment (GF/B20/12)	2009	Board Paper	This paper reports on various measures that were considered in consultation with Board constituencies, and presents recommendations. These include a package of measures that would enable all TRP-recommended proposals for Round 9 and NSAs to be approved. The recommendations include the provision of a bridging facility in 2010 - providing funding where necessary to ensure continuity of programs until Round 10 and allowing countries to prepare for the streamlining and consolidation opportunities offered by the new grant architecture.	X

traditional donors making a quantum increase in their contributions; and significant increases from the private sector. • The total funding outcome announced for the 2011-13 Replenishment period was US\$ 11.7 billion, 20% higher than the outcome announced in Berlin in 2007. This consisted of US\$ 9.2 billion in firm pledges from public donors, foundations, the private sector and innovative finance instruments, as well as US\$ 2.5 billion in Secretariat projections (which were designed to be conservative). • In achieving this outcome, several OECD/DAC donors did indeed deliver significant funding increases of 20-60%. Funding from non-DAC emerging economy donors fell below expectations, with US\$ 99.8 million in firm pledges announced so far (1.1% of the total pledges, compared to 1.9% of pledges in 2008-2010). The replenishment outcome was notable for the increased number of private donors that announced pledges, as well as increased funding from innovative funding sources. Nonetheless, funding from nongovernment sources remains well below levels needed to drive future resource growth in a way envisaged by some	fell below expectations, with US\$ 99.8 million in firm pledges announced so far (1.1% of the total pledges, compared to 1.9% of pledges in 2008-2010). The replenishment outcome was notable for the increased number of private donors that announced pledges, as well as increased funding from innovative funding sources. Nonetheless, funding from nongovernment
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12 6	Update on Resource Mobilization Matters (GF/FAC15/12)	2010	FAC Paper	 This paper updates the FAC on resource mobilization activities undertaken in the lead up to the Third Voluntary Replenishment pledging conference. Resource mobilization during 2010 has been a collective effort, involving the Board, civil society, partner organizations and other stakeholders. The Secretariat led an intensive program of listening tours and roadshow visits to most donor capitals, which included outreach to heads of state, ministers and other political leaders, government officials, parliamentarians, civil society and the media. The Secretariat will undertake continued intensive resource mobilization activities in the lead up to the replenishment mid-term review meeting. Key priorities include securing pledges from those donors that were not able to pledge in New York, engaging new public and private sector donors, and continuing to develop innovative financing mechanisms. 		X	
7	Financing the Response to AIDS in Low-and Middle- Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2009	2010	Public Document	• Each year, UNAIDS and the Kaiser Family Foundation collect and analyze data to document international assistance for AIDS in low-and middle-income countries. The latest report provides data from 2009, and therefore reflects budgeting decisions made during the current global economic crisis. The analysis is based on data provided by governments and from the European Commission. It includes bilateral assistance and contributions to the Global Fund and UNITAID. • After years of significant increases for international AIDS assistance, funding remained essentially flat over the 2008-2009 period. A subset of G8 members and, notably, a few non-G8 members, account for the majority of international AIDS assistance from donor governments.		X	

8	Donor Funding for Health in Low- and Middle-Income Countries, 2001-2008	2010	Public Document	 This paper is prepared by the Kaiser Family Foundation, and provides an analysis of ODA commitments for health provided by donors between 2001 and 2008. It is intended to complement efforts by others to track health funding, broadening the definition of health to include water and sanitation activities. Collectively, these resource tracking analyses are central to assessing progress on global health, including toward meeting internationally agreed health targets. The current analysis finds that ODA for health rose significantly between 2001 and 2008, after adjusting for inflation and exchange rate fluctuations. Donors have continued to focus international attention on global health through efforts such as the U.S. Global Health Initiative, the G8 signature initiative on maternal, newborn, and child health, and the upcoming United 		X	
				targets. • The current analysis finds that ODA for health rose significantly between 2001 and 2008, after adjusting for inflation and exchange rate fluctuations. Donors have		V	
				health through efforts such as the U.S. Global Health Initiative, the G8 signature initiative on maternal,			
				• Despite past increases and new initiatives, the future of donor funding for global health remains uncertain given the onset of the global economic crisis. The lag in ODA reporting and data hampers efforts to monitor, and potentially address, real-time changes in donor funding for health. The effects of the economic downturn on health ODA flows and the needs of			
				countries in the developing world is still to be assessed.			

9	Finance Global Health 2010: Development Assistance and Country Spending in Economic Uncertainty	2010	Public Document	 The 2010 Financing Global Health report from the Institute for Health Metrics and Evaluation offers a comprehensive view of trends in public and private financing of health assistance, with preliminary estimates of how the economic downturn is affecting health financing. To see how Development Assistance for Health (DAH) is affecting spending by governments in developing countries, the authors analyzed data from WHO and IMF. This report documents the rise in DAH, the effects of DAH on domestic health spending, and signs of a slowdown in the growth of DAH. Uncertainty about the future of DAH underscores the importance of tracking global health spending to ensure resources are directed as efficiently as possible to the world's most pressing health needs. 		X
13 0	Danish Organisation Strategy for the Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM), 2010-2013	2010	Public Document	 This is the first Danish Organisation Strategy for the Global Fund, which forms the basis for Danish contributions to the Fund and is an integral part of the framework for Danish development cooperation. It sets out Danish priorities for Global Fund performance, and outlines specific results that Denmark will pursue in its continued cooperation with the Global Fund. To pursue these goals and priorities, Denmark will work closely with like-minded countries. This strategy aims to be a flexible document that can accommodate the changing donor and health context over the next four years. It needs to be relatively broad in scope because the Global Fund is currently going through significant internal changes, and the global health and donor architecture is undergoing considerable change at the moment. 		X

13	The Global Fund to Fight AIDS, Tuberculosis, and Malaria: U.S. Contributions and Issues for Congress	2010	Public Document	This report provides background information on the Global Fund, summarizes key findings on the Global Fund's progress through 2009, outlines US commitments, and analyzes issues that the US Congress might consider as it debates the appropriate level of support to provide beyond 2010.				X
13 2	Global Health: Global Fund to Fight AIDS, TB and Malaria has Improved its Documentation of Funding Decisions but Needs Standardized Oversight Expectations and Assessments	2007	Public Document	 This report from the US Government Accountability Office assesses the Global Fund's documentation of the information used to support performance-based funding decisions, progress in implementing a risk assessment model and early warning system, and oversight of local fund agents' performance. To address these objectives, the authors met with key officials from the Global Fund and reviewed Global Fund documents, including key source documents from grant files. To assess the documentation of the information used to support performance-based funding decisions, the authors analyzed two separate random samples of grant decisions from the Global Fund. The first sample consisted of 80 grants that were assessed for performance-based funding disbursements in 2006. The second sample consisted of 45 grants that were assessed for Phase 2 grant renewals. Findings were projected to the files of all grants that received a disbursement or were assessed for grant renewal during that period. The report concludes that the Global Fund has improved the documentation of information that supports its performance-based funding decisions for disbursements and grant renewals. The Global Fund has updated documentation systems to require that portfolio managers more consistently document factors, 	X		X	X

				such as grant ratings and contextual information, on which they base their decision to continue funding decisions. • However, the Global Fund did not implement the risk assessment model that was developing in 2005, because it determined that this model did not accurately identify grant risk. Recognizing the need for a more comprehensive approach to risk management, the Global Fund has begun developing a new framework that includes early alerts and response systems to address poor performance. • Because it does not require systematic assessments of LFAs' performance, the Global Fund has limited access to the information it needs to manage and oversee LFAs. The report recommends that donors work with the Global Fund to establish standardized expectations for LFA performance and require systematic assessments of LFA performance.					
13	Auditor's Institutional Assessment The Global Fund To Fight AIDS, Tuberculosis And Malaria - "TGF": Request For Services 2009/200946	2010	Public Document	 This assessment was carried out for the European Commission in 2009, and was based on the manuals, policy documents, additional forms, reports and handbooks provided by the Secretariat. Meetings were also held with key staff members. The main purpose of the report is to provide assurance to the European Commission of the existence and proper operation of transparent procurement and grant award procedures, effective and efficient internal control systems for the management of operations, accounting systems that enable the correct use of EC funds, independent external audits, and adequate 			X	X	

				annual ex post publication of beneficiaries of funds. • The auditors found that Global Fund systems operate in accordance with internationally accepted standards, and reported "assurance that there are mechanisms and controls in place to ensure that any funds received from the European Commission will be used for their intended purpose".				
13 4	European Court of Auditors: EC Development Assistance to Health Services in Sub- Saharan Africa	2008	Public Document	The objective of this audit was to assess how effective EC assistance has been in contributing to improving health services in sub-Saharan Africa in the context of the EC's commitments to poverty reduction and the MDGs. Pages 33-36 review the Global Fund specifically. The audit examined whether the financial and human resources allocated to the health sector reflected the EC's policy commitments and whether the Commission had accelerated the implementation of this aid. The audit also assessed how effectively the Commission had used various instruments to assist the health sector, notably budget support, projects and the Global Fund.				X
13 5	Alarmist Media Reports Ignore that Global Fund Resources are Delivering Tremendous Results in the Fight Against AIDS, TB and Malaria	2010	Public Document	Following the publication of several media reports which seriously distorted the extent of fraud discovered in grants financed by the Global Fund, the International AIDS Society issued a statement urging all donors and governments to continue their funding.	X			X

13 6	The Risk Management Framework for the Global Fund (GF/B20/6)	2009	Board Paper	This Board-endorsed document formally defines the ways in which the Global Fund identifies, manages and takes decisions on risks. It encompasses the following areas: (1) the Global Fund's Mission and Risk Profile; (2) the Global Fund's Risk Management Policy; (3) the Risk Management Process; and (5) a model for reviewing and updating the Risk Management Framework.	X					
13 7	The Global Fund Charter and Terms of Reference for the Office of the Inspector General	2009	Global Fund Document	This documents defines the: mission; scope of work; independence and reporting lines; activities; prioritization, planning and reporting process; scope of authority; working relationships with relevant bodies; and responsibilities of the Office of Inspector General of the Global Fund.	X					
13 8	In-Country Whistle- Blowing Policy		Global Fund Document	These documents set out the Global Fund's policy and procedures for anonymously informing the organization about misconduct by in-country recipients. They include	X					
13 9	Whistle-Blowing Procedures	2006	Global Fund Document	the definition of "reportable misconduct", the process for protecting those who report incidences, how a misconduct may be reported to OIG, the methods available for alerting the OIG, the process for follow-up by the OIG, and the process for reporting by the OIG.	X					
14 0	Ethics and Reputational Risk Assessment	2008	Global Fund Document	This document explores the kinds of ethical and reputational risks facing the Global Fund from the perspectives of key thought leaders involved with the institution. Based on the assessment, the document generates a series of high-level recommendations to manage the reputational risk at the Fund.	X					
14	Review of the Suspension / Termination Processes for Global Fund Grants	2008	OIG Report	This document reviews the adequacy, effectiveness and timeliness of actions taken by the Secretariat, as well as by the affected countries, in managing and resolving the problems that had resulted in the suspension and termination of grants. Five countries (Ukraine, Uganda, Indonesia, Chad and Myanmar) are covered under the	X		X	X		

14 2	The OIG Review of the Global Fund Grant Application Process	2010	OIG Report	review, and a series of lessons learned and corresponding recommendations are presented in this report. This OIG report provides the Board with an independent review of the grant application process, with a focus on the way applications are dealt with by the Secretariat and the TRP. The report generates a series of independent recommendations for further improving the grant application process.		x		X		
14 3	Review of Principal Recipient Audit Arrangements	2009	OIG Report	This report provides an assessment of the effectiveness of the different audit arrangements employed by Global Fund recipients. In addition, the scope of the assessment includes the level of compliance by recipients to the audit conditions set out in the grant agreement, and the soundness of systems, policies and procedures within the Secretariat. It explores whether audit arrangements are complied with to minimize risks, and the adequacy of measures taken to mitigate the risks.	x		x	X		
14 4	Report on the Review of Local Fund Agent Tendering Process	2009	OIG Report	This report reviews recent LFA tendering processes, focusing on their fairness, transparency, competitiveness and objectivity. These processes are key factors influencing value for money in Global Fund operations. Based on the findings arising from the review, the report produces a series of operational recommendations to achieve greater value out of the process.	X		X		X	
14 5	Country Audit of the Global Fund Grants to the Democratic Republic of Congo	2010	OIG Report	This is a report of an OIG audit of Global Fund grants to the Democratic Republic of Congo, conducted in 2009. The purpose of the audit was to assess the adequacy of the internal control and programmatic systems in	X				X	

14 6	Country Audit of the Global Fund Grants to Zambia	2010	OIG Report	managing the Global Fund grants in the Democratic Republic of Congo. A number of material deficiencies in the financial management of sub-recipients implementing the Global Fund programs were identified. Other OIG country reports are available at http://www.theglobalfund.org/en/oig/reports/. This is a report of the OIG audit of Global Fund grants to Zambia, in 2009. The audit principally focused upon Round 1 and 4 grants, which were active between 2003 and 2009. It also covered the operations of four Principal Recipients. The audit identified significant financial management and control weaknesses, episodes of misappropriation and fraud, and losses of grant funds which called for reimbursements. Other OIG country reports are available at http://www.theglobalfund.org/en/oig/reports/.	X			X		
14 7	Technical Evaluation Reference Group (TERG): Self- Assessment (GF/B20/17, Attachment 1)	2009	Board Paper	This paper presents the TERG self-assessment covering performance, experiences and achievements as of November 2009. It proposes recommendations for a possible evolution of the TERG's future role, objectives and mode of operation - suggesting three options: 1) discontinuation of the TERG and full internalization of the evaluation function; 2) restructure and strengthen the TERG within an accountability framework guiding its work with all stakeholders; or 3) fully externalize the Global Fund evaluation function.		x	X		X	
14 8	Donor Timidity	2010	Public Document	This article from the "Global Fund Observer" was published in February 2011. It describes how, out of the three priorities set forth at the inception of the Global Fund ("Raise it - Spend it - Prove it"), "spending" can be particularly challenging in recipient countries. The article states that the Global Fund is "doing a credible and improving job on corruption - and on being open	X					X

				about its methods and findings. It deserves better support from its donors as it continues to implement the vision of flexible innovation".					
14 9	Global Fund Suspends Grants to the Philippines and Mauritania	2009	Public Document	This article from the "Global Fund Observer" was published in September 2009, and provides the background behind the suspension of five grants in the Philippines and a temporary suspension of the Round 5 HIV grant in Mauritania. The Philippines grants had been suspended due to evidence of "unauthorized expenditure" by the Principal Recipient. The Mauritania grant had been suspended due to evidence of "fraudulent and unjustified expenditures".	X		X	X	
15 0	Fraud, Misappropriation and Financial Abuse in Global Fund Grant Programs and the Role of the LFA	2010	OIG Report	This is a publically-available presentation made by the Office of Inspector General in an LFA Workshop in November 2010. It provides a high-level summary of the types of OIG findings to date, the viewpoint taken by the OIG in conducting investigations, and the areas in which LFAs should pay particular attention to prevent fraud.	X			X	
15 1	Audit report on Global Fund Grants to the Philippines	2010	OIG Report	This report documents an audit undertaken in 2009 by the OIG on Global Fund grants in the Philippines, with the purpose of assessing the adequacy of recipient's internal control systems in managing these grants. The audit found that the Principal Recipient's audit arrangements do not comply with Global Fund guidelines (the auditors were also the LFA, constituting a conflict of interest). Other OIG country reports are available at http://www.theglobalfund.org/en/oig/reports/.	X		X	X	

15 2	Technical Evaluation Reference Group (TERG) for the Global Fund to Fight AIDS, Tuberculosis and Malaria: Terms of Reference, Membership and Procedures (GF/B22/4, Annex 5)	2010	Board Paper	This document lays out the revised Terms of Reference for the TERG. The changes include a shift in the positioning of the TERG support team within the Secretariat, and the remuneration scheme of the TERG members (moving to a scheme similar to that of the TRP). The revised Terms of Reference were approved by the Board at its Twenty-Second meeting in 2010.	X			×
15 3	Options For Seat Allocation For Public Donors: Discussion Paper (GF/PSC8/10)	2007	PSC Paper	This paper proposes several models for the transparent allocation of Board seats to donors, as recommended by the Resource Mobilization Task Team. This document proposes two main options (with advantages and disadvantages to both): 1) maintaining the current number of donor seats, and 2) increasing the number of seats.			X	
15 4	Providing Improved Technical Support to Enhance the Effectiveness of Global Fund Grants	2008	Public Document	This white paper from AIDSPAN attempts to address the problems that arise in the provision of adequate, timely, appropriate and effective technical support to programs financed by the Global Fund. The identified problems were: 1) technical support needs are usually identified and met too late in the Global Fund grant cycle; 2) support that is provided often does not meet needs; and 3) technical support is under-funded, and Global Fund partners do not collaborate sufficiently in this regard. The recommendations to address these issues include the creation of two grant proposal stages, incentives for recipients and CCMs to identify problems early, creating a web-based technical support "marketplace", monitoring the effectiveness of the		X		

				support provided, choosing in-country "lead agencies" to coordinate support, and developing a forum through which technical support funders and providers can mutually discuss lessons learned and best practice.	
15 5	Board Committee Study (GF/B9/14)	2004	Board Paper	This paper presents the results of an external study conducted by Booz Allen Hamilton on Board committee structures at the time. The paper includes recommendations on changes to committee structures, roles and processes.	X
15 6	Report of the Committee Restructuring Working Group (GF/B10/11, Revision 1)	2005	Board Paper	This paper presents options to the Board, which eventually led to the constitution of the PSC, PC (now PIC) and FAC. The paper also considers changes to the committee Terms of Reference. This report (alongside GF/B9/14) is one of the core governance reviews since the inception of the Global Fund.	X
15 7	Guidelines On Constituency Processes (GF/PSC8/11)	2007	PSC Paper	This paper presented to the PSC (and eventually the Board) the "Constituency Guidelines" which aim to provide best practice and assistance to constituencies in their functioning.	X
15 8	The Global Fund Board Non-Voting Seats (GF/PSC10/09)	2008	PSC Paper	This paper considers how to bring active participation by Stop TB and RBM to the Global Fund Board, outside of existing non-voting Board seats. It resulted in the creation of an additional Board seat for "Partners" - including Stop TB, RBM and UNITAID.	X
15 9	Report of the Chairs and Vice Chairs Retreat (GF/B18/20)	2008	Board Paper	This paper overviews key governance issues following the release of the Five-Year Evaluation. It includes consideration of the Executive Director as a non-voting	x

16 0	Restructuring of the Board Committees (GF/PSC11/09)	2009	PSC Paper	Member of the Board, a proposal that was eventually approved by the Board. The report also discussed committee mandates and membership reviews, with outcomes delegated to the PSC for consideration. This report is a follow-up to GF/B18/20, with analysis of various models of committee allocations. It eventually led to the establishment of the Market Dynamics and Commodities Committee, and changes to the Terms of Reference for the Portfolio Committee (which then became the Portfolio and Implementation Committee).			x
16 1	Translation and Interpretation for Governance Processes (GF/PSC12/10)	2009	PSC Paper	This paper considers options for increasing language diversity within the Global Fund governance processes, with the aim of increasing participation from the global south. It led to a decision by the Board on Language Policy.		***************************************	X
16 2	More Effectively Engaging Implementing Board Constituencies in Global Fund Governance Processes (GF/PSC12/11)	2009	PSC Paper	This paper includes discussion and options on how best to increase participation of implementing constituencies in governance processes. It eventually led to a Board decision on constituency funding at the rate of US\$ 80,000 per year, per implementing constituency.			X
16 3	Guidelines for Proposals – Round 10: Single Country Applicant	2010	Global Fund Document	These comprehensive documents provide step-by- step directions for potential applicants on how to complete the Round 10 proposal form. Topics covered include recommended pre-proposal reading, guiding	X		
16 4	Guidelines for Proposals – Round 10: Multi-Country Applicant	2010	Global Fund Document	principles of Global Fund support, and completing program descriptions. • The Round 10 proposal form itself can be found at http://www.theglobalfund.org/en/applicationmaterials /, and both the form and guidelines are being reviewed for revision ahead of Round 11.	x		

16 5	Report of the Executive Director (GF/B22/3)	2010	Board Paper	This paper reviews 2010 from the perspective of the Executive Director, and looks ahead to 2011 and the milestones for the Global Fund and for global health. It discusses in detail the measures being implemented to ensure that the Global Fund is operating at peak effectiveness and efficiency. The report is split into four parts: 1) results, overview of portfolio and progress on initiatives (highlighting the end-2010 achievements and programmatic successes); 2) the Third Voluntary Replenishment (which the report describes as "a strong vote of confidence in the Global Fund" and the "largest single sum ever mobilized for global health"); 3) challenges of success and growth (which describes the evolution of the organization and its rapid growth in recent years); and 4) the agenda for a more efficient and effective Global Fund (detailing the measures being taken to enhance operational performance). Over the next three years, the Global Fund anticipates a further scale-up of programs, but also a period of consolidation, internal strengthening and strategic decisions about how best to position the Global Fund on the health landscape as we approach the MDG deadline.		X	X	×	X		x	X
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