



Investing in our future

# The Global Fund

To Fight AIDS, Tuberculosis and Malaria

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.



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15	<a href="#">Equity, Social Determinants and Public Health Programmes</a>	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	<a href="#">Equity in Development: Why it is Important and How to Achieve It</a>	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							





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33	<a href="#">Financial and Health Impacts of Continued Support to the Three Diseases: Long-Term Estimates</a>	2010	Global Fund Document	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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)</li> </ul>									
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34	<a href="#">World Malaria Report 2009</a>	2009	WHO Document	<ul style="list-style-type: none"> <li>This report summarizes information received from health ministries and national malaria programs from 108 malaria endemic countries, and other sources.</li> <li>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.</li> <li>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.</li> <li>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%.</li> <li>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.</li> </ul>	X										
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45	<a href="#">Consultation on Antiretroviral Treatment for Prevention of HIV Transmission: Meeting Report</a>	2009	WHO Document	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	X	X
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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	<a href="#">Report of the Technical Review Panel and the Secretariat on Round 10 Proposals (GF/B22/13)</a>	2010	Board Paper	<ul style="list-style-type: none"> <li>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.</li> <li>The TRP was also concerned that applicants do not always consider absorptive capacity issues or existing</li> </ul>			X	X								X



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84	<a href="#">Global Fund Operational Guide: The Key to Global Fund Policies and Processes</a>	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	<a href="#">The Global Fund Operations Policy Manual</a>	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









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11 2	Lu et al. Absorptive Capacity and Disbursements by the Global Fund to Fight AIDS, Tuberculosis and Malaria: Analysis of Grant Implementation. <i>Lancet</i> . 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	<a href="#">FAQ and Information Notes (Round 10)</a>	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				

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<b>12 1</b>	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
<b>12 2</b>	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 5	Message from the Vice-Chair of the Third Voluntary Replenishment to the Board	2010	Board Document	<ul style="list-style-type: none"> <li>• The report to the Board in April 2010 indicated that a successful Global Fund Replenishment outcome would be characterized by three elements: traditional donors increasing funding beyond existing levels; non-traditional donors making a quantum increase in their contributions; and significant increases from the private sector.</li> <li>• 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).</li> <li>• 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 stakeholders.</li> </ul>	
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12 8	<a href="#"><u>Donor Funding for Health in Low- and Middle-Income Countries, 2001-2008</u></a>	2010	Public Document	<ul style="list-style-type: none"> <li>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.</li> <li>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 Nations Summit to accelerate progress towards the MDGs.</li> <li>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.</li> </ul>	
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13 6	<a href="#">The Risk Management Framework for the Global Fund (GF/B20/6)</a>	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	<a href="#">The Global Fund Charter and Terms of Reference for the Office of the Inspector General</a>	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	<a href="#">In-Country Whistle-Blowing Policy</a>		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 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									
13 9	<a href="#">Whistle-Blowing Procedures</a>	2006	Global Fund Document		X									
14 0	<a href="#">Ethics and Reputational Risk Assessment</a>	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 1	<a href="#">Review of the Suspension / Termination Processes for Global Fund Grants</a>	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				





				about its methods and findings. It deserves better support from its donors as it continues to implement the vision of flexible innovation".															
149	<a href="#">Global Fund Suspends Grants to the Philippines and Mauritania</a>	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								
150	<a href="#">Fraud, Misappropriation and Financial Abuse in Global Fund Grant Programs and the Role of the LFA</a>	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								
151	<a href="#">Audit report on Global Fund Grants to the Philippines</a>	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 <a href="http://www.theglobalfund.org/en/oig/reports/">http://www.theglobalfund.org/en/oig/reports/</a> .	X					X	X								

<b>15 2</b>	<a href="#">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)</a>	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				X
<b>15 3</b>	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	
<b>15 4</b>	<a href="#">Providing Improved Technical Support to Enhance the Effectiveness of Global Fund Grants</a>	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			



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16 5	<a href="#">Report of the Executive Director (GF/B22/3)</a>	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	X
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