WHO support to countries in accessing and utilizing resources from the Global Fund

A HANDBOOK

GENEVA
APRIL 2015

World Health Organization

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Abbreviations

CCM	Country Coordinating Mechanism
CCS	Country Cooperation Strategy
FWC	Family, Women's and Children's Health
GAC	Grant Approvals Committee
HIS	Health Systems and Innovation
HSS	health systems strengthening
IHP+	International Health Partnership and related initiatives
LFA	Local Fund Agent
M&E	monitoring and evaluation
MDG	Millennium Development Goal
NGO	nongovernmental organization
NHPSP	national health policies, strategic and operational plans
NSP	National Strategic Plan
PSM	procurement and supply management
RMNCAH	reproductive, maternal, newborn, child and adolescent health
TB	tuberculosis
TRP	Technical Review Panel
UN	United Nations
UNDAF	United Nations Development Assistance Framework
WHO	World Health Organization

Introduction

More than a decade after world leaders adopted the Millennium Development Goals (MDGs), substantial progress has been made in reducing child and maternal mortality; improving nutrition; reducing morbidity and mortality due to HIV, tuberculosis (TB) and malaria, and increasing access to safe water and sanitation.

The unfinished MDGs agenda remains a global health leadership priority. More needs to be done through intensified collective action and expansion of successful approaches post-2015, in order to sustain the gains that have been made and to ensure more equitable levels of achievement across countries, populations and programmes. It will be sometime after 2015 before achievements against the MDGs can be fully assessed.

Work being undertaken towards achieving the MDGs on health also represents one of the essential components in reducing poverty and working towards a more equitable world. The elimination or eradication of major communicable diseases is a priority, given their role as causes of disability and loss of productivity among children and adults at their most productive age, as well as some of the world's most disadvantaged people. The reduction of maternal, newborn and child mortality is equally critical to promote health and well-being across the whole life-course, from conception to old age. Given the rising disease burden and premature deaths from noncommunicable diseases, several measures will need to be taken to prevent and manage these conditions. The need to strengthen health systems to provide universal equitable access to health-care services underpins these aims.

This agenda calls for integrated work across different areas of health, particularly to build robust public health programmes and systems, including effective health institutions, not just as an end in themselves, but as a means to achieving sustainable and equitable health outcomes and impact.

There is, therefore, a need to sustain and accelerate progress towards the MDGs, to back national efforts with the technical support and political advocacy needed, and crucially, to maintain adequate levels of investment in national health systems, towards positioning countries to achieve the Sustainable Development Goals.[1]

[1] One of the main outcomes of the Rio+20 Conference was agreement by Member States to develop a set of Sustainable Development Goals, which will build upon the MDGs and converge with the post-2015 development agenda.

The World Health Organization (WHO), as the lead agency for health globally, exercises its convening mandate at country, regional and global levels to promote an inclusive and informed evidence-based health dialogue. WHO's unique strength comes from its public health and health systems strengthening (HSS) expertise. WHO continues to support the development and implementation of comprehensive, financially sustainable and harmonized national health policies and strategic plans, aimed at strengthening health systems for the delivery of all health priority programmes and services in all its Member States. At country level, WHO makes sure that the latest internationally recommended guidelines are adapted to country contexts and included in national programmes, together with adequate capacity building, thereby supporting country ownership and sustainability.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a key player in global health. It is a results-based financing mechanism created to mobilize, manage and disburse substantial additional resources for national HIV, TB and malaria programmes, as well as national health systems to achieve set targets. The resources disbursed by the Global Fund since it was established in 2002, have helped reduce infections, illness and death caused by HIV, TB and malaria and thereby contributed to achieving the MDGs in several countries around the world.

As the Global Fund does not have a permanent country presence, its success at country level depends on the leadership and management of countries together with the active collaboration of WHO, technical and development partners.

WHO's capacity to elaborate synergies between programmatic areas and systems, and to provide support tailored to country priorities, stems from its country focus, permanent presence in countries and its privileged relationship as the lead adviser to ministries of health and other national stakeholders on all issues relating to health.

WHO's role, therefore, in promoting inclusive dialogue between technical and development partners and Member States, together with its technical expertise and permanent presence in countries, is critical in ensuring effective application of the Global Fund's new funding model to optimally support national health priorities in all eligible countries.

Purpose of this handbook

The purpose of this handbook is to provide WHO staff with guidance on the Organization's engagement with the Global Fund, in supporting countries to access and effectively use Global Fund resources to sustain and scale up national HIV, TB and Malaria programmes and strengthen health systems. It can also serve to inform national and international partners on the collaboration between WHO and the Global Fund towards achieving the expected impact on these three diseases in countries.

This handbook is an update of a similar document that was published in 2009.[2] This update was felt to be necessary due to evolving changes within the Global Fund and the launch of a new funding model in 2013.

The handbook outlines how WHO interacts with the Global Fund at country, regional and global levels for jointly achieving and sustaining reductions in the burdens of disease.

The handbook also identifies areas for WHO leadership in health, provision of technical guidance, catalysing change, capacity building and institutional strengthening in Member States, together with the Global Fund and development partners. In addition, it provides information concerning coordination and communication with the Global Fund. This handbook is to be viewed as general guidance, bearing in mind that approaches might vary according to specific country and regional contexts.

Standard operating procedures have been developed to provide practical guidance to WHO headquarters and regional and country office staff on the provision of technical support and capacity strengthening, during the Global Fund grant cycle in countries. This focuses on interactions with ministry of health officials and other partners on Global Fund-related issues. The content of this handbook should also be linked to technical guidance documents relating to HIV, TB, malaria, health system strengthening, and reproductive, maternal, newborn, child and adolescent health (RMNCAH).

The various sections of the handbook cover the role and functions of WHO as the lead agency in global health, the structure and functions of the Global Fund, the

[2] Guidance paper on Global Fund to fight AIDS, Tuberculosis and Malaria related activities in WHO. Geneva: World Health Organization; 2009.

scope of the technical support provided by WHO to countries in accessing and using financing from the Global Fund, the roles of the different levels of WHO in this effort, coordination and collaboration with partners in providing the technical support required, and finally, the resource implications for WHO in engaging with the Global Fund.

1
Background

1. Background

1.1 Global health leadership: The mandate of WHO

WHO, as the specialized health agency of the United Nations (UN), is the neutral, directing and coordinating authority in global and international health. WHO's international global health mandate is based on a high level of international public health competence drawing upon the collective experiences, evidence and continuing dialogue with its Members States and territories, and their service, research and academic institutions. It sets global standards and norms for public health programmes and systems and provides guidance and support on technical and programmatic aspects, including capacity strengthening for national health systems.

WHO provides guidance to align the support of development partners with the needs of national health systems towards achieving universal health coverage and the "attainment by all people of the highest possible level of health",[3] as an integral part of sustainable health and socioeconomic development.

WHO directs and coordinates international public health efforts through its support to countries, global health partnerships and initiatives, based on its six core functions:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- providing technical support, catalysing change and building sustainable institutional capacity;
- monitoring the health situation and assessing health trends;
- articulating ethical and evidence-based policy options;
- setting norms and standards and promoting and monitoring their implementation;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.

[3] Constitution of the World Health Organization; Off. Rec. Wld Hlth Org., 2,100). Geneva: World Health Organization; 1948.

1.1.1 WHO's Twelfth General Programme of Work 2014–2019

WHO's Twelfth General Programme of Work[4] provides a high-level strategic vision for the work of WHO for 2014–2019. Member States have endorsed WHO's unique position as an evidence-based multilateral agency to follow through on the six leadership priorities that provide programmatic direction, and two additional priorities that reflect the governance and managerial dimensions of WHO reform.

These priorities, which are the keystone of this 6-year strategic vision, define the key health areas where WHO aims to shape global health cooperation.

1.1.2 Global health leadership priorities 2014–2019

Leadership priorities give focus and direction to WHO's global health work. Their ultimate purpose is to promote global health and well-being. More specifically, they serve to highlight areas in which WHO's advocacy and technical leadership are most critical in the global health arena.

These priorities drive the way the Organization works to integrate efforts across and between levels of WHO, and with other health and development partners at country and international levels.

The six leadership priorities are:

- Advancing universal health coverage: enabling countries to sustain or expand access to all needed health services and financial protection, and promoting universal health coverage as a unifying concept in global health.
- Health-related Millennium Development Goals – addressing unfinished and future challenges: accelerating the achievement of the current health-related Goals up to and beyond 2015. This priority includes completing the eradication of poliomyelitis and selected neglected tropical diseases.
- Addressing the challenge of noncommunicable diseases, mental health, violence and injuries, and disabilities.
- Implementing the provisions of the International Health Regulations (2005): ensuring that all countries can meet the capacity requirements specified in the Regulations.
- Increasing access to quality, safe, efficacious and affordable medical products (medicines, vaccines, diagnostics and other health technologies).
- Addressing the social, economic and environmental determinants of health as a means to promote health outcomes and reduce health inequities within and between countries.

[4] Engaging for Health, Twelfth General Programme of Work 2014–2019 – A Global Health Agenda. Geneva: World Health Organization; 2013.

1.1.3 Strategic categories of work for 2014–2019

WHO governance bodies, based on leadership priorities, have agreed on the following six technical categories for organizing the global health work of WHO in its Member States for 2014–2019:

1. communicable diseases control;
2. noncommunicable diseases control;
3. promoting health through the life-course
4. strengthening health systems;
5. preparedness, surveillance and response.

The sixth category is reserved for WHO corporate presence, function, services and enabling functions. These work areas also address the social and political determinants of health, based on the principles of the right to health and equity.

1.1.4 Operational planning priorities

The Twelfth General Programme of Work and the Programme Budget 2014–2015 provide a first step in the implementation of the ongoing programmatic and managerial reforms at WHO. While the Twelfth General Programme of Work establishes the technical categories of work for the Organization, the Programme Budget 2014–2015 further elaborates this by identifying outputs to be achieved based on the roles, functions and deliverables at each level of the Organization.

The Programme Budget 2016–2017 will continue from, and build on, the Programme Budget 2014–2015. The identification of priorities at country, regional and headquarters level will take into account existing targets, commitments and global, regional and country strategies. There will be some changes in emphasis and approach as a result of the bottom-up planning process, however, it is not expected that there will be major changes to the overall direction of the technical categories and programme areas, or among the three levels of the Organization.

The Programme Budget 2016–2017 results chain and technical accountability will be based on strengthened collaborative planning through category and programme area networks, which will enable the Organization to plan more cohesively and coherently across the three levels.

Category and programme area networks are two separate entities, comprising individuals from the three levels of the Organization who are able to bring the perspectives of each of these levels together for greater coordination of the work of WHO across its Member States. The category and programme area networks' primary role is to bring together the work and results that WHO delivers as a whole, coherently within the framework of the Twelfth General Programme of Work.

1.1.5 Coordinated planning and alignment of priorities

Priorities are identified through a bottom-up process at country, regional and global levels, and consolidated into a coherent strategy towards achieving the impacts and outcomes in the Twelfth General Programme of Work. This is achieved

through aligning the priorities with ongoing commitments and work to be delivered across the three levels of the Organization through a well-coordinated process.

Country priorities. These are priority programme areas that are geared towards achieving the agreed set of health outcomes in Member States that have been identified in the Twelfth General Programme of Work. The Secretariat will focus its technical cooperation work with the Member States on achieving these health outcomes. This will be based on existing WHO country cooperation strategies and/or other strategic discussions that have taken place at the country level with Member States and partners, as well as ongoing regional and global commitments relevant to the country.

Regional and global priorities. These are regional and global public health priorities delivered by the six WHO regional offices and headquarters. These comprise regional and global public goods and backstopping support at the country level that contributes to achieving the health impacts and outcomes identified in the Twelfth General Programme of Work.

1.1.6 WHO country focus strategy

This strategy essentially gears WHO's technical collaboration to the needs and capacities of each Member State, with a special emphasis on the poorest countries and countries in fragile situations.

A key element of the country focus strategy is the Country Cooperation Strategy (CCS). WHO utilizes the CCS as a strategic management tool to create synergies and alignment between WHO leadership priorities and national health policies, strategic and operational plans (NHPSP) as well as with the United Nations Development Assistance Framework (UNDAF). The CCS development and renewal process is led by the head of the WHO country office and is undertaken in extensive consultation and strategic dialogue with all relevant stakeholders at the country level and across the three levels of the Organization. The CCS Strategic Agenda is defined through a prioritization exercise with the government at the highest level possible, and with other partners, including other UN agencies and in-country development partners. The prioritization takes into account the outcomes of the health situation analysis, the national health priorities, the six leadership priorities of the Twelfth General Programme of Work, the contributions of the other UN agencies and development partners to the NHPSP, as well as WHO's comparative advantage.

1.2 Global health partnership

The institutional landscape of global health is complex. Several factors continue to be instrumental in broadening the voices and actors working in health at international and national levels. Civil society networks, individual nongovernmental organizations (NGOs) at international and community levels, professional groups, philanthropic foundations, trade associations, the media, national and transnational corporations, individuals and informal diffuse communities all have an

influence on decision-making that affects health, spurred by the ease of global communication, including through social media.

The creation of new organizations, financing channels and monitoring systems calls for greater coordination and collaboration to avoid fragmentation and duplication of the work of the several partners engaged in international health cooperation. At the country and regional level, the work of various international health partnerships needs to be better aligned, harmonized and coordinated, to provide the optimal support to Member States and other in-country stakeholders.

This is seen in the evolution of coordinated development thinking from the Paris Declaration on Aid Effectiveness[5] to the Busan Partnership for Effective Development Co-operation,[6] with its greater focus on partnership and increasing South–South cooperation, as well as other forms of health and development cooperation.

1.2.1 United Nations Development Assistance Framework

The UNDAF is the strategic framework for the collective response of the UN to national development needs and priorities. Since the 1990s, the UNDAF has been a driving force in efforts to improve UN coherence at country level. Its role in promoting greater coherence among the UN activities is linked closely to the aid effectiveness principle of national ownership. The UNDAF and the country analysis from which it emerges, is based on and aligned with national development policies, strategies and plans. The development of the UNDAF plan for each country requires national leadership and the engagement of all relevant stakeholders at all stages of the process, in order to maximize the contribution that the UN system can make to sustainable development in a country.

The UNDAF provides an important opportunity for WHO to foster a multisectoral approach to health, and to address the key socioeconomic and environmental determinants of health. Through the CCS and biennial programme planning and budgeting, WHO supports a process for strategic dialogue and planning for cooperation for health within the UNDAF, building on and reinforcing national processes.

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[5] Paris Declaration on Aid Effectiveness, High Level Forum on Aid Effectiveness, Paris, 2 March 2005 (http://www.oecd.org/development/effectiveness/34428351.pdf, accessed 25 November 2014).

[6] Busan Partnership for Effective Development Co-Operation, Fourth High Level Forum on Aid Effectiveness, Busan, Republic of Korea, 29 November–1 December 2011 (http://www.oecd.org/dac/effectiveness/49650173.pdf, accessed 25 November 2014).

2
Principles guiding WHO's work with the Global Fund

2. Principles guiding WHO's work with the Global Fund

2.1 The work of WHO

The World Health Assembly is the supreme decision-making body for WHO in global health. It generally meets in Geneva in May each year, and is attended by delegations from all 194 Member States. Its main functions are to identify global problems and priorities, adopt global health resolutions, determine global health directions and policies, and adopt a strategic global programme of work and operational biennial programme plans and budgets for WHO's work in global health.

The Executive Board is composed of 34 members, technically qualified in the field of health. The main functions of the Board are to give effect to the decisions and policies of the Health Assembly, to advise and facilitate its work. The Executive Board works with the WHO Secretariat in preparing the agenda and draft resolutions for the World Health Assembly. The Programme, Budget and Administration Committee is composed of 14 members, two from each WHO region, selected from among Executive Board members. The Committee meets twice each year to review, provide guidance and make appropriate recommendations to the Executive Board on global programme planning, monitoring and evaluation (M&E), financial and administrative matters.

The meetings of the WHO regional committees are convened annually by the six regional offices of WHO. Their main functions are formulating regional policies and programmes and supervising the activities of the regional offices. The regional committees are supported by the Programme Subcommittee in reviewing the budget, strategies, reports and proposed resolutions, and advising on policy and governance matters. The Programme Subcommittee consists of 16 representatives from Member States and three WHO Executive Board members from the region.

The Secretariat of WHO is staffed by 8000 health and other experts and support staff, working at headquarters, in the six regional offices, and in 150 WHO Member States supporting all 196 Member States of the UN.

The Global Fund has since its inception in 2002, become an important source of financing for national HIV, TB Malaria programmes and health systems strengthening.

WHO advocated for and supported the development of the Global Fund as a performance-based financing instrument to address the challenge of major infectious diseases, since it was first proposed at the Okinawa Group of Eight (G8) meeting in 2000.

The Organization housed and provided administrative support to the Global Fund in 2002–2008, and has since continued to provide technical and programmatic support to Member States in accessing, implementing and reporting on Global Fund grants in countries. WHO is a member of the Board of the Global Fund and plays an active role in the Board and other governance mechanisms. WHO participates in these processes to ensure that it is informed of policy and operational directions of the Global Fund, and to provide advice on these policies and directions.

WHO supports countries and the Global Fund to ensure that the Fund's resources are used strategically and invested in ways that best reflect country needs and priorities, are based on sound technical approaches, build sustainable national capacity and institutions, and bring synergies to bear with other priority health programmes, particularly reproductive, maternal and child health services, while being embedded in the overall national health system.

2.2 WHO guiding principles

WHO's work with the Global Fund draws from its constitutional and operational mandate in global health. WHO support to countries and the Global Fund is based on its six core functions, and guided by the following principles:

- **WHO's primary responsibility is to Member States.** WHO was established and is governed by its Member States, and primarily responds to their health needs. Countries suffering from a high burden of HIV, TB and malaria often lack the necessary resources to fight these diseases and request WHO to assist in strategic planning, resource mobilization, timely service delivery and reporting for accountability. In this respect, WHO's priority is to advise and support countries to scale up health services and strengthen health systems.
- **WHO works to ensure that everyone has universal access and coverage of quality health services as a basic human right and that priority is given to health outcomes among poor, disadvantaged or vulnerable groups.** This requires that health services are people-centred and they reach poor and underserved populations. Health systems in many parts of the world are unable to do so, which is why WHO accords universal access and the strengthening of health systems a high priority. WHO promotes the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, decentralization and active community participation as the basis for strengthening health systems.[7]

[7] Resolution WHA 62.12. Primary health care, including health system strengthening. In: Sixty-second World Health Assembly, Geneva, 18–22 May 2009. Resolutions and decisions, and annexes. Geneva: World Health Organization; 2009:16–19 (WHA62/2009/REC/1).

- **The Global Fund, among others, is an important source of funding for health.** WHO's involvement with the Global Fund should aim to ensure that the financial resources of the Global Fund translate into effective health strategies and services based on WHO principles, technical standards and norms, towards advancing health goals in Member States. Where sound national health strategies and plans exist, WHO's role should be to ensure that programmes supported through the Global Fund strengthen national strategies and plans in line with national priorities.
- **WHO promotes aid effectiveness, harmonization and alignment.** WHO works to realize the principles of aid effectiveness in health. This work consists of advancing national ownership of health programming, aligning processes with national systems, improving the harmonization of approaches among development partners and moving towards managing for results and mutual accountability. WHO supports and hosts the International Health Partnership and related initiatives (IHP+)[8] which seek to achieve better health results by mobilizing donors and development partners around a single country-led national health strategy, guided by the principles of the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action[9] and the Busan Partnership for Effective Development Co-operation.
- **WHO promotes effective partnerships among all stakeholders in health under the stewardship of the ministries of health.** This includes promoting the participation of, and effectively leveraging action from partners such as NGOs, faith-based organizations, the private sector, academic institutions, communities of people living with diseases, traditional health practitioners and other civil society groups.
- **WHO promotes gender equality and human rights.** Human rights violations and gender inequalities are a strong driver of HIV, TB and malaria epidemics. Close attention therefore needs to be paid to how such inequalities and human rights violations fuel the spread of disease and affect the ability of individuals to access health care and other services equitably. WHO plays a key role in encouraging and supporting countries to incorporate gender-responsive strategies in national policies and plans. The strength of WHO is its ability to support country efforts to take gender inequality, human rights and gender-based violence into account while developing their applications and in the subsequent implementation of interventions, in line with the Global Fund Gender Equality and Human Rights Strategy.
- **Attention to populations of humanitarian concern.** Addressing the health needs of populations affected by crises is critical to reach global targets and achieve universal coverage goals. It is thus an essential part of the work of WHO on HIV, TB and malaria. This is also a major focus of WHO's role as the lead of the humanitarian health cluster at global and country levels. In this role, WHO

[8] The International Health Partnership and related initiatives (http://www.internationalhealthpartnership.net/en/home, accessed 25 November 2014).

[9] Accra Agenda for Action, Third High Level Forum on Aid Effectiveness, Accra, 4 September 2008 (http://www.oecd.org/dac/effectiveness/34428351.pdf, accessed 25 November 2014).

is accountable for ensuring, through close coordination with health partners, that the priority health needs of populations of humanitarian concern are addressed. WHO must therefore make sure that these populations (including refugees, internally displaced people and host communities) are included in Global Fund proposals and national strategic plans (NSPs). The implementation of grants in such situations poses a unique challenge and is often associated with poor performance, which requires special attention and well-coordinated support.

3
The Global Fund governance structures

3. The Global Fund governance structures

3.1 The Global Fund and financing for health

The Global Fund was established to attract, manage and disburse substantial new resources to make a sustainable and significant contribution to the reduction of infections, illness and death caused by HIV, TB and malaria in countries in need, and thereby contribute to poverty reduction as part of the MDGs.

It was established with the following principles:

- to operate as a financial instrument, not an implementing entity;
- to make available and leverage additional financial resources;
- to support programmes that evolve from national plans and priorities;
- to operate in a balanced manner in terms of different regions, diseases and interventions;
- to pursue an integrated and balanced approach to prevention and treatment;
- to evaluate country applications for funding through independent review processes;
- to operate with transparency and accountability.

The Global Fund's policies, architecture and processes continue to evolve to match the changing needs and demands from countries and investors. In 2011, the Global Fund Board endorsed the Fund's strategy for 2012–2016 with five strategic objectives: (i) to invest more strategically, (ii) to evolve the funding model, (iii) to actively support grant implementation, (iv) to promote and protect human rights, and (v) to sustain the gains, mobilize resources. This strategy aimed at supporting national priorities, health systems and plans for greater impact on the three diseases, promoting gender equality and attention to minorities and other vulnerable populations. In 2012, in line with this strategy, the Global Fund changed its funding model, moving from a project-based funding approach (rounds-based system) to a more streamlined funding model, better aligned with NSPs.

The new funding model aims to provide financing in a faster, more flexible and predictable manner in order to achieve a bigger impact on the three diseases. A major change is that eligible countries will be notified of their funding alloca-

tions at the beginning of each 3-year replenishment period. Several application windows have been made available for countries during this period. This allows countries to time the submission of their applications in a way that aligns the Global Fund's contributions more strategically with their national fiscal cycles, health plans and budgets.

The process for future allocation periods will be similar but not identical. One reason for this is that there are provisions unique to the 2014–2016 period because of the transition from the previous rounds-based system of funding. Another reason is that the Global Fund will be evaluating the process used for 2014–2016, and is likely to make changes to the model based on this evaluation.

3.2 Governance mechanisms

3.2.1 The Board

As the overall supreme governing body of the Global Fund, the Board is assisted by its three standing committees: the Strategy, Investment and Impact Committee (SIIC); the Finance and Operational Performance Committee (FOPC); and the Audit and Ethics Committee (AEC). The Coordinating Group, comprising the chairs and vice-chairs of the Board and the three committees, also supports the Board in ensuring efficient governance mechanisms as displayed in **Figure 1**.

The Secretariat is responsible for day-to-day implementation and the Office of the Inspector General for overall assurance of programmes.

3.2.2 The Board committees

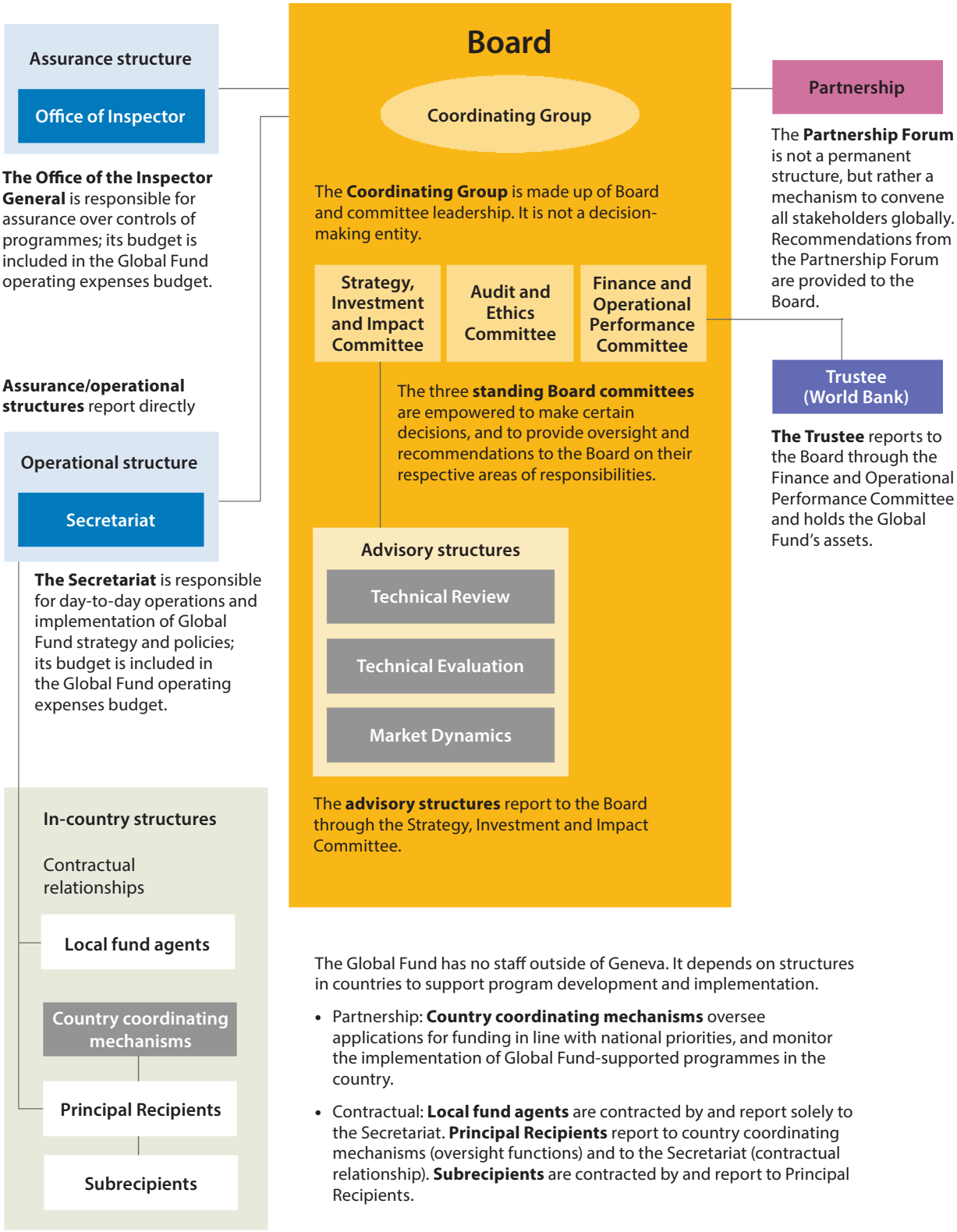
The Board delegates certain decision-making, advisory and oversight functions to its three standing committees. The committees provide the Board with specific expertise in the subject areas it needs in order to carry out its comprehensive oversight functions. Their work prepares the Board to make decisions on complex topics, provides the means to follow up and monitor Board decisions, and helps to identify new issues for deliberation.

Each of the Board committees performs three functions, as set in their respective charters: (i) making decisions on areas delegated by the Board, (ii) providing advice, analysis and recommendations to the Board, and (iii) overseeing key activities and monitoring performance through key performance indicators.

The main purpose of each committee is as follows:

- **AEC:** to oversee the Global Fund's internal and external audit investigation functions, and the organization's and grant recipients' adherence to appropriate standards of ethical behaviour;
- **FOPC:** to oversee the financial management of Global Fund resources and ensure optimal performance in the operations and corporate management of the Secretariat;
- **SIIC:** to provide oversight of the strategic direction of the Global Fund and ensure the optimal impact and performance of its investments in health.

Figure 1. The organization of the Global Fund



Source: Global Fund website, 2014. The standing Board committees are currently in the process of being reorganized.

3.2.3 The Secretariat

As the main implementing organ of the Global Fund, the Secretariat provides support to all governance bodies. It supports the functions of the Board and its committees, convenes and oversees governance events (i.e. Board and committee meetings), implements decisions and the Global Fund's Strategy, manages grant portfolios and risks, develops policies with respect to its mndate, mobilizes resources and liaises with partners. WHO is in regular contact with the Global Fund Secretariat at policy, technical and administrative levels. **Figure 2** illustrates the organizational structure of the Global Fund Secretariat.

Given that the Global Fund has no presence in countries, the Grant Management Division employs a country team approach to enhance collaboration among team members in order to achieve a more effective and efficient oversight of the Global Fund grant portfolio. The approach leverages on the expertise of the country team members to reach high-quality outputs and decisions and quickly resolve portfolio or grant issues. A fund portfolio manager leads and coordinates the work of each country team as shown in **Figure 3**.

3.2.4 The country teams

The Global Fund, since it does not have a permanent in-country presence, works through country teams that have responsibilities for each country that the Global Fund supports through its grants.

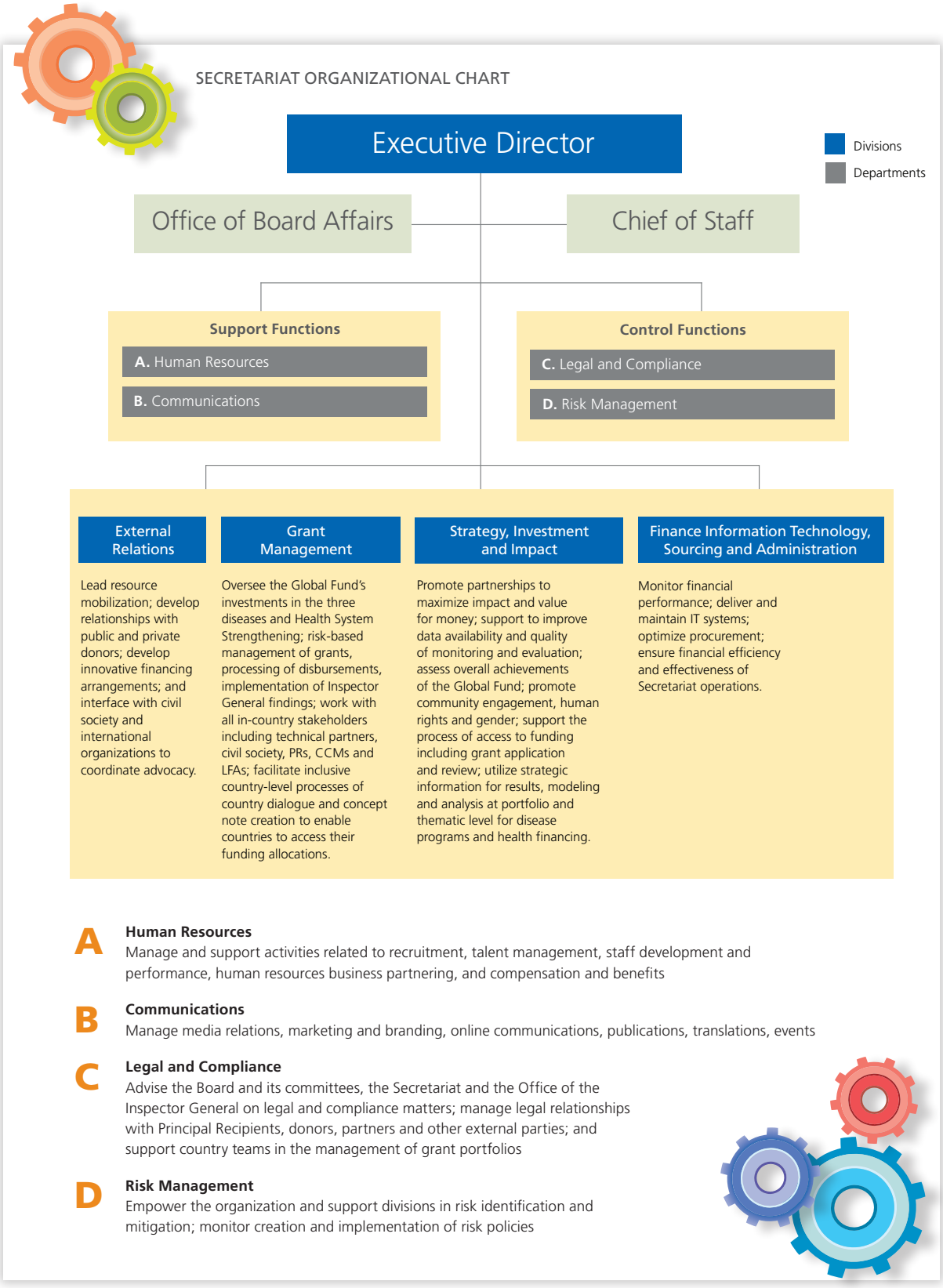
The country teams are led by a fund portfolio manager, who is supported by a programme officer, and focal points for finance, M&E, and procurement and supply management. Each of these country teams in turn, are advised by the regional managers and the Legal Department at the Global Fund. The country teams are part of the Grant Management Division.

The country teams typically make 3–4 visits each year to each of the countries that they are responsible for, to interact with the CCMs, the ministries of health, key stakeholders and technical partners in each country. Their primary role is to support the country through each grant cycle, from application to closure of each grant.

The primary responsibilities of the fund portfolio managers and country teams are:

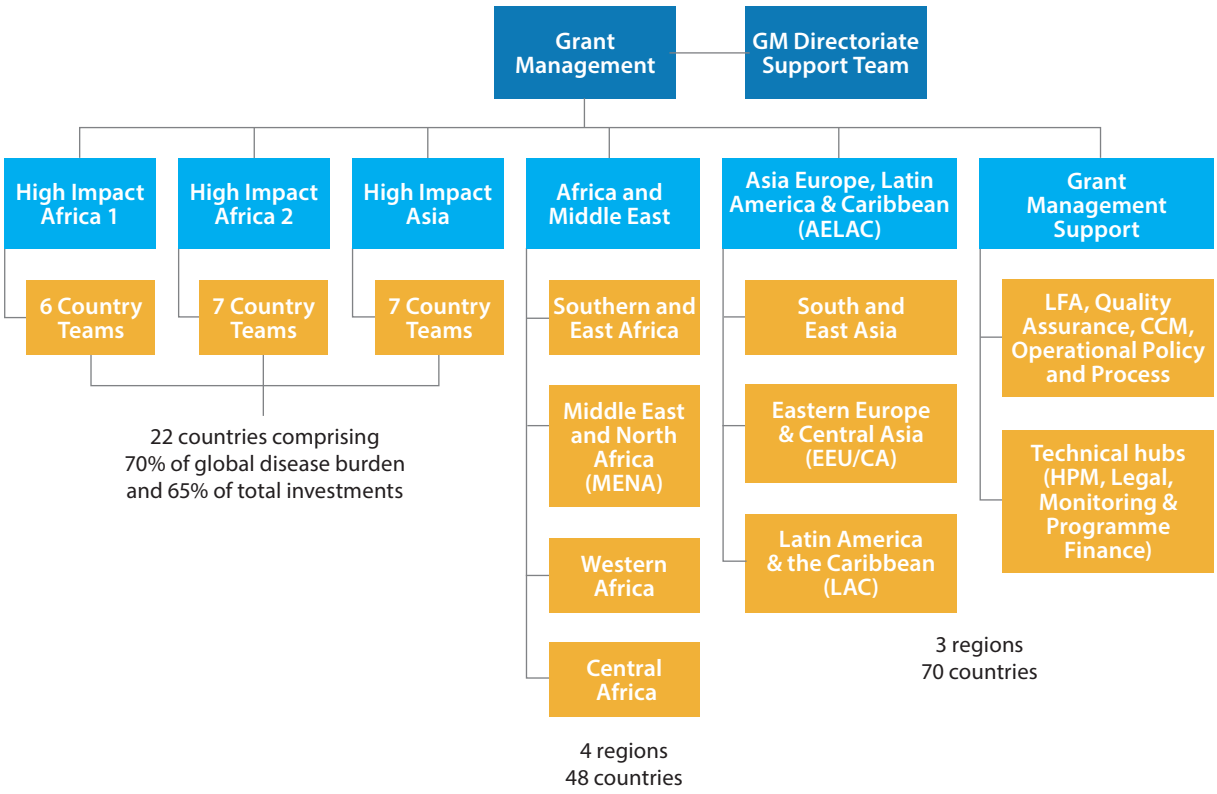
- to provide guidance to the CCMs on evolving changes in the policies and approaches of the Global Fund;
- to assist countries with the process of developing applications to the Global Fund;
- to help CCMs and Principal Recipients to identify and address issues relating to their applications, grant implementation and performance, and to monitor the results and impact of the Global Fund's contribution to the national programmes for HIV, TB and malaria and the national health system;

Figure 2. Organizational chart for the Global Fund Secretariat



Source: Global Fund website.

Figure 3. Organization of the Grant Management Division



- to present country applications to the TRP and Grant Approvals Committee (GAC) of the Global Fund towards securing approval for the grants.

The country teams also interact with and seek advice from the Global Fund's disease advisors and technical partners through the situation rooms set up for each of the programmes at the Global Fund. They are assisted in this by the Technical Cooperation Hub under the Technical Advice and Partnerships Division of the Global Fund.

3.2.5 Assurance structure

The Office of the Inspector General provides the Board with independent and objective assurance over the design and effectiveness of controls in place to manage the key risks affecting the Global Fund's programmes and operations. The Inspector General operates as an independent entity of the Global Fund, reporting to the Board. The Inspector General is governed by the Office of the Inspector General Charter. All systems, processes, operations, functions and activities within the Global Fund and its grant recipients are subject to the Inspector General's review. The Inspector General may conduct and report on any audit, investigation or other oversight work as he or she deems appropriate.

3.2.6 Advisory structures

Advisory structures support the Board by making recommendations in areas that are critical to the Global Fund's work and business model. The Technical Review Panel (TRP), the Technical Evaluation Reference Group and the Market Dynamics Advisory Group, report to the Board through the Strategy, Investment and Impact Committee. All members of these advisory structures are appointed by this committee.

- **The Technical Review Panel** is an independent group of international experts in the three diseases and cross-cutting issues such as health systems development. The panel reviews applications to the Global Fund, makes funding recommendations to the Board, and reports on lessons learned, including observations on the quality and nature of applications. It also makes recommendations for improvement of policies and/or processes.
- **The Technical Evaluation Reference Group** is an advisory body responsible for ensuring the independent evaluation of the Global Fund business model, investment and impact. The Group oversees independent evaluations and undertakes other functions as requested by the Board.
- **The Market Dynamics Advisory Group** is responsible for the strategic and operational oversight roles formerly performed by the Market Dynamics and Commodities Ad Hoc Committee and the Affordable Medicines Facility-malaria Ad Hoc Committee. Its purpose is to ensure that the Global Fund's buying power is leveraged to advance the development and manufacture of appropriate health products to combat the three diseases, taking into consideration price, quality, availability and design.

3.3 In-country structures

3.3.1 Country coordinating mechanisms

Country coordinating mechanisms (CCMs) are comprised of representatives from government, civil society, the private sector, academia, development partners and people living with and affected by HIV, TB and malaria.

CCMs are a central piece of the Global Fund public–private partnership and multistakeholder governance strategy. CCMs do not have a formal reporting arrangement in the Global Fund and are purely country-driven. CCMs neither manage nor execute Global Fund grants but ensure efficient use of Global Fund resources through their oversight function.

The core functions of CCMs are:

- coordinating the development and submission of national applications for funding;
- nominating Principal Recipients;
- overseeing implementation of approved grants and submitting requests for continued funding;

- approving any reprogramming;
- ensuring linkages and consistency between Global Fund grants and other national health and development programmes;
- meaningfully participating in the NSP discussions at the country level;
- convening stakeholders to engage in inclusive country dialogue and agree on funding split across the three disease programmes and health systems.

Recognizing the important role of the CCMs in the Global Fund structure, a separate pool of funds has been established to finance eligible CCMs through the Global Fund operating expenses budget.

3.3.2 Local fund agents

Since the Global Fund does not have offices in the countries that receive grant funds, it relies on local fund agents (LFAs) contracted for each country, to assist the Global Fund in monitoring the performance of grants. LFAs are an important part of the Global Fund's system of programmatic and financial oversight and risk management.

The Secretariat contracts LFAs to undertake an objective examination and provide independent advice to the Global Fund on the following areas:

- grant implementers' capabilities to manage programmes funded by the Global Fund;
- grant implementers' compliance with the respective grant agreements;
- risks that may have an impact on achieving programme objectives.

3.3.3 Principal Recipients and subrecipients

For each grant, the CCM nominates one or more public or private organizations to serve as Principal Recipients. The Global Fund encourages CCMs to apply dual-track financing when selecting Principal Recipients. Dual-track financing refers to channelling funds to governmental and nongovernmental institutions. This recommendation applies separately for each disease the country seeks support for. There may be multiple Principal Recipients in one country. The Principal Recipients include government entities (ministries of health, ministries of finance and other line ministries), civil society organizations (NGOs, faith-based organizations, etc.), private sector entities and multilateral organizations (e.g. the United Nations Development Programme). Bilateral organizations cannot become Principal Recipients. In exceptional cases[10] and where local capacity is weak, the Principal Recipient may be the country office of an international organization (e.g. multilateral institution, international NGO). This arrangement should be temporary and the international organization is expected to build capacity and then turn implementation over to a local entity.

[10] These cases may include: (i) when the Additional Safeguard Policy applies; (ii) in countries in conflict; and (iii) when currency controls or currency risks jeopardize the ability to ensure sufficient resources being available for programme implementation.

Principal Recipients are entities legally responsible to the Global Fund under a written grant agreement, to implement grants approved by the Board. The Principal Recipient receives funding directly, implements programmes or appoints other organizations as subrecipients, to implement these.

Principal Recipients are legally responsible for disbursed funds and for reporting on results. They make regular requests for additional disbursements from the Global Fund based on demonstrated progress towards the intended results, and submit progress updates and disbursement requests based on a schedule agreed with the Global Fund Secretariat.

The Principal Recipient is also responsible for assessing the capacity of identified subrecipients to implement programme activities and carry out the required reporting, monitoring and evaluation of activities undertaken by them, and for the performance of the subrecipients, including any of their actions, based on a written agreement. Principal Recipients must cooperate with the Local Fund Agent, providing access and information for the necessary verifications of progress with implementation of Global Fund grants.

Principal Recipients should also cooperate closely with their CCM to discuss plans, share progress updates, and provide information on disbursements, budgetary changes, performance issues and anything else necessary for the oversight functions of the CCM.

4
The Global Fund funding model

4. The Global Fund funding model

4.1 The new funding model

The Global Fund's new funding model was designed to catalyse strategic investments to achieve the maximum possible impact on HIV, TB and malaria, in countries. In contrast to the earlier rounds-based system of funding, the new model allows for flexible timing, better alignment with national strategies and predictable funding. In a major departure from earlier processes, there is active engagement by the Global Fund with implementers and partners throughout the process from the stage of developing funding applications through grant implementation. Countries are also able to compete for additional funding through the incentive funding stream established by the Global Fund.

4.1.1 Eligibility criteria

Under the Global Fund Eligibility and Counterpart Financing Policy, countries have to meet certain criteria to be eligible to receive funding. The Global Fund publishes an eligibility list every year based on the income level and disease burden criteria. The remaining criteria are assessed after the concept note has been received.

To be eligible to receive funding, all coordinating mechanism applicants must comply with the CCM minimum eligibility requirements. All proposals from CCMs also have to meet the counterpart financing requirements. There are three parts to the requirements: a minimum threshold, increasing government contribution and availability of expenditure data.

4.1.2 Other elements of the eligibility policy

There are some provisions that are unique to the 2014–2016 allocation period because of the transition from the rounds-based system of funding. Upper middle-income countries not listed on the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee list of official development assistance recipients cannot apply for funding for HIV programmes unless they meet certain criteria, including the following: (i) the country has a high, severe or extreme disease burden; (ii) the application is submitted, and the programme is to be managed by an NGO; and (iii) there is evidence that the services

are not being provided due to political barriers. (For the full list of conditions, see the eligibility policy).[11]

Countries that have become newly ineligible in mid-allocation period, will still be able to access funding. The Secretariat will establish in discussion with the country an appropriate level of funding, as well as clear time-bound actions for a sustainable transition to other sources of funding. If a country appears on the eligibility list after not having been on it previously, the country will not be defined as "newly eligible" until it has maintained eligibility for two consecutive years.

Contrary to the earlier rounds-based approach, countries are informed of their base allocations before they submit their applications.

Countries are assigned to one of the four bands for the purposes of determining their allocations as illustrated in **Table 1**.

Table 1. Global Fund country bands

BAND 1	BAND 3
Lower income High burden	Higher income High burden
BAND 2	**BAND 4**
Lower income Low burden	Higher income Low burden

A consistent allocation methodology was used by the Global Fund to determine the funding allocations for each of the countries in bands 1–3. Countries in Band 4 (higher income, low burden) are countries with concentrated epidemics in key affected populations such as sex workers, prisoners, immigrants, migrants, children, injecting drug users and men who have sex with men. There is a separate allocation methodology for Band 4 countries.

A total of US$ 14.82 billion was available for allocation across eligible countries for the fourth replenishment. Many countries are also eligible to compete for the US$ 950 million of incentive funding. This is additional funding set aside to encourage ambitious funding requests based on robust national strategies and plans. In addition, the Global Fund will provide US$ 200 million to countries through strategically focused regional grants. Added together, this represents US$ 16 billion in funding for countries.

4.1.3 Incentive funding

For 2014–2016, the Board has determined that the total amount of incentive funding would be US$ 950 million. Countries in Band 4 are not eligible for incentive funding. Applicants compete with each other for the incentive funding. As it reviews concept notes, the GAC decides how incentive funding will be distributed across applicants. The GAC takes into account the recommendation of the TRP

[11] Funding Model: Eligibility The Global Fund website, 2014. (http://www.theglobalfund.org/en/fundingmodel/single/eligibility/ accessed 1 December 2014).

as well as other factors: strategic focus, sustainability, opportunities to leverage Global Fund resources through co-investment and national willingness-to-pay commitments, past performance, potential for impact, and the extent to which the interventions reflect the priorities in the Global Fund Strategy 2012–2016. The incentive funding made available for a given band in a given application window is adjusted according to the total allocation for the countries applying in that window.

4.1.4 Unfunded quality demand

Any initiatives included in concept notes which are considered technically sound and strategically focused by the TRP, but for which sufficient resources are not yet available, are placed on a register for possible financing by the Global Fund or other donors, if and when these new resources become available. At the end of each calendar year, the Secretariat will determine which of these could be funded from any new revenues that have become available from donors. Contributions from the private sector are expected to be the primary source of new revenues. As new revenues become available, initiatives from the register will be selected for funding, following a review by the GAC confirming that they are still relevant.

4.2 Special initiatives

For each allocation period, the Global Fund Board has set aside a sum of money for special initiatives. These are in addition to the base allocations and incentive funding available to countries. For 2014–2016, the Board set aside US$ 100 million for six special initiatives:

- Humanitarian Emergency Fund (US$ 30 million);
- Strengthening country data systems (US$ 17 million);
- Technical support for strong concept notes (US$ 29 million);
- Principal Recipient grant-making capacity building (US$ 0.5 million);
- Technical support on community, rights and gender (US$ 15 million);
- Enhancing value for money and financial sustainability of Global Fund-supported programmes (US$ 8.5 million).

Through the funding for special initiatives, WHO has received US$ 29 million for technical support to assist countries to develop strong concept notes.

The Stop TB and Roll Back Malaria Partnerships received a part of this funding to strengthen the capacity of new implementers, especially those from civil society, to participate in concept note development and grant-making processes. The aim of the assistance provided by the Stop TB Partnership is to ensure that key populations are meaningfully engaged in the country dialogue and that concept notes include technically sound interventions to address human rights barriers to health services, address gender equality, and strengthen community systems.[12]

[12] For further information please refer to http://www.stoptb.org/global/fund/taagreement.asp

4.3 The grant management platform

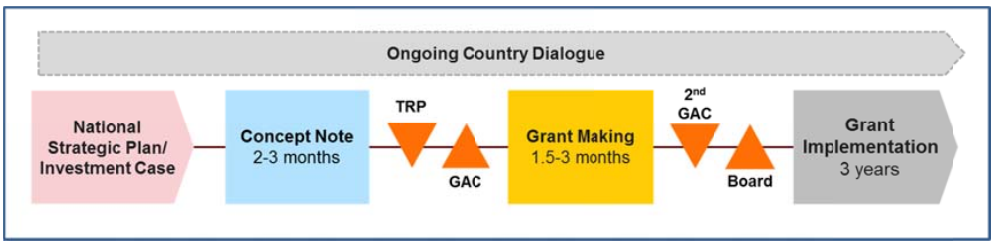
The Global Fund has introduced an online grant management platform designed to be used by CCMs, Principal Recipients, LFAs and the Secretariat for the submission, review and approval of concept notes and for the management of grant funds. The platform is available in English, French, Spanish and Russian. Applicants are expected to use the platform for the submission of their concept notes starting in 2014. Once the platform is fully implemented, CCMs will use the platform to update their membership information, track their eligibility status, provide endorsement of the concept notes, monitor their willingness-to-pay commitments, and provide oversight of grant implementation.

The CCMs and the Principal Recipients will be able to monitor and manage the grants via the platform. The Global Fund expects each CCM to designate one or two administrators to manage the platform, to receive training and be able to provide access rights for other CCM members on an as-needed basis.

4.4 Key steps in the application process

There are three stages in the process of applying for and utilizing the funds allocated to eligible countries by the Global Fund: (i) development and submission of concept notes; (ii) grant-making, and (iii) grant implementation. These stages are illustrated in **Figure 4**.

Figure 4. Steps in the new funding mechanisms[13]



GAC: Grant Approvals Committee; TRP: Technical Review Panel.

4.4.1 Preparations in advance of developing the concept note

Countries will need to lay the ground work for the development of their concept notes. This may take some time, so preparations should start early. One of the first steps in this stage is to review the NSP for each disease for which the country will seek funding, and to review the national health strategy.

[13] New Funding Model: Process and Steps. The Global Fund Website; 2014. (http://www.theglobalfund.org/en/fundingmodel/process/ accessed: 28 November 2014).

4.4.2 Reviewing the status of national strategic plans and national health strategies

The Global Fund strongly encourages countries to base funding requests on quality NSPs and national programmes and health systems plans. Ideally, these plans will be jointly assessed and updated as necessary through a credible, independent, multistakeholder process that uses internationally agreed frameworks. Countries with strong NSPs are better able to complete high-quality concept notes more quickly, are better positioned to compete for incentive funding, and are more likely to be prioritized in the register of unfunded quality demand. For HSS applications, the main point of reference will be the national health strategy, and any relevant subsector strategies.

4.4.3 Country dialogue[14]

The process of developing the concept note is centred around the country dialogue. The country dialogue is an on-going and country-led process among national stakeholders that typically include ministries of health, finance and planning, education, youth, women and children, and labour; bilateral, multilateral and technical partners; private sector and public sector implementers; civil society; academia; representatives of key affected groups; and people at risk and/or living with the three diseases. The focus should be on initiatives that will have the greatest impact in the long term, while also addressing critical enablers such as human rights, gender equity and community systems strengthening. The Global Fund serves as an active participant in this nationally-owned and led process.

National strategies should be updated and form the basis of this country dialogue to identify a country's prioritized needs and prepare the submission of concept notes to the Global Fund. The aims are to map the three diseases, document evidence of the impact of programmes, define health sector and funding landscapes, review and update strategies to fight the three diseases and strengthen health systems, including community systems strengthening. The country dialogue also ensures that the development of the application to the Global Fund and the implementation of the grant are embedded within the larger context of the country's health sector strategy and response to the three diseases.

Country coordinating mechanisms take the lead role in coordinating the discussions around the submission of the Global Fund concept note.

Technical partners in country are expected to play both leading and supportive roles in the discussion on the diseases and health sector landscape; ensure that information from country studies is available; help review programme performance; identify and prioritize strategic investments for possible inclusion in the concept notes; identify domestic or regional experts that could participate in the dialogue, and promote the participation of key populations, civil society organizations and networks.

[14] Further detail on the country dialogue process is provided in Resource Book for Applicants. Geneva: Global Fund; 2014: 5–7.

Civil society and key populations also participate in the discussion on which interventions should be included in the concept note, with a particular focus on addressing critical enablers such as human rights, gender, equity and community systems strengthening.

Implementers (grantees, Principal Recipients and subrecipients) provide guidance on successful approaches relevant to the implementation of activities.

4.4.4 Design and submission of a concept note

The concept note is the mechanism to request financing from the Global Fund for any one of the three diseases or cross-cutting support for HSS. CCMs will submit the concept notes in most cases.

There are four different concept note forms: (i) a standard form for individual HIV, TB or malaria concept notes; (ii) a single form for joint TB–HIV concept notes; (iii) a form for stand-alone HSS concept notes; and (iv) a form for non-CCM applications.

The concept note includes (i) country context; (ii) funding landscape, additionality and sustainability; (iii) funding request, and (iv) implementation arrangements and risk assessment.

Countries with high HIV–TB coinfection rates are required to submit a single HIV–TB concept note rather than separate ones for HIV and TB. For 2014–2016, there are 38 such countries. Countries not on this list may also submit a single TB–HIV concept note if they wish to do so.

4.4.5 Determining the best time to submit the concept note

Decisions about submission dates of concept notes should take into account the status of the current NSP, and if relevant, the amount of time required to conduct an NSP review or to develop investment cases, business cases or full expressions of demand, through updated and fully costed NSPs.

While it is advantageous to align the timing of the concept note with national planning and fiscal cycles, this is not compulsory. Another factor to consider is un-costed and costed extensions to existing grants that may be available for periods of up to 12 months. The Global Fund Board adopted a new policy on extensions at its meeting in March 2014 (Board Document GF/B31/07).

The CCMs need to decide the best time for the submission of the country's concept note in line with the national strategic and annual planning cycles. **Table 2** shows the calendar for the submission of concept notes and for the TRP review meetings for the replenishment period 2014–2016.

Table 2. Calendar for concept note submissions and Technical Review Panel review meetings

YEAR	DEADLINE FOR CONCEPT NOTE SUBMISSION	TIMING OF TECHNICAL REVIEW PANEL REVIEW MEETING
2014	15 May	Mid-June
	15 June	End-July
	15 August	End-September
	15 October	End-November
2015	30 January	March
	20 April	June
	15 July	August-September
	15 September	November
2016	Early 2016	To be confirmed

4.4.6 Other advance preparations

Data on the epidemiology of the diseases and on existing grants needs to be compiled. Where the CCM has identified gaps in important data, it should request technical support to come up with the requisite data.

The CCM should also ensure that it meets all six eligibility requirements:

- a transparent and inclusive concept note development process;
- an open and transparent Principal Recipient selection process;
- oversight planning and implementation mechanisms;
- membership that includes affected communities, including and representing people living with the three diseases and people from and representing key affected populations;
- processes for electing nongovernment members;
- management of conflicts of interest of members of the CCMs.

The CCM should also ensure systems are ready to track the increased commitments related to the willingness-to-pay requirements, and commitments for counterpart financing.

4.5 Developing concept notes

A number of other issues need to be addressed while developing concept notes: (i) determining the programme split; (ii) determining how the grants will be managed, e.g. identifying Principal Recipients; (iii) conducting a risk assessment; (iv) determining which initiatives will be included in the base allocation section of the request, and which initiatives will be included in the above-allocation section; and (v) prioritizing the initiatives in the funding request. These are described below.

4.5.1 Determining the programme split[15]

When each country is informed of its base funding allocation for 2014–2016, it is also given a notional allocation across the three disease programmes. The Global Fund refers to the splitting of the proposed allocation for the country between the three disease programmes and/or health systems as the "programme split". All CCMs are encouraged to review the notional allocations indicated by the Global Fund and adjust proposed programme split according to the country's needs. The suggested programme split does not take into account the possibility that a country may wish to submit a stand-alone HSS concept note. If a country wishes to submit a stand-alone HSS concept note, it has to adjust the programme split within its base allocation and propose a new split, i.e. for each disease and for HSS.

The CCM needs to ensure that a robust country dialogue takes place on the programme split. The final decision regarding the programme split needs to be entered by the CCM in the online Global Fund grant management platform and needs to be accompanied by the following: (i) documentation on the decision-making process (e.g. CCM minutes), and (ii) the rationale for the proposed split, including comments on cross-cutting investment (e.g. HSS, RMNCAH) and (iii) consideration of periodic and/or ongoing investments when the first concept note is submitted.

CCMs should also prepare a diagram depicting the implementation arrangements. The Global Fund calls this "implementation mapping". The CCM and the Principal Recipients are encouraged to start drafting this diagram during concept note development, and are to submit this diagram by the end of grant-making.

4.5.2 Counterpart financing by government and willingness to pay[16]

All programmes supported by the Global Fund must comply with the counterpart financing requirements by: (i) meeting the minimum threshold contribution, (ii) increasing government contributions to the national disease programmes and the health sector, and (iii) ensuring reliable data is available to measure government spending.

In addition, 15% of the allocation is conditional upon the government's willingness to make an additional investment into the disease programme. To access the full funding allocation, countries must demonstrate an increased willingness to pay. The CCM is required to describe what preliminary or confirmed willingness-to-pay commitments have been obtained from the government and to submit documentary evidence as part of the concept note.

4.5.3 Risk assessment[17]

The CCM has to assess the Principal Recipients it is nominating against a set of minimum standards, and document the outcome. This assessment focuses on

[15] For further information, please refer to the Resource Book for Applicants. Geneva: Global Fund; 2014: 15–16.
[16] For further information, please refer to the Resource Book for Applicants. Geneva: Global Fund; 2014: 50–54.
[17] For further information please refer to the Resource Book for Applicants. Geneva: Global Fund; 2014: 3, 16 and 33.

four areas: M&E, financial management and systems, procurement and supply management, and governance and programme management.

CCMs should assess the main risks related to effective implementation of their programme and develop measures to mitigate the risks. The risk assessment should cover the following categories of risk: external, programmatic, financial, health product quality, service delivery, and governance and oversight. Actions to mitigate against risks should be reflected in the grant design proposed in the application, the selection of interventions and the choice of qualified Principal Recipients.

4.5.4 Determining the allocation and above-allocation amounts[18]

The allocation amount is the funding designated by the Global Fund to support an applicant's eligible disease programmes for a given allocation period.

However, applicants are encouraged to describe their total need, and formulate their full expression of demand – the total funding that is needed for an appropriate response to the disease(s) and/or cross-cutting HSS. Countries are asked to prioritize interventions and indicate which components of their concept notes are included in the allocation amount and which components are in the above-allocation request.[19] This may be funded by the Global Fund through the incentive funding envelope or through other donors' resources, when these become available.

4.5.5 Prioritizing the elements in the funding request

When the CCM submits its concept note, it must prioritize all elements, both those covered in the base allocation and those that are above this.

The Global Fund recommends that applicants accord a high priority to elements containing activities related to human rights and gender, especially in relation to barriers to services.

4.5.6 Final steps in concept note development

The final steps in the concept note development stage involve completing the concept note form, related templates and attachments, and sharing near-final drafts of the concept note.[20]

The Global Fund requires CCMs to share near-final drafts of the concept note with the Global Fund's country teams. The team may see gaps where more data are required or more explanation is needed, and it may be able to anticipate questions that the TRP or the GAC will ask when they review the concept note. This is

[18] For further information please refer to the Resource Book for Applicants. Geneva: Global Fund; 2014: 45, 60, 63 and 66.

[19] Applicants not eligible for incentive funding include the following: (i) countries in Band 4 (higher income, lower burden) are not eligible for incentive funding since they have their own allocation methodology, which recognizes the particular needs of countries and disease components in Band 4; (ii) countries whose disease components are deemed to have been over allocated through funding received in previous rounds.

[20] Guidance documents prepared by the Global Fund are available on the Global Fund website.

part of the back-and-forth iterative process that distinguishes the concept note development process from the process used in past rounds.

CCMs should also consider sharing the near-final drafts with WHO country offices for review and inputs by WHO. This is particularly to ensure that the inputs from the programme reviews and epidemiologic and gap analyses undertaken through technical support from WHO, are appropriately reflected in these drafts and that prioritization follows the priorities identified in national strategies and plans.

4.5.7 Submission of the concept note

Before submitting a concept note, the CCM should do a thorough check to ensure that nothing is missing in the concept note form itself and in all related templates. In addition, it is critical to check the documents for consistency. The Global Fund requires applicants to submit their concept notes using the on-line grant management platform.

The concept note is then reviewed by the Secretariat, the TRP and the GAC.[21]

The Secretariat will review the concept note prior to its submission to the TRP. The aim of the review is to ensure completeness and to address any issues that could otherwise present future grant-making or grant implementation bottlenecks. In some cases, a concept note may be sent back to the country for further development.

The Secretariat's analysis will be shared with the TRP and GAC. It will include, but not be limited to, information about the context of the request, the inclusiveness of the process, how the epidemiological and funding context were considered, and whether all relevant strategic and contextual issues were addressed, or what may still need to be addressed going forward.

4.6 The Technical Review Panel review

The TRP reviews each concept note for technical soundness and strategic focus. The TRP assesses soundness of approach, feasibility, potential for sustainable outcomes, and value for money. The full TRP review criteria are contained in the TRP's terms of reference.[22]

For concept notes that the TRP recommends to proceed to review by the GAC, the TRP indicates which interventions should be covered by the allocation, and which should be part of the above-allocation request. The TRP also makes a recommendation as to whether or not incentive funding should be awarded.

In addition, the TRP recommends whether any of the applicant's above-allocation initiatives should be added to the register of unfunded quality demand. The TRP then prepares a summary of its assessment for each concept note – called a Review

[21] Extensive information on the CCM requirements is available on the Global Fund website http://www.theglobalfund.org/en/ccm/guidelines/#ccmguidelinesrequirements

[22] Terms of Reference of the Technical Review Panel. The Global Fund, 2014. (http://www.theglobalfund.org/en/trp/ accessed 1 December 2014).

and Recommendation Form, a copy of which is provided to the applicant country and to the Secretariat, but is not made public.

4.7 Grant Approvals Committee review

There are two reviews by the GAC: the first follows the TRP review and the second occurs during grant-making.

If the TRP recommends that a concept note proceed to grant-making, it is sent to the GAC for further review and to determine the upper ceiling for the budget. The GAC will consider the TRP recommendations and any issues raised by the TRP, technical partners and the Global Fund country teams before recommending the concept note move to grant-making, and before identifying the upper ceiling for allocation funding and any additional incentive funding. The GAC meets about once a month.

The grant then goes through a second review by the GAC after the grant-making process and before it is presented to the Board for approval.

4.8 Grant-making[23]

Grant-making is the process of translating the components described in the concept note funding request, including recommendations from the TRP and the GAC, into disbursement-ready grants for Board approval and grant agreement signing.

The Secretariat works with the organizations selected as Principal Recipients by the CCM to manage the grants, to transform technically sound concept notes into disbursement-ready grants. Recommendations from the TRP and the GAC are discussed with applicants by the Secretariat.

There are six stages in the grant-making process, some of which overlap: (i) developing an action plan; (ii) conducting capacity and risk assessments; (iii) developing a detailed budget and performance targets; (iv) completing the grant management work plan; (v) completing all other required documents and outputs; and (vi) final review by the GAC.

4.8.1 Developing an action plan

The action plan developed for the Global Fund grant implementation defines the key milestones, establishes deadlines and identifies the key players who will be involved. Examples of activities to be included are: finalizing capacity and risk assessments, completing all grant documents, and resolving any outstanding issues from TRP and GAC reviews. The action plan should include a planned date for the signing of the grant agreement.

[23] For further detail, please refer to the Resource Book for Applicants. Geneva: Global Fund; 2014: 33–37.

4.8.2 Conducting capacity assessments

As soon as the CCM determines the implementation arrangements, the Global Fund country team undertakes an assessment to ensure that each nominated Principal Recipient and other key implementers have adequate capacity in finance, M&E, procurement and supply management, and governance and programme management. The country team also identifies any capacity building and system strengthening activities or, if necessary, alternative implementation arrangements to address identified capacity gaps. The country team is supported in this assessment by the LFA and other technical partners.

4.8.3 Developing a detailed budget and performance targets

This involves finalizing (i) performance targets and (ii) a detailed budget, including an associated list of pharmaceuticals and other health products. This is summarized in a document that forms part of the grant agreement papers.

4.8.4 Completing the grant management work plan

The grant management work plan contains (i) grant implementation milestones, and (ii) specific actions to address capacity gaps and to mitigate against risks. This work plan will be used throughout grant implementation as a basis for monitoring progress.

4.8.5 Completing all other required documents and outputs

The following additional documents and outputs are developed or finalized during grant-making: a completed capacity assessment form; an implementer arrangement map; external audit arrangements; Principal Recipient master data and bank account details; and the texts of the grant agreement documents.

4.8.6 Final review by the Grant Approvals Committee

Disbursement-ready grants to be submitted for Board approval are reviewed by the GAC to ensure that the grants reflect (i) the strategic focus in the concept note, and (ii) the recommendations of the TRP and GAC.

Once the GAC has completed its review, and has decided to recommend a grant for approval, it submits a report to the Global Fund Board. This includes a recommendation on how much of the allocation and how much of the above-allocation request should be awarded.

4.9 Board approval and grant signing

The final steps in the process are (i) approval of the grant by the Global Fund Board and (ii) the signing of the grant agreement documents.

Under the new funding model, the structure of the grant agreement has been significantly revised. The agreement has been replaced by two documents: (i) the Framework Agreement and Global Fund Grant Regulations; and (ii) the grant

confirmation. Once the Global Fund Board approves a grant, a grant confirmation is signed by the Global Fund and the Principal Recipient. The grant confirmation outlines the obligations of the Principal Recipient, financial details such as counterpart financing commitments, additional willingness-to-pay commitments, the legal context, an "integrated grant description", and other essential grant details. The integrated grant description is expected to replace Annex A of the current grant agreement, the summary performance framework and the summary budget. By the time these documents have been finalized and signed, the Secretariat and Principal Recipient will have determined what the start date of the grant will be. Once these documents are signed, funds are committed and released. Implementation of the grant can then begin.

4.10 Regional and multi-country applications

The Global Fund differentiates between regional and multi-country applications. A regional application is one submitted by a group of countries within the same geographic region aimed at addressing common issues such as cross-border interventions, common barriers that impede access to services, tackling drug resistance or addressing the needs of migrants and displaced populations.

A multi-country application is a combined application from a natural grouping of small island economies or other small countries (e.g. countries in the Caribbean). The countries within a multi-country application do not then apply as individual countries.

The Global Fund has set aside US$ 200 million to fund regional applications for the 2014–2016 allocation period. The full amount is for base funding; regional applications are not eligible for incentive funding. Funding for multi-country applications is based on the individual country allocations – i.e. the sum of the individual allocations of eligible countries participating in the multi-country proposal. For 2014–2016, the Global Fund has identified allocations for two country groupings: (i) the Caribbean and (ii) the western Pacific.

Regional applications follow a two-step process: (i) submission of an expression of interest, and (ii) submission of a regional concept note. There is a separate concept note form for multi-country applicants.

4.10.1 Expression of interest

As a first step, regional applicants submit an expression of interest, which provides information on the goals and objectives of the regional initiative, the expected impact and outcomes, expected implementation arrangements, and any problems anticipated in receiving the endorsement of the CCMs of the countries included in the application.

Applicants whose expressions of interest have been determined to be eligible and strategically focused are invited to submit a concept note. When issuing this invitation, the Secretariat will also communicate a base funding range.

4.10.2 Regional concept note

The regional concept note will be reviewed by the TRP and the GAC. Regional applicants are also required to prioritize all proposed elements. Once a concept note is received by the Global Fund Secretariat, it follows a process similar to that described for single-country applicants. Applicants with existing regional grants that wish to receive additional renewal funding during 2014–2016, will also need to submit an expression of interest as a first step.

4.11 Non-CCM applications

The rules for non-CCM applications under the new funding model have not changed from those under the rounds-based system. The CCM guidelines define some of the circumstances in which the Global Fund will accept non-CCM applications. These include countries without a legitimate government, countries in conflict, those facing natural disasters or complex emergencies, countries that suppress or have not established partnerships with civil society, and in situations where the NGO rule applies.[24] Once a concept note is received by the Global Fund Secretariat, it follows a process similar to that described for single-country applicants.

Non-CCM applications will be funded through the allocation provided for that country. If the funding for a non-CCM proposal is to come from outside the country allocation, the Secretariat will look for funding from the allocation for the band within which that country falls.

[24] The "NGO rule" for HIV grants refers to a policy decision which has allowed the Global Fund to continue to provide financing in certain upper middle income countries to civil society and nongovernmental organizations providing targeted services in cases where there are political barriers to providing these services. See: New funding model: Eligibility, counterpart financing and prioritization policy revision (Annex 1). In: Thirtieth Board Meeting, Geneva, Switzerland, 7–8 November 2013. Global Fund (http://www.theglobalfund.org/documents/board/30/BM30_06-NFM-ECFP_Report_en/, accessed 25 November 2014).

5
WHO support through the grant cycle

5. WHO support through the grant cycle

5.1 Developing the application for funding

Global Fund support for a country is determined by what is contained in the application for funding. It is therefore important that applications are based on country needs as expressed in national strategies; that they use technically sound approaches, are focused on interventions that will have the maximum impact, address gender and equity issues and the needs of vulnerable population groups. The applications should build sustainable local capacity, including that of civil society and community based organizations. Applications that are well prepared and designed are less likely to encounter implementation challenges.

As part of the new funding model, countries are asked by the Global Fund to critically examine how new resources can build on existing resources to contribute to the impact countries hope to achieve, and accordingly prioritize interventions for the use of the additional new funding, while reprogramming any existing funds for greater impact. It should be remembered that countries implement programmes in collaboration with many different partners. It is therefore critical that efforts are made to coordinate support to minimize duplication of activities and the administrative and reporting burden on governments and other implementers of programmes.

For technical partners such as WHO, involvement in this process should enable the articulation of a comprehensive overview of national strategies for specific disease areas and health system development. It should also reduce the duplication of technical support to multiple grants, as experienced under the rounds-based approach, and promote adherence to the principles of aid assistance with better alignment and harmonization of donor support to a given country.

WHO support to countries in developing an application for funding needs to focus on the following:

- **Advocate for an early start in preparing an application.** Given the complex nature of the application process, early preparation is more likely to lead to a good quality submission. WHO should advocate with the ministry of health, the CCM and partners for decisions and arrangements to be made early in relation to concept note development and submission. WHO should, where possible, provide advice and support to ensure that a sound process for managing the

application development is in place. This process includes the contributions of a wide range of partners including government departments, NGOs, civil society, the private sector and development partners.

- **Facilitate the coordination of technical support.** This involves working with stakeholders to identify in advance the capacity and technical support needed to develop the concept note. More specifically, WHO country offices should help ensure optimum coordination with other levels of the Organization, among local experts, the UN and other partners, to provide technical support that best responds to the country's needs. In close coordination with the CCM and Global Fund teams, the WHO country office should facilitate the matching of technical support needs with existing funding sources and experts, and work with the CCM and Global Fund teams to ensure timely requests for technical support, avoiding duplication of support from different partners.
- **Support the development of sound national disease and health sector strategies through country dialogue** and as a basis for funding applications. National strategies should reflect the national context and priorities, the efforts and resources of all partners, and prevailing capacity and resource gaps. Drawing from and basing applications on national strategies and health sector plans also facilitates better alignment and harmonization of efforts to support the fight against the three diseases and to strengthen health systems.
- **Assist in identifying and compiling relevant information.** A commonly observed weakness in country applications is that they are based on inadequate epidemiological and programmatic information. WHO should assist in ensuring that the best available information is prepared to support the applications from countries.
- **Ensure the technical soundness of the application.** This includes ensuring that the application is based on evidence, a sound analysis of context, effective strategies and updated technical guidelines, appropriate implementation arrangements, and in line with the overall national health strategy in countries.
- **Ensure better alignment and harmonization** in order to strengthen national systems, achieve programme cohesion and reduce transaction costs. WHO has always advocated for harmonized processes such as those of the IHP+ and sector-wide approaches.

5.2 Scope of WHO's technical support and accountability

5.2.1 Support to priority setting

The opportunity within the Global Fund's new funding model for reallocation between the envelopes for each disease and HSS, means there will be trade-offs related to efficiencies and value for money. Making informed decisions about the right choices and ensuring value for money while prioritizing elements to be included in the concept notes is therefore important.

Supporting integrated cost effectiveness analysis, situation analysis, and assessment of health system constraints, impact and costing, will facilitate comparison

of costs and benefits related to different allocations and help set priorities, including support to HSS to overcome cross-cutting bottlenecks. This important step, aiming at a better value for money, requires bringing together the different programmes to discuss cross-cutting issues and the possible development of a cross-cutting concept note.

The availability of epidemiological and health systems assessment reports, national programme review reports and of an up-to-date NSP as part of an NHPSP, should enable national health officials and technical support providers to write and finalize a concept note, linking the gap analysis to the financial resources made available through the new funding model.

WHO should support each of these steps systematically in order to ensure technical soundness, transparency and consistency throughout the whole process, as well as to build in-country capacity, in view of the new resources made available through the Global Fund.

WHO should be involved throughout the process – from country dialogue and concept note development, to application and grant-making – working closely with national authorities, Global Fund country teams and other major partners in countries. This requires team work between disease programmes and health system staff at headquarters, regional and country offices, as well as with partners including the UN country team and other in-country partners as summarized in **Figure 5**.

The head of the WHO country office and in-country technical staff play a central role in supporting the development of concept notes, grant applications and implementation. The support can be provided in various ways, e.g. directly by WHO staff or consultants, in training workshops or through expert and facilitated peer reviews of draft concept notes.

WHO country offices should encourage countries to form a technical working group (or groups) to support development of concept notes, and assist in facilitating or leading such groups. WHO headquarters and regional offices will make available the relevant technical policies and guidelines, and the head of the WHO country office can ask for the proposals to be reviewed by appropriate technical staff at the regional office and/or headquarters.

5.2.2 WHO technical support towards the preparation of concept notes

The main areas for WHO technical support towards the preparation of concept notes are set out below.

Programme reviews. These reviews provide an independent assessment of the implementation of the national disease strategy and related activities, progress made towards reaching the programme's targets and challenges still to be addressed. They enable critical linkages to be made with programme areas such as RMNCAH and nutrition, and to identify gaps in quality and utilization of available delivery platforms to increase coverage of high impact interventions. A review usually takes place every 3–5 years, depending on the programme's needs,

Figure 5. WHO's Engagement in Global Fund-related activities at country level

CCM, Country Coordinating Mechanism; M&E, monitoring and evaluation; PR, Principal Recipient; PSM, procurement and supply management; TA, technical support; TRP, Technical Review Panel; TWG, Technical Working Group; MESS, monitoring and evaluation system strengthening.

and should involve independent and external consultants. A programme review will in most instances lead to the development or update of a disease specific NSP.

Epidemiological and impact analysis. This focuses on assessing the level of, and trends in, disease burden and determining whether these trends are plausibly related to programmatic efforts or other factors. It would also focus on identifying key determinants that are associated with increased burden of disease, poor outcomes, or mortality. It ensures that the most affected or at-risk populations are adequately targeted with the most cost-effective interventions. It also defines the investments needed to directly measure future trends in disease burdens.

Gap analysis. This is the process of identifying the gaps between the programme achievements and the future or desired state of the programme, as well as the gap between the current and required programmatic and financial resources. The gap analysis might also identify policy and capacity constraints to achieving the set targets for the programme, and also the extent to which some of the more traditionally neglected issues are addressed, including gender, equity and rights.

Development of national strategic plans. The methodology for developing an NSP incorporates all aspects of disease control, and helps develop an appropriate description of the epidemiology, an adequate formulation of goals and operational objectives, and a justification of the relevant strategic interventions needed to reach these objectives, with their related costing.

5.3 Thematic interventions

5.3.1 Intensification of collaborative TB/HIV activities

WHO is well positioned to provide support and promote collaboration between TB and HIV programmes – to facilitate harmonized policy, joint planning and coordinated implementation processes in countries with high coinfection rates. WHO can support situation and programmatic analyses and facilitate dialogue at the country level to identify priorities for the development of joint approaches to addressing a high burden of TB/HIV.

5.3.2 Cross-cutting health systems strengthening

The identification of cross-cutting health systems components will be based on the country-specific review (including HIV, TB, and malaria considerations) and should be adapted to each specific context.

Potential areas of support include reviewing the following:

- **Coherence and alignment of disease-specific national strategies with the national health sector strategy.** This component is essential for dialogue among programmes for the possible development of a cross-cutting concept note.
- **Human resources for health.** The emphasis is on better use of existing resources and addressing problems related to the development and distribution of human resources for health, with a particular focus on areas with critical

shortages of health personnel. This includes retention and incentives issues and possible efficiency gains through better integration of human resources through cross-cutting approaches.

- **Monitoring and evaluation systems.** The aim is to support countries in strengthening the M&E components of the national health sector, including HIV, TB, malaria and RMNCAH programmes. This may include building upon the IHP+ approach to strengthen a single country-led platform for monitoring, evaluation and reviews of national health strategies. The support will focus on (i) strengthening underlying data systems; (ii) enhancing the quality of analytical reviews of health sector performance reports, with a strong focus on HIV, TB, malaria and RMNCAH; (iii) ensuring that the results feed into annual, mid-term and final reviews, operational programme planning, and policy-making processes.

- **Pharmaceutical systems, procurement and supply management.** Considering that a considerable proportion of Global Fund budgets are for procurement of medicines, diagnostics and other health products, it is important that reliable information on countries procurement and supply management is available and analysed, that priorities for improving efficiency of supply chains are identified and recommendations for policy guidance, best practices and capacity building identified. WHO could provide guidance on quality standards on drugs and medical products, including prequalification, principles of good manufacturing practices, and pharmaceutical procurement. Principal Recipients and implementers should be encouraged to apply these principles, and provide regular market information on pharmaceutical products, including sources and prices. An implementation plan to improve the national procurement and supply management system should be developed together with partners with expertise in this area, to contribute to achieving uninterrupted availability of quality-assured medicines and health products and to prevent stock outs, wastages and emergence of antimicrobial resistance.

- **Financial sustainability and costing.** The objective is to emphasize the importance of considering financial sustainability and overall health sector financing strategies, when assessing the counterpart financing for the three diseases and HSS-related components. The key elements of technical support will include mapping out the availability of recent, costed national strategic health plans and financial gap analyses, and preliminary aggregation of resource needs and indicative amounts – by disease and by current and required funding. This work will be vital in discussing envelope allocation by disease and HSS, taking into account (i) priority setting within the indicative allocation envelope, (ii) priority setting for potential above allocation funding, and (iii) synergies across the three diseases and RMNCAH for better health outcomes.

- **Service delivery with particular emphasis on integration of reproductive, maternal, newborn, child and adolescent health.** WHO has developed an integrated package and a framework of interventions for RMNCAH in the context of HIV, TB and malaria. The funding through the Global Fund offers an opportunity to efficiently use RMNCAH services to deliver high-impact inter-

ventions for the prevention and control of the three diseases among women and children. Health interventions among disease-specific programmes and services targeting women, children and adolescents must be synergized, and WHO should work with countries to prepare concept notes that include integrated evidence-based interventions. The technical support for integrated service delivery, including for RMNCAH, should go towards providing assistance in developing and reviewing among others:

- national strategies and plans for RMNCAH and their elements;
- the status of the country's past and current epidemiological situations disaggregated at a minimum by sex, age group and geographic location;
- a summary of RMNCAH strategic priorities;
- analysis of bottlenecks in implementation and service delivery;
- identification of successful strategies and opportunities for maximizing synergies and integration across RMNCAH and diseases platforms;
- identification of resources available to address RMNCAH;
- concrete tools and capacity development for integrated health service delivery for women, children and adolescents in particular, but also for men.

- **Integration of gender-based violence.** The Global Fund specifically highlights the importance of addressing gender inequality, and gender-based violence in particular. WHO can make key contributions to this effort through technical support in the use and uptake of specific guidelines and tools,[25] which provide evidence-based interventions and recommendations on intimate partner and sexual violence against women, to guide submissions made by CCMs and Principal Recipients.

- **Integration of human rights.** The Global Fund reiterates its commitment to protecting and promoting human rights. To comprehensively address HIV, TB and malaria, it is important to focus on key populations and those that are most vulnerable. This requires removing human rights barriers to health services for women and girls, sex workers, people who use drugs, men who have sex with men, transgender people, people in prison, migrants and refugees, indigenous peoples and others who are particularly impacted by one or more of these three diseases. WHO can make key contributions to ensuring that human rights approaches are included in the concept notes. For example the *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* explicitly highlight human rights approaches including decriminalization, addressing violence and community empowerment as recommendations for programming with key populations.[26] Further, WHO has recently launched a

[25] Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization; 2013. (http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf, accessed 25 November 2014); and 16 Ideas for addressing violence against women in the context of the HIV epidemic: A programming tool. Geneva: World Health Organization; 2013. (http://apps.who.int/iris/bitstream/10665/95156/1/9789241506533_eng.pdf, accessed 25 November 2014).

[26] Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2014.

toolbox on examining laws, regulations and policies which can assist countries to recognize national human rights obligations related to sexual and reproductive health and review and document efforts to establish legal and policy frameworks that support sexual and reproductive health and identify the most vulnerable groups.[27]

5.3.3 Regional proposals

WHO can facilitate the complex coordination and planning which is needed to develop sound regional and subregional interventions for common issues across countries, including for example, cross-border disease programmes.

5.4 Technical Review Panel and Grant Approvals Committee clarifications

Before the CCM submits a concept note to the Global Fund, WHO should determine whether the submission is in line with national needs, policies and plans and with WHO technical policies and guidelines. This should be as part of the iterative process with the CCM, and allow for WHO's advice to be made available in time for modifications to be made. To facilitate this, programme focal points across all three levels of WHO should provide the necessary feedback in a timely manner on concept notes known to be in development. The head of the WHO country office should make every effort to ensure that the concept note conforms to WHO policies and guidelines before signing the proposal as a member of the CCM.

After a concept note has been recommended for funding by the TRP the applicant CCM is often requested to provide clarifications. These clarifications are further reviewed by the TRP, which then forwards them for the first of two reviews by the GAC.

Delays in the provision of clarifications are often due to the fact that those involved in supporting and writing the concept notes typically disengage after submission and are not easily available for follow-up. Country offices should participate in the negotiations between Principal Recipients and fund portfolio managers, where appropriate, to provide clarifications, identify issues to be addressed and provide contextual information. WHO regional offices and headquarters can assist by maintaining contact with the country offices and fund portfolio managers to track requests for clarification and facilitate the involvement of other technical support providers.

5.5 Grant-making

Once the concept note is approved, the process of grant-making follows. WHO and other in-country partners are requested to support the Principal Recipient and subrecipients in the grant-making process, such as in: developing the action

[27] For further information, please refer to Reproductive, maternal, newborn and child health and human rights: A toolbox for examining laws, regulations and policies. Geneva: World Health Organization; 2014. (http://apps.who.int/iris/bitstream/10665/126383/1/9789241507424_eng.pdf, accessed 17 November 2014).

plan; conducting capacity and risk assessments; developing a detailed budget and performance targets; making procurement and supply management (PSM) and M&E plans; and completing the grant management work plan and other required documents. This provides an opportunity to engage on issues and reach agreement on various programming and fiduciary arrangements, which may not have been well defined in the concept notes.

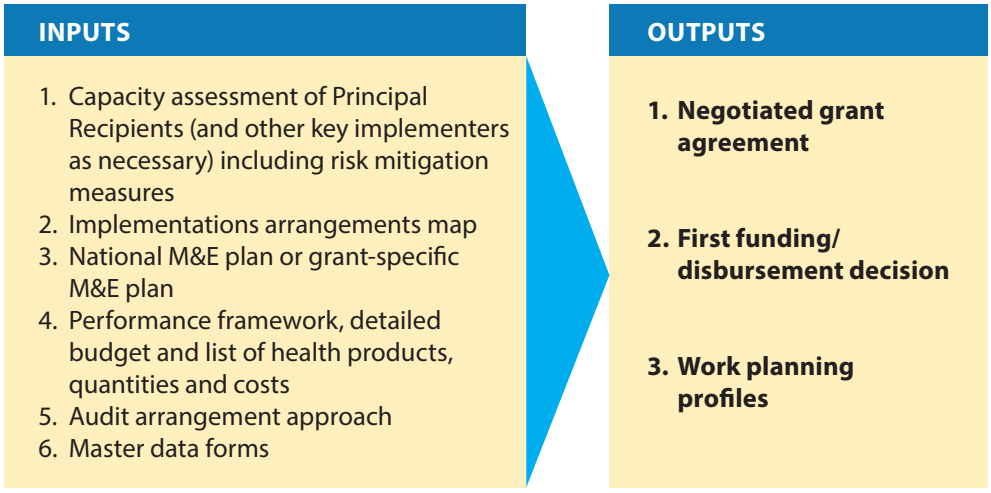
The WHO country office should also identify technical support needs throughout the entire grant cycle, including during the grant-making process. During grant-making, country offices should document WHO's potential contribution and resource needs to assist the country in grant implementation.

The purpose of grant-making is to translate the concept notes reviewed by the TRP and the GAC into disbursement-ready grants that are aligned and harmonized with the national programmes and health systems, for Board approval and grant signature.

The Global Fund portfolio managers together with the Global Fund country teams are the primary facilitators of the grant-making process, working with the Principal Recipient, LFA, key stakeholders, technical partners and donors. Grant-making should ideally be completed within a three-month period, following notification that a concept note has been recommended for grant-making.

After grant-making, the final negotiated grants go through a second review by the GAC before they are presented to the Global Fund Board for approval.

Grant-making support to the national programme and health systems aims to arrive at three major outputs. These outputs result from six distinct inputs into the grant-making process. The main inputs and outputs of grant-making are as demonstrated in the figure below:



5.5.1 WHO technical support for grant-making

The dialogue that began before or during concept note development needs to continue through grant-making with more linkages with national health sector planning and programming mechanisms. Major players involved in concept note development such as the national programmes, CCMs, civil society, donors and technical partners must remain engaged in grant-making.

WHO could play a key role in facilitating the grant-making process together with the Global Fund country teams, CCMs, Principal Recipients, and other technical partners to help with:

- **Responding to TRP and GAC clarifications** towards ensuring that the required clarifications on the concept note are made and that these feed into the grant-making process, programme and health system programming, delivery and reporting systems.
- **Decision-making on strategic and management issues** relevant to strengthening national programmes and health systems in terms of effective and efficient management, timely and logical sequencing or phased implementation, and regular reporting on outputs, outcomes and impact, including refinement of targets, prioritization of interventions, geographic prioritization and sequencing of implementation.
- **Ensuring inclusion of reproductive, maternal newborn child adolescent health, communities, rights and gender (CRG) and health systems strengthening elements** in policy and programming decision matrices for effective implementation and maximal impact from programme implementation. The grant-making process provides an opportunity to include strong, sustainable and easily implemented links between national programmes, RMNCAH, HSS and CRG components and build in appropriate interventions for HIV, TB and Malaria programmes, to increase the effectiveness and impact of these programmes.
- **Enhancing synergies and efficiency gains** for the programmes. For example, during grant-making, the TB and HIV programmes could agree to prioritise implementation in geographic areas that have the highest burden of both TB and HIV. This is more likely to result in benefits for the two programmes (such as addressing TB/HIV co-infection) and greater collective impact. Additionally, it has sometimes become clear during grant-making, that the programmes budgeted for items which could easily be pooled, thus eliminating duplication and moving savings to other priority areas. This has been found particularly applicable in areas such as laboratories, transport and human resources.
- **Avoiding delays in grant-making** through resolving inconsistencies between programme targets, lists of commodities and budgets, a poor balance between ambitious vs achievable targets, particularly those that utilize specific indicators for HSS and RMNCAH. This tends to happen because different groups work on these components in isolation. In the case of the single TB and HIV concept note, the situation is further compounded by the fact the two programmes

contributing to a single budget in the concept note, may have also worked in isolation. It is therefore important that the two programmes work closely together to ensure consistency and alignment of targets, quantities and costs for grant-making.

5.5.2 Considerations for grant-making

- **Involve senior level decision-makers.** Given that some important strategic and operational issues may not have been adequately addressed in the concept note or that significant contextual changes may have followed after development of the concept note, important unresolved issues may have been carried over into the grant-making phase.
- **Ensure consistency in approaches used to define key aspects of the grant.** These include setting targets, defining indicators, quantification methods and costing. It is also useful to match the products list to ensure that similar items are quantified, budgeted and sourced in a similar way. WHO should work with national programmes staff in this process, and provide the necessary guidance on adjustments to the budget submitted as part of the concept note to ensure that adjustments to the budget do not put essential activities to be implemented by the programmes at risk.
- **Utilise the opportunity to work more closely with RMNCAH and HSS colleagues** to identify and clarify technical issues that are common to the two programmes that still need to be addressed. Disease programmes often need to define target populations or implement specific interventions for critical sub-populations (male and female sex workers, women, children, prisoners, migrant populations etc). RMNCAH, CRG and HSS programme elements can help disease programme staff to both identify innovative policy instruments and strong evidence-based interventions to address these critical populations – some of these may result in common solutions between disease programmes, given that similar factors may be responsible for the problems faced in reaching services to these populations. Common targets, such as for Isoniazid preventive therapy among people living with HIV/AIDS, might also be set more realistically.
- **Ensure that mechanisms exist for ongoing collaboration between programmes** during grant-making and implementation. Such mechanisms may have existed or been established prior to or during concept note development. These should also ensure regular liaison with other programmes such as health systems strengthening, RMNCH and community systems.
- **Plan to carefully manage the transition from existing grants to the new grant.** This is particularly challenging in situations where there are different end dates for existing grants. It has implications on quantification of commodities, budgeting and sequencing of implementation. The transition should be planned in a way that does not leave gaps in flow of resources or supplies for either programme.

5.5.3 Areas for WHO technical support for grant-making

The areas for WHO technical support for grant-making are mainly:

- Assistance with any technical conditions defined by GAC and TRP
- Operational planning (including capacity building plan for programme implementation, fine tuning of activities and budgets)
- National monitoring and evaluation (M&E) plan or grant specific M&E plan, MESS workshops
- Performance framework, including setting indicators and targets for the grant
- Procurement and supply management (as part of technical support for health systems components)

5.6 Grant signing

After the grant agreement is signed between the Principal Recipient and the Global Fund, WHO should help the country review the implementation, PSM and M&E plans, and begin discussions with Principal Recipients and subrecipients on the type and timing of technical support to be provided by WHO (and others) during implementation. Ideally this will already have been outlined in the proposal itself.

5.7 Grant implementation

As the Global Fund operates under a principle of results-based disbursement, poor implementation can result in delayed disbursements and could lead to discontinuation of the grant. WHO should engage in developing national capacity to sustain programmes and to ensure effective grant implementation.

In the case of "poor performance" in a given country, WHO's role is to understand the technical reasons for delays and help identify and support the Principal Recipient and the CCM in taking remedial action, wherever possible. Heads of WHO country offices are encouraged to communicate any problems to the WHO regional office and headquarters and Global Fund focal points to assist in tracking and solving such issues. In countries where poor performance is related to a humanitarian crisis and where WHO is the lead of the humanitarian health cluster, WHO should use this forum to facilitate technical and strategic discussions to improve the implementation and scaling-up of interventions.

5.7.1 Support for service delivery

A major part of implementation support usually relates to the design and delivery of health interventions and services to achieve defined objectives and goals, as well as to ensure that such services are people-centred. WHO support in this regard includes the development or local adaptation of technical standards and normative guidelines, and provision of appropriate technical advice, information

and tools for the implementation of specific interventions. In addition, WHO should ensure that the necessary skills to deliver the required services are available by developing appropriate training programmes and tools. WHO's technical support for implementation should also constantly address issues relating to gender, vulnerable populations and populations of humanitarian concern.

5.7.2 Support for institutional capacity building

It is important that the support provided by the Global Fund and other development partners contributes to building national capacity and institutions for sustained national health development. One way to ensure this is to build on existing institutions that address a broad range of health issues rather than introducing new institutions or arrangements tailor-made for specific projects. Existing national institutions can be public, nongovernmental or private.

5.7.3 Procurement and supply management

WHO will usually not be involved in direct procurement and supply of medical and ancillary equipment and consumables. These functions are ideally performed by Principal Recipients and other national entities. However, where local procurement capacity is weak, international agencies such as the United Nations Office for Project Services (UNOPS) and the United Nations Children's Fund (UNICEF) and, in exceptional circumstances, WHO, have carried out procurement functions for local implementers. Given the facilities of the Global Fund Voluntary Pooled Procurement (see **Box 1**), it is unlikely that WHO will need to engage in direct procurement with respect to Global Fund grants, except in humanitarian crises. Here, WHO has a critical role in the procurement of health supplies to respond to the needs of affected populations.

BOX 1. GLOBAL FUND PROCUREMENT POLICIES AND FACILITIES

The following new policy developments in the area of procurement reflect the importance of this component in Global Fund grants.

The Voluntary Pooled Procurement became operational in 2009. Principal Recipients are able to procure core health products through a global pooled procurement service operated by an independent third-party procurement agent. The aggregated purchasing power created through this procurement facility leads to significantly reduced prices for countries and shorter delivery times. Access to and use of the facility is voluntary, with adjustments made as experience is gained over the next few years.

UNITAID provides additional and innovative financing for paediatric and second-line drugs for HIV and TB, and supports the Affordable Medicines Facility-malaria (see below). WHO headquarters in Geneva hosts UNITAID, which does not work directly with countries, but responds to countries' requests for support through the Global Fund or other partners.

The Affordable Medicines Facility-malaria is a financing mechanism for malaria medicines, hosted by the Global Fund. Through direct payment to manufacturers by the Global Fund, this facility leads to significantly lower prices for artemisinin-based combination therapies. The first phase of the scheme was launched in 2009 with a limited number of predetermined countries.

5.7.4 Management support

This involves ensuring that adequate arrangements and systems are in place for the efficient administrative and financial management of the grants. It includes making timely requests for and recording disbursed funds, consolidating and submitting financial and technical reports to the Global Fund to meet agreed reporting deadlines, and potentially managing procurement processes. In some cases, special programme management units have been established under the responsibility of the Principal Recipient to undertake these functions. WHO support should help ensure that, to the extent possible, management requirements are identified and appropriate technical support sought to address the identified shortcomings, both prior to and in the course of implementation.

5.7.5 Monitoring, evaluation and reporting

The Global Fund is a performance-based financing mechanism, which means that financial disbursements are based on reported results. Regular disbursements of funds to Principal Recipients are made by the Global Fund on the basis of progress reports submitted to the Secretariat as well as reports from the LFA. Disbursements might be withheld if reports are irregular, of poor quality or not submitted at all.

Periodic assessments are carried out on achievement of targets set through the grant work plans, to determine whether funding is continued at the levels agreed at the time of grant signing, or modified or terminated within the period of the grant.

Functioning national M&E systems are an essential component of a national health system and also required by Global Fund programmes.

WHO support for M&E in the context of Global Fund-related programmes should focus on the following:

- **Defining indicators.** As part of its function of setting technical norms and standards, WHO defines key indicators for monitoring and evaluating HIV, TB, malaria and HSS programmes. Indicators should focus on key priorities, and definitions should be aligned with global standards and include all necessary metadata descriptors. Selection of indicators should be informed by considerations of scientific soundness, relevance, usefulness for decision-making, responsiveness to change and data availability. The ability to set meaningful targets is critical. The aim is to reduce the proliferation of indicators and ensure that when an indicator is adopted, support for the necessary measurement and data analysis systems and activities are in place. WHO has worked closely with UN agencies, development partners and the Global Fund to agree on a common set of key indicators and strategies to measure progress in HIV, TB, malaria and HSS programmes. These indicators are published and regularly updated in the Monitoring and Evaluation Toolkit: HIV, Tuberculosis, Malaria and Health and Community Systems Strengthening.[28]

[28] Monitoring and Evaluation Toolkit: HIV, Tuberculosis, Malaria and Health and Community Systems Strengthening. Geneva: Global Fund; 2011 (http://www.theglobalfund.org/en/me/documents/toolkit/, accessed 18 November 2014).

- **Promoting country-led health information platforms.** Donors and funding agencies sometimes advocate for specific indicators and information and management strategies. As a result, countries often end up with both data gaps and a multiplicity of overlapping and duplicative data collection strategies. WHO promotes the strengthening of country-led health information and statistical systems designed to meet first and foremost the information needs of the country. A country health information systems surveillance platform is needed to bring together the M&E work in disease-specific programmes with cross-cutting efforts such as tracking human resources, logistics and procurement, and health service delivery. The aim is to improve the availability, quality and use of the data needed to inform country health sector reviews and planning processes, and to monitor health progress and system performance. The platform can provide the basis for subnational, national and global reporting, aligning partners at country and global levels around a common approach to country support and reporting requirements. Such an approach can help to build a country's capacity to improve health statistics, maximize linkages, and ensure overall consistency across disease and programme-specific areas.

- **Building capacity for surveillance.** A number of WHO programmes are working to strengthen the capacity of countries in surveillance, M&E and impact measurement. These efforts include training local experts in the design of M&E systems and in data collection, analysis and reporting. WHO should ensure that resources in Global Fund grants are utilized to strengthen national capacities in these areas.

- **Advising on evaluation methodologies.** The Global Fund undertakes evaluation exercises from time to time. These may be related to individual country performance assessment. They may also be large-scale reviews to determine the effectiveness and impact of the Global Fund model, such as the first 5-year evaluation concluded in 2008. WHO can provide technical advice on best practices for the evaluation of complex health interventions, and on methods for undertaking them in a way that supports other M&E efforts, and reduces duplication or excessive strain on national systems. WHO recommends that monitoring and regular evaluation be integrated into country support from the start, driven by country needs, and designed in such a way as to ensure active country participation without sacrificing scientific rigor, credibility and independence. WHO contributes to the development of common protocols and standardized indicators and tools to help enhance data quality and comparability.

- **Promoting the use of age- and sex-disaggregated data and gender analysis for planning and monitoring health programmes.** This is in line with the commitment made in the WHO Twelfth General Programme of Work. Furthermore, WHO supports Member States to improve the collection, analysis and use of quantitative data on health, disaggregated by sex, age and other relevant social stratifications. Such data is accompanied by an analysis of gender and other social inequalities to better understand the determinants of health behaviours and outcomes.

- **Supporting the allocation of at least 7%–10% of grants and programme resources for strengthening monitoring and evaluation systems.** This is in line with the processes and principles outlined in the IHP+ common evaluation framework, based on the tenets of the 2005 Paris Declaration on Aid Effectiveness – these comprise collective action with partners, alignment with country review processes, fostering of country ownership, and adequate attention to capacity building.

5.8 WHO's role in Global Fund grant management

WHO country offices should not serve as Principal Recipients for the following reasons:

- WHO serving as Principal Recipient may place the Organization in a supervisory level over the ministry of health, which could complicate WHO's relationship and technical advisory role with the ministry.
- Principal Recipients are subject to financial and capacity assessment by the Global Fund including through the Local Fund Agent, which is in conflict with WHO rules and regulations.
- To assume this role could hinder the Organization from effectively performing its core function of providing technical support to all relevant players and serving as an honest broker in technical matters.

5.8.1 WHO as subrecipient

WHO has increasingly taken on the role of subrecipient. Subrecipients are legal entities that receive Global Fund financing through the Principal Recipient for the implementation of specific programme activities. Subrecipients are contracted by and report to the Principal Recipient.

The decision on whether WHO should become a subrecipient at the request of a CCM should be based on a careful review of the following four criteria:

- the assessed needs of the country
- WHO's mandate and core functions in relation to these needs
- the technical and administrative capacity of the WHO country office
- the availability of other more suitable partners in the country concerned.

The country office should consult with legal, planning and administration, technical units and departments at regional level before entering into any commitment to take on a subrecipient role, in view of the potential risks involved.

Standard formats have been developed for use for agreements signed between the WHO country office and the Principal Recipient in the event of WHO assuming the role of subrecipient. Legal at WHO headquarters or directors of administration and finance at regional offices should be contacted for advice on these.

5.8.2 WHO as provider of expert services

There are unlikely to be circumstances in which WHO will be asked to assume the LFA role. In some countries, LFAs have asked WHO to assist their technical assessment of the Principal Recipient, for example by asking WHO to recommend procurement experts. While WHO should be engaged with LFA processes and facilitate the provision of expertise and support where possible, WHO should not be directly involved in the implementation of the LFA assessment, as this may compromise relations with ministries of health and other partners at country level.

WHO may also be contracted by the Global Fund to provide expert services such as defining specific quality standards and developing technical tools for the design, implementation and monitoring of programmes or operational research. These arrangements can be made at country level at the request of the CCM or Principal Recipient. They can also be made at regional or headquarters level, at the request of the Global Fund Secretariat.

5.9 Roles and functions at the three levels of WHO

The three levels of WHO – country offices, regional offices and headquarters play complementary roles in working with the Global Fund.

5.9.1 Country offices

As the bulk of Global Fund-related activities and programmes are directed at and take place at country level, the WHO country offices have a pivotal role to play in the Organization's engagement with the Global Fund.

It is important that the head and other staff in the WHO country office remain up to date with Global Fund business rules and procedures, and with the situation in the country related to new funding models and implementation of existing grants. This information and related issues should be shared with the respective regional offices and headquarters in a timely manner.

WHO country offices should continue to be proactive in initiating requests to the regional office and headquarters for support. Technical expertise can and should also be mobilized from within the country, whenever possible, in consultation with the UN country team and in-country partners.

Heads of WHO country offices must make every effort to participate in the discussions of the CCMs, provide the required technical support, and ensure that the country concept notes are aligned to national strategic plans and conform to internationally agreed policies and guidelines.

Box 2 outlines the key roles of WHO country offices in supporting Global Fund-related activities.

5.9.2 Regional offices

WHO's regional offices play an important role in supporting countries and WHO country offices in Global Fund processes.

BOX 2. KEY ROLES OF WHO COUNTRY OFFICES

- Participate in CCM meetings, facilitate discussions between the CCM, Global Fund teams, the ministries of health and other related ministries, the United Nations and other international and national partners working in the health sector in the country;
- Actively engage in country dialogue to advocate and support the inclusion of appropriate priorities and cross-cutting components to promote synergies and alignment with national strategies and plans for the three diseases, RMNCAH and HSS;
- Ensure coordinated technical support for concept note development in consultation with WHO regional offices and headquarters, Global Fund portfolio managers and country teams, bilateral partners, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other United Nations agencies;
- Inform the regional office and headquarters of needs for technical support and ensure efficient and timely technical support and technical and financial reporting on the deliverables as detailed in the WHO-Global Fund Agreement for Technical Cooperation;
- Help review and share the reports and other outputs from the technical support missions with WHO regional office and headquarters;
- Work closely with national counterparts, lead consultants and Global Fund teams developing concept notes and related documents, to ensure alignment with national strategic and health sector plans and appropriate prioritization within concept notes, based on recommendations from programme reviews, situation and gap analyses and country dialogue;
- Share the final draft of concept notes with regional office and headquarters focal points for timely feedback from other levels of the Organization prior to formal submission of the concept notes to the Global Fund TRP;
- Liaise closely with the CCM and Global Fund teams, regional offices and headquarters and help respond to issues for clarification raised by the Global Fund TRP and GAC;
- Assist in the grant-making process, including in developing the action plan, detailed budget, performance targets and other required documents, and in conducting capacity and risk assessments.

5.9.3 Headquarters

The role of WHO headquarters in relation to the Global Fund as listed in **Box 4**, is to provide strategic guidance and support to regional and country offices, and to contribute to Global Fund processes at the global level.

5.10 Coordination, oversight and management structures

The following mechanisms facilitate coordination and implementation of Global Fund-related activities across the three levels of the Organization.

5.10.1 Country level

The head of the WHO country office may serve or designate a staff member as focal point for Global Fund-related issues and to represent WHO on the CCM. The role of the focal point is to keep track of progress and information on the Global Fund and liaise with in-country partners, the Global Fund portfolio managers and

BOX 3. KEY ROLES OF WHO REGIONAL OFFICES

- Share up-to-date information and guidelines from WHO headquarters and the Global Fund with WHO country offices; facilitate exchange and dissemination of information on Global Fund related matters within the region as necessary;
- Coordinate technical support to countries for the development of concept notes with WHO headquarters' programmes and WHO country offices, in close consultation with Global Fund regional managers, portfolio managers and relevant partners in countries;
- Ensure the quality of technical support provided; facilitate peer review processes and discussions at regional and country level across the three disease programmes, health systems, and RMNCAH, for comprehensive support for concept note development in countries;
- Convene regional and/or disease specific discussions, meetings for joint work planning and reviews of progress with WHO country offices; facilitate resolution of issues relating to implementation;
- Coordinate with country offices and headquarters to ensure efficient programmatic and financial management and timely reporting on technical support activities agreed between WHO and the Global Fund;
- Liaise closely with country offices and headquarters to help respond in a timely manner to clarifications about country submissions raised by the TRP and GAC;
- Provide legal and administrative support to country offices on cooperation agreements with the Global Fund at country level;
- Support Member States to engage effectively in Global Fund governance, including technical advice to regional representatives on Global Fund governance, e.g. the Board and standing committees; assist in hosting constituency meetings for Member States prior to Global Fund Board meetings.

country teams, and respective technical staff in the country office, regional office and headquarters.

5.10.2 Regional level

Each regional office has staff to serve as focal point on Global Fund issues and coordinate activities within the region. The regional office also has focal points in each of the following clusters: HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM); Health Systems and Innovation (HIS); and Family, Women's and Children's Health (FWC). The regional focal point liaises regularly with focal points in the technical areas in country offices and at headquarters to coordinate technical support for concept note development and support for Global Fund grant-making and implementation in countries.

5.10.3 WHO headquarters

WHO headquarters and regional offices have established forums through which the departments involved meet regularly to plan and coordinate their Global Fund activities both internally and with other technical partners and the Global Fund.

An Office for Coordination of Global Fund Partnership and Technical Cooperation (OCGF) has been established under the Assistant Director-General for HIV, TB,

BOX 4. KEY ROLES OF WHO HEADQUARTERS

- Engage effectively in Global Fund governance: this includes participating in and providing technical advice to the Global Fund Board and committees on proposed policies and directions, and hosting constituency meetings for Member States prior to Global Fund Board meetings;
- Disseminate information on Global Fund policies and activities to regional and country offices, and relevant technical departments, and coordinate policy development within WHO in relation to Global Fund processes;
- Liaise with the Global Fund teams on technical and operational issues relating to applications and grants;
- Provide technical briefs including to the TRP on updated global policies, strategies and targets for the prevention, care and control of HIV, TB and malaria, enhancing RMNCAH, and HSS, and participate in the process for grant approvals;
- Make available necessary information, tools and normative guidance for WHO's engagement and support in countries as related to the Global Fund;
- Ensure a coordinated approach to technical support to countries between clusters and regions and with relevant technical partners;
- Establish peer review processes for draft concept notes in collaboration with WHO regional and country offices;
- Liaise closely with regional and country offices to help respond in a timely manner to clarifications on country submissions raised by the TRP and GAC;
- Coordinate with regional and country offices, and Global Fund teams effective implementation of Global Fund grants in countries, including the development of joint work plans with the relevant teams at the Global Fund;
- Coordinate efforts to mobilize additional resources, including from the Global Fund, for WHO's technical support to countries.

Malaria and Neglected Tropical Diseases. This office is primarily responsible for liaising with the Global Fund on policy and strategy development, as well as managing the operational aspects of the technical support provided to countries in the context of the technical cooperation agreement with the Global Fund.

The OCGF, together with the regional office Global Fund focal points, is responsible for internal coordination with HTM, HIS and FWC focal points at the WHO country offices and headquarters.

The OCGF also coordinates WHO's interaction with external technical partners and the Global Fund.

5.10.4 Task Force

This is an internal coordinating mechanism that comprises staff of the OCGF, Country Cooperation Unit (CCU) and focal points from HTM, HIS and FWC, at headquarters and regional offices, and from the Roll Back Malaria and Stop TB partnerships at headquarters. This acts as a forum for information exchange and coordination between clusters, and discussion and resolution of operational issues

relating to WHO's technical support to countries with the Global Fund Secretariat. The members of the Task Force in turn engage extensively in the Global Fund-related work with technical focal points at the regional and country offices.

5.10.5 Joint Working Group

The Joint Working Group serves as a platform for technical coordination and exchange of information between WHO and other technical and development partners for coordinated inputs to Global Fund policy and operational processes. The Joint Working Group comprises representatives from the following:

- HTM, HIS, FWC and CCU at WHO headquarters;
- WHO regional offices;
- Stop TB and Roll Back Malaria partnerships;
- Global Fund Secretariat;
- Bilateral partners – Gesellschaft für Internationale Zusammenarbeit (GIZ); France Expertise Internationale (FEI) and the US President's Emergency Plan for AIDS Relief (PEPFAR);
- Joint United Nations Programme on HIV and AIDS (UNAIDS);
- United Nations Development Programme (UNDP);
- United Nations Children's Fund (UNICEF);
- United Nations Population Fund (UNFPA);
- United Nations Office on Drugs and Crime (UNODC);
- World Food Programme (WFP);
- Diplomatic missions based in Geneva.

5.10.6 WHO-Global Fund Steering Committee

This committee serves as a high-level coordination and governance mechanism to oversee the implementation of the technical cooperation agreement between the Global Fund and WHO. The committee comprises senior management from WHO and the Global Fund, UNAIDS, the Stop TB and Roll Back Malaria partnerships, and representatives from bilateral partners.

5.11 Memoranda of understanding

WHO does not have a corporate memorandum of understanding (MOU) with the Global Fund; however, as a member of key technical partnerships, WHO is party to the MOU signed between the Global Fund and the following key technical partnerships: UNAIDS, the Stop-TB Partnership, and the Roll Back Malaria Partnership.

WHO has recently entered into an agreement, the WHO–Global Fund Agreement for Technical Cooperation, which allows WHO to access funding for technical support to countries applying for grants under the Global Fund's new funding model (**Annex 1**).

5.12 Resource implications for WHO

The creation of the Global Fund has resulted in a substantial increase in demand for WHO services at country, regional and global levels. This has had serious implications for WHO capacity and resources. For example, some country offices report spending as much as 30% of staff time on Global Fund-related issues over the course of several biennia.

Given the increased demand for WHO support and recognizing its critical contribution in supporting funding applications, the Global Fund agreed to finance WHO, the Roll Back Malaria and Stop TB partnerships for technical support to countries applying for funding during 2014–2015. However, this funding does not include the actual writing of the concept note and does not support the development of regional proposals.

It is expected that the assistance provided by WHO will have a positive impact on the quality and scope of the applications and thereby, on the performance and outcomes of Global Fund grants in countries.

This has a number of implications for WHO:

- WHO needs to be able to build capacity to rapidly mobilize country, regional and global rosters of staff and consultants to match the growing demand for technical support from countries to help develop applications, engage in negotiations, implement activities and report to the Global Fund.
- WHO should ensure that new applications for funding to the Global Fund and ongoing grants adequately budget for services that WHO is called upon to provide, including as subrecipient and for specific technical support activities.
- It is always advisable to budget for technical staff and activities relating to the support provided by WHO for Global Fund related work, in the biennial workplans, particularly at country level.
- WHO's country offices are sometimes pressured to reduce the 13% programme support costs (PSC) when agreements are negotiated with Principal Recipients or other partners. The rate of PSC is fixed by the World Health Assembly. There are few specific programmatic conditions where a lower standard PSC rate might apply. These must be agreed upon through consultations with legal and the administration and finance departments before any commitments are made on rates that should apply in these specific situations.

ANNEX 1

The WHO-Global Fund Agreement for Technical Cooperation

The Global Fund signed an agreement with the World Health Organization (WHO) in May 2014, through which the Global Fund agreed to finance WHO, the Stop TB[29] and Roll Back Malaria partnerships, for technical support to countries for the development of concept notes as a first step towards securing their allocations under the new funding model.[30] It is stipulated in the agreement that these funds be used only where there is no other funding source for the requested technical support.

Focus of support

The aim of WHO support is to enable countries to produce technically sound concept notes that are approved for funding during the replenishment period 2014–2016. The development of a sound concept note is predicated on a strong national programming framework that includes, for each disease, a prioritized national strategic plan, updated epidemiological profile, recent programme review and complete gap analysis (programmatic and financial). Much of WHO assistance will go to supporting these essential components.

The scope of technical support provided directly by WHO and/or through the mobilization of a technical partner and/or through consultants are as detailed in **Table A1.1**.

Note: Under the terms of the agreement, the funding does not include the actual writing of the concept note nor the support for the development of regional proposals.

The measure of success will be the effectiveness of technical support provided for preparatory activities to facilitate the development of quality concept notes, the overall quality of concept notes and eventually the number of successful applications from the countries supported. Other outcomes, such as strengthened national capacities and enhanced collaboration across the Organization, will also be important measures of success for WHO.

[29] As of 1 January 2015, The Stop TB partnership is no longer hosted by WHO. Therefore, the funds and activities related to Stop TB were transferred from WHO to Stop TB which has a separate agreement with the Global Fund.

[30] The agreement excludes support for concept note writing and regional proposals.

Table A1.1 Areas for WHO technical support under the terms of the agreement

PROGRAMME AREAS	SPECIFIC AREAS FOR SUPPORT
HIV	Epidemiological analysis
	Programme reviews
	Programmatic and financial gap analysis
	Strategic plans development
	Country dialogue for development of joint TB–HIV concept notes
Tuberculosis (TB)	Epidemiological data and assessment
	Programme reviews/capacity assessment
	Financial gap analysis
	Strategic plans development
	Strategic investment approaches
Malaria	Epidemiological analysis, mapping etc.
	Strategic planning support including costing for specific technical support for key interventions
	Gap analysis
	Support to country dialogue and strategic investment approaches
	Technical support for countries outside of Africa
	Civil society support
	Partner daily subsistence allowance (DSA) and travel
	In-country consultation meetings
RMNCAH/HSS	Review of the national health sector strategy and national disease-specific plans
	Preliminary high-level gap analysis and analytical needs assessment
	Strategic investment approaches
	Country dialogue support
Grant-making	Assistance with any technical conditions defined by GAC and TRP
	Operational Planning (including capacity building plan for programme implementation, fine tuning of activities and budgets)
	National monitoring and evaluation (M&E) plan or grant specific M&E plan, MESS workshops
	Performance framework, including setting indicators and targets for the grant
	Procurement and supply management (as part of technical support for health systems components)

HSS: health systems strengthening, RMNCAH: reproductive, maternal, newborn, child and adolescent health.

WHO support to countries in accessing and utilizing resources from the Global Fund

A HANDBOOK

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