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Collaboration between the Countries of the Region and the Global Fund to Fight AIDS, Tuberculosis and Malaria

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1. Introduction

Since its start in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has become important partner for the scaling up of prevention, treatment and care for HIV/AIDS, tuberculosis and malaria. This document examines how all countries of the Region can further strengthen collaboration with the Global Fund.

2. Features of the collaboration between countries of the Region and the Global Fund

2.1 Status

The Global Fund has become by far the leading financing institution for the scaling up of HIV/AIDS, tuberculosis and malaria care in countries of the Region. From 2002 to date, the Global Fund has approved 65 grants for countries of the Region: 21 grants for HIV/AIDS, 27 for tuberculosis and 17 for malaria. These grants include components on health system strengthening in 4 countries. All 14 countries¹ that are eligible for Global Fund support have already received grant approval from the Global Fund.

The amount of grant support varies considerably among countries, due in part to varying disease burden and population size. To date, countries and the Global Fund have made grant agreements for a total of US\$ 841.0 million. Of this, the countries have already received a total of US\$ 627.2 million. In 2009, a total of US\$ 167.5 million was disbursed to countries of the Region.

2.2 Impact

The steady increase in grant support from the Global Fund has shown good results and impact in the prevention, treatment and care for HIV/AIDS, tuberculosis and malaria in the Region. The total number of people living with HIV in the Region who receive antiretroviral treatment increased by almost double (90%) from 2007 to 2009. The number of tuberculosis patients diagnosed and treated in the Region has increased continuously over the past 5 years (2005 to 2009), and now totals approximately 1.8 million. For malaria prevention, the number of long-lasting insecticide treated bednets distributed in the Region has increased continuously to almost 8 million in 2009, which means around 34 million of people are now covered by these bednets. In addition, 3 countries² of the Region have received specific Global Fund grants for strengthening their health systems.

It should be emphasized that these achievements were possible not only through Global Fund grant support, but also as a result of the commitment, hard work and collaboration of the national authorities, relevant disease control programmes, civil society including patient representatives, and national and international partners.

2.3 Challenges

There are two major challenges in the collaboration between countries of the Region and the Global Fund.

The first is national absorption capacity. This relates to the capacity of stakeholders, including those comprising the country coordination mechanisms, principal recipients and sub-recipients, and national programmes and partners, to implement the funds according to the planned activities.

While countries and partners are doing their best to implement the grants, the outcome is not yet fully optimal. To date, outcome assessment has been conducted for a total of 51 Global Fund

¹ Afghanistan, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Morocco, Pakistan, Palestine (West Bank and Gaza), Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen

² Afghanistan, Somalia and Sudan (both northern and southern sectors)

grants in the countries of the Region. Of these, only 18 grants (or 35%) were found to have met or exceeded expectations. 31 grants (61%) were adequate or showed potential, and 2 grants (4%) were unacceptable. The main problem has been the national absorption capacity. Countries, partners and the Global Fund have discussed the matter extensively and are using every available opportunity to improve national capacity, in partnership with all relevant stakeholders.

The second challenge relates to the rapidly evolving grant architecture and changing Global Fund policies. The potential consequences of these changes can be considerable for countries. One example is the single stream of funding. In the Global Fund Round 10 call for applications in 2010, use of the new consolidated disease proposal form was voluntary for countries with existing Global Fund grants. However, from 2011 onward, consolidation of relevant grants will be compulsory. Consolidated disease applications will be signed into one grant agreement to produce a single stream of funding for each principal recipient per disease across the entire Global Fund portfolio.

Another recent change with direct relevance for countries of the Region is prioritization, which was introduced in the Round 10 call for applications. In prioritization, which occurs if resources are insufficient to fund all proposals recommended by the Global Fund's Technical Review Panel, the proposals are ranked according to scores in three areas: recommendations of the Technical Review Panel; poverty (or income) level; and relevant disease burden. Should prioritization become necessary, proposals from lower-middle income countries with low to very low burden of relevant disease (i.e. the majority of eligible countries of the Region) would have less chance of Global Fund support.

3. Participation of countries of the Region in decision-making processes of the Global Fund

At present, countries of the Region have four full memberships on the Global Fund Board and the committees.

- One full member and one alternate on the Global Fund Board, which is responsible for overall governance of the Global Fund
- One full member in the Policy and Strategy Committee of the Global Fund Board, which advises the Board on the core governance structure, core policies and overall strategic planning
- One full member in the Finance and Audit Committee in the Global Fund Board, which provides advice on all policy and strategy issues relating to finance and audit

Each region is also entitled to another 8 delegates in addition to the Board member and the alternate (i.e. a delegation of 10). Delegates should reflect an extensive range of competence and expertise in order to enrich the contribution of the delegation to the Board's business.³

In the coming three months, the Global Fund will organize a series of important meetings as shown below. The Global Fund may drastically change the way it works with countries, particularly under the current global financial crisis. Active participation of countries of the Region is therefore more important than ever.

Key Global Fund meetings in October and December 2010 are as follows.

October 2010

- 3–5: Global Fund Replenishment meeting (New York, United States of America)
- 18–29: Technical Review Panel meeting (Geneva, Switzerland)
- 19–21: Finance and Audit Committee (FAC) meeting (Geneva, Switzerland)

³ *Guidelines on constituency processes*. Geneva, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010.

- 25–26: Policy and Strategy Committee (PSC) meeting (Geneva, Switzerland)
- 27: Joint PSC/PIC meeting on eligibility (Geneva, Switzerland)
- 28–29: Portfolio and Implementation Committee (PIC) meeting (Geneva, Switzerland)

December 2010

- 9–11: Board site visits (Bulgaria, Ukraine, Georgia)
- 10–11: Board retreat (Bulgaria)
- 12: Board pre-meeting (Bulgaria)
- 13–15: Twenty-second Board meeting (Bulgaria)

With the help of the current Board member of the Global Fund, H.E. the Minister of Public Health and Population of Yemen, the Global Fund agreed to provide Global Fund Board Constituency Funding (US\$ 80 000 a year) to the Region. This fund will be managed by the WHO Regional Office for the Eastern Mediterranean, and is expected to further improve coordination among the countries of the Region and enhance the contribution of the Region to the Global Fund governance processes.

4. Conclusions and recommendations

Effective collaboration with the Global Fund is very important for the countries of the Region. The impact of the collaboration is observed in the prevention, treatment and care for HIV/AIDS, tuberculosis and malaria, and is expected to be seen in health systems strengthening.

At the same time, national absorption capacity is not optimal and the grants do not always produce the anticipated results. Only 35% of the grants have met or exceeded expectations.

Moreover, changes in the grant architecture of the Global Fund are extremely relevant for the countries of the Region. Prioritization, for example, could negatively affect the chances for success of grant proposals from many countries of the Region.

It is therefore recommended that countries continue to strengthen collaboration with the Global Fund. Continued improvement in the national absorption capacity is important, particularly for country coordination mechanisms, principal recipients and sub-recipients, national programmes and other implementing partners.

It is also recommended that countries participate actively in the decision-making processes of the Global Fund Board and its committees. Regional representatives should fully participate in the coming Global Fund Policy and Strategy Committee and Financial and Audit Committee meetings in October 2010 and Board Meeting in December 2010.

The Regional Office will use the Global Fund Board Constituency Funding towards further enhancing the participation of countries of the Region in the Global Fund Board and committee meetings.