



# **CHALLENGES AND OPPORTUNITIES FOR THE NEW EXECUTIVE DIRECTOR OF THE GLOBAL FUND:**

## SEVEN ESSENTIAL TASKS

REPORT OF THE GLOBAL FUND WORKING GROUP\*

OCTOBER 26, 2006

CENTER FOR GLOBAL DEVELOPMENT, WASHINGTON, DC

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# List of Abbreviations

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ACT	Artemisinin Base Combination Therapy
ARV	Antiretroviral
CFP	Comprehensive Funding Policy
CCM	Country Coordinating Mechanism
DOTS	Directly Observed Treatment Short Course
ED	Executive Director
EARS	Early Alert and Response System
FPM	Fund Portfolio Manager
GIST	Global Joint Problem-Solving and Implementation Support Team
GLC	WHO/Stop TB Green Light Committee
GTT	Global Task Team
LFA	Local Fund Agent
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
NAC	National AIDS Council
NGO	Non-governmental organization
PBF	Performance-Based Funding
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PR	Principal Recipient
PSC	Policy and Strategy Committee
R&D	Research and development
SR	Sub-recipient
TA	Technical Assistance
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNITAID	International Drug Purchase Facility
WHO	World Health Organization

# Preface

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Two troubling questions currently dominate the international development community. What is the right response to the HIV/AIDS pandemic and to the failure to beat back malaria and tuberculosis in the world's poorest countries? And can more aid money make a difference in the face of poor governance and limited absorptive capacity in the worst-hit countries, and donor programs that are hopelessly fragmented, uncoordinated, and administratively burdensome?

The Global Fund to Fight AIDS, TB and Malaria, founded in late 2001 and financed primarily by the United States, France, the EC, Japan, and the U.K., along with significant contributions from the Bill & Melinda Gates Foundation, is a bold and direct response to these questions. Its focus on raising additional money to deal with preventable and treatable diseases, over and beyond traditional aid programs, is meant to redress the shameful reality of the 1980s and the 1990s—of too little and too late a global reaction to AIDS. Its founding principles—country ownership, broad participation, transparency, accountability, and a focus on results—constitute an important experiment in making at least those aid flows meant to fight disease more coordinated, more legitimate and more effective. On both fronts the Global Fund has made encouraging progress—no small feat given the tricky political minefields surrounding both HIV/AIDS and aid effectiveness.

But innovation is not easy, and much about the Fund's modus operandi has been controversial. Early next year, a new Executive Director (ED) will succeed Richard Feachem, the Fund's impressive first leader, and the Fund will begin the difficult transition from exciting new start-up to established agency—one among so many in the complex international aid system. The new Executive Director faces an enormous challenge: Consolidating the transition from innovator with new money, to an efficient, focused organization. Doing so will require both continuing leadership at the global level—in pushing other powerful players (the United Nations, the U.S. PEPFAR program, the activist and NGO communities, and more)—to play as one team, and at the same time a laser-like focus on the nitty-gritty day-to-day operational details of making an institution work well. It will also require that the major supporters of the Global Fund, including the U.S., support the proposal in this report that the Executive Director be adequately empowered to play an effective role in and with the Fund's board.

In the spring of 2006, Senior Fellow Steve Radelet agreed to lead a new CGD Working Group on the Global Fund, with the objective of providing an independent view of the key challenges for the incoming Executive Director. The goals of the Working Group were to provide an analysis of the constraints and opportunities facing the organization and to define

specific actions that the ED could take to minimize those constraints and maximize those opportunities. The Group has identified seven key tasks and for each task specific recommended steps the ED should take to make the Global Fund a more effective organization.

This is the fourth in a series of CGD reports that presume to put together independent recommendations for the new leadership of major international organizations. It follows earlier reports directed to the heads of the World Bank, the Inter-American Development Bank, and the African Development Bank. Our reports draw on the insight and deliberations of experts from around the world including scholars, former officials of country governments, non-governmental organizations and other institutions.

I thank my colleagues at CGD and the members of the Working Group for their commitment and willingness to donate their time and efforts to this endeavor. I and my colleagues at the Center are grateful to the Bill & Melinda Gates Foundation and the William and Flora Hewlett Foundation for their financial support of the Working Group, and to Edward Scott for the generous start-up gift that has made it possible for us to develop the staffing and infrastructure on which these reports also rely. I hope this report, and the ideas and suggestions contained within it, is as useful not only to the new ED, but to the many individuals and institutions that work with and support the Global Fund, and to the entire development community engaged in the fight against poverty and disease around the world.

Nancy Birdsall  
President  
Center for Global Development

# Executive Summary

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**D**uring its first four years, the Global Fund to Fight AIDS, Tuberculosis and Malaria has quickly become one of the most important foreign assistance agencies in the world, both because of its impact in the fight against these diseases, and because it has pioneered new approaches in foreign assistance that have implications well beyond the organization itself. The Global Fund is about to enter a crucial new phase brought about by its first leadership transition as Richard Feachem completes his term and a new Executive Director (ED) takes the reins in early 2007. This transition occurs at a critical time, as it coincides with the Global Fund's evolution from an innovative, start-up organization to a mature and sustainable institution, and with the Global Fund Board's current strategy review. As the central figure leading the Global Fund through this transition, the new ED will need to focus his or her time and energy on the most vital issues for making the Global Fund a more effective agency.

Although the Global Fund has achieved many early successes, it faces many challenges, some of which stem from constraints and tensions inherent in its basic design, and some from different views of the appropriate future direction for the Fund. The Global Fund was founded on a core set of principles that include country ownership, broad participation, accountability and urgency, all aimed at rapidly achieving results. But sometimes these principles conflict with each other, such as when the desire for broad participation and ownership runs up against the need for speed and decisiveness. The Global Fund's diverse Board is a great strength, but different members and groups have different priorities and visions for the Fund. In addition, the Fund's design as primarily a financing instrument assumed that other actors—multilateral agencies, bilateral partners, NGOs, faith-based groups and civil society—would play supporting roles in the scale-up process, but these roles and responsibilities have not been fully or clearly defined.

The new ED faces key policy choices on a range of issues, including how best to strengthen operations on the ground, improve support for technical assistance (TA) and capacity building, expand the Fund's influence on global commodity markets, and strengthen performance-based funding. To succeed in addressing these issues, the new ED will have to exert judicious leadership in carefully balancing among the Global Fund's underlying constraints, and will need strong support from the Board, major partners, NGOs, and other key constituency groups.

This report, assembled by an independent Working Group, is intended to help the new ED define the major tasks upon which s/he should primarily focus attention, and provide specific recommendations for action. The report does not address broad strategic issues for the Global

***The Global Fund is about to enter a crucial new phase brought about by its first leadership transition, and its evolution from an innovative start-up organization to a mature and sustainable institution***

***The new ED faces key policy choices on a range of issues, including how to strengthen operations on the ground, improve support for technical assistance and capacity building, expand the Fund's influence on global commodity markets, and strengthen performance-based funding, among others***

Fund Board, but rather actions that the ED can take to strengthen the Fund's performance. With some of our recommendations, the ED and the Secretariat can act alone, such as in strengthening the Fund's early warning system for under-performing programs. For others, the ED will need the support of the Board, such as in recruiting a new professional fundraising team. For many others, the ED and the Global Fund more broadly will need to work cooperatively with other agencies and organizations, such as in significantly strengthening the provision of technical assistance to support country programs. This type of cooperation is particularly important for the Global Fund, since by design it is meant to operate as one part of a broader "network" in which its financing works in tandem with other agencies' and NGOs' expertise, on-the-ground presence, and other resources to support recipient country programs to fight the three diseases.

We have identified seven key tasks that we feel are the most important for the new ED to address in the near future. All are important in different ways. The ED must determine which ones are the highest priorities for immediate action. There were differing views within our Working Group, as there are in the broader Global Fund community, as to which are the most essential issues for the Fund. We stress that these tasks are not listed in order of priority, but rather from the ground up, starting with operations in recipient countries and ending with financing and ED-Board relationships.

### **Task 1: Strengthen In-Country Operations**

The Global Fund community has extensively debated the Fund's unique operational model and the roles, responsibilities, and authorities of the Country Coordinating Mechanisms (CCMs), Principal Recipients (PRs), and Local Fund Agents (LFAs). Country programs are highly dependent on key partners playing complementary supporting roles, but these roles and responsibilities have never been clearly defined and there has been little systematic communication between key agency heads on these issues. We recommend that the new ED:

- Convene a Heads of Agencies Group comprised of the leaders of the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank (and possibly a very small number of others) to meet regularly to define complementary roles and better coordinate actions on the ground to more effectively support country programs.
- Move the Fund beyond a one-size-fits-all approach and design a range of operational models in different countries in terms of proposal process, oversight, disbursement frequency, LFA roles and



budget support, based on differences in track records, performance, risk assessments and country-specific circumstances.

- Construct and distribute a list of all key personnel contacts in each recipient country, including staff of the Ministry of Health, all CCM members, NGOs, faith-based organizations, civil society representatives, UNAIDS, WHO and key bilateral agencies.

### **Task 2: Strengthen the Provision of High-Quality Technical Assistance**

When the Global Fund was founded, international discussion primarily focused on the need for scaled-up financial resources, with much less discussion about the need to scale up other complementary resources, including TA for countries where the capacity to design and implement effective programs was limited. It is now clear that the need for scaled-up TA was vastly underestimated, and that the issue cannot be resolved by the Global Fund working alone. We recommend that the new ED:

- Spearhead an effort with the new Heads of Agencies Group to jointly determine the steps the major donors, international agencies, NGOs, civil society groups, and other organizations should take to effectively provide high-quality TA for each of the three diseases, and collectively approach the international community with proposed solutions; and
- Work with other agencies, NGOs, and civil society groups to encourage a greater exchange of information between seekers and providers of TA, including the development of an “information market” for TA, building on existing systems with UNAIDS, the Stop TB Partnership, and Roll Back Malaria Partnership.

### **Task 3: Solidify Performance-Based Funding (PBF)**

PBF, a critical tool for achieving results, is a bedrock principle of the Global Fund. Although PBF is beginning to take hold at the Fund, many of the specific mechanisms are not yet working optimally. We recommend that the new ED:

- Significantly bolster the Fund’s early warning systems to better identify programs at risk;
- Regularly and quickly provide early warning information to CCM members, international partners, NGOs and civil society groups; and
- Work with the Heads of Agencies Group to develop more robust inter-agency strategies to quickly respond to and support programs at risk.

### **Task 4: Strengthen Procurement and Supply Chain Strategies**

Recipient countries face major challenges in commodity procurement and supply chain management. Problems in these areas are among the

***The new ED should spearhead an effort with other Heads of Agencies to jointly determine how best to provide high-quality technical assistance for programs fighting the three diseases***

***The new ED should move forward on establishing a voluntary pooled procurement option so the Fund can leverage its global purchasing power to influence markets and prices***

main reasons why programs financed by the Global Fund experience difficulties. The Global Fund cannot solve these problems working alone. We recommend that the new ED:

- Catalyze efforts with other agencies to craft joint approaches to global procurement and supply chain issues through which they can collectively influence markets, prices and R&D decisions, and strengthen local systems;
- Add specific indicators to each grant that measure procurement time, prices and other relevant data, and penalize countries that cannot explain or justify significant time lags or price gaps; and
- Move forward on establishing a pooled procurement option for the Fund, building on the recent Board decision to facilitate pooled procurement for countries on a voluntary basis.

#### **Task 5: Enhance Secretariat Operations**

During the past four years, the nature of the Global Fund Secretariat's work has been evolving constantly. The staff size has reached 240, but with the task of managing over 360 grant programs in 132 countries, the workload is intense and turnover is high. Questions remain about the number of staff—their skill mix, background and experience; the Secretariat's organization and lines of communication; and the staff's roles and responsibilities in communicating with key partners. We recommend the ED:

- Commission a management audit to review the Secretariat's structure and staffing;
- Hire additional Fund Portfolio Managers (FPMs), more clearly define their roles and responsibilities, and shift to a team FPM approach with more than one Global Fund staff working on each country;
- Review and consider options to the Secretariat's administrative relationship with the WHO, including possibly modifying or ending the relationship;
- Develop more clearly defined relationships with key partners on the ground in order to strengthen communications, feedback, and early warning systems, including experimenting with, on a pilot basis, formal agreements with partners to take on specific roles and responsibilities in some countries.

#### **Task 6: Strengthen the Fund's Finances**

In response to the upcoming Board decision on a target size for the Fund, the new ED will play the central role in developing and implementing fundraising strategies. The ED will be faced with the challenge that fundraising will get harder in the future, even if the Fund achieves an excellent track record. We recommend the ED:

- Hire a full-time professional fundraising team;
- Devise new strategies to approach non-traditional donors such as Saudi Arabia and China, while strengthening approaches to traditional donors;
- Re-examine policies that discourage private-sector donations, and find innovative ways to attract more private-sector donations; and
- Encourage graduation or co-financing by middle-income and other countries that have the internal resources to finance their programs.

### **Task 7: Clarify and Strengthen Management-Board Relations**

For the Global Fund to be successful, a strong and supportive relationship between the ED and the Board is essential. The arrival of the new ED provides an ideal opportunity for both the ED and the Board to more clearly define their relationship. Therefore, in this section we recommend actions both for the ED and for the Board. We recommend the ED:

- Build strong relationships and regular communication links with Board members;
- Help shape, and then support, the new Global Fund strategy and vision as determined by the Board in early 2007; and
- Simplify materials prepared for Board meetings.

We recommend the Board:

- Respect the boundaries of the distinct roles of the Board and ED;
- Make the ED a non-voting member of the Board to ensure the experiences and insights of the ED and the Secretariat are more fully reflected in Board discussions; and
- Reduce its demands on the Secretariat, especially through committees, and ensure that Board decisions do not significantly add to the Secretariat's responsibilities, or if they do, provide adequate resources and staffing to meet the new expectations.

***The ED should hire a full-time professional fundraising team, led by a senior professional and comprised of people with diverse skills to work with traditional, non-traditional, and private sector donors***

# Introduction

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The Global Fund to Fight AIDS, Tuberculosis and Malaria was founded in late 2001 to help finance the global battle against three devastating diseases that together kill more than 6 million people every year. The Fund has quickly become one of the most important foreign assistance agencies in the world, for two reasons. First, it has firmly established itself as a major force in the fight against these diseases. It now provides 20 percent of global donor funding for HIV/AIDS, 45 percent for tuberculosis (TB), and 66 percent for malaria. It has approved over 360 grants worth over \$5.6 billion in 132 countries and disbursed over \$2.7 billion to 128 countries—more countries than almost any international agency outside the United Nations. As of June 2006, its grants had supported antiretroviral (ARV) treatment for 544,000 people living with HIV; testing and counseling for HIV for 5.7 million people; directly observed treatment short course (DOTS) for 1.4 million people with TB; and 11.3 million insecticide-treated bed nets for malaria prevention.<sup>1</sup>

Second, the Global Fund has pioneered new approaches in foreign assistance and performance-based decision-making that have implications well beyond the three diseases. It operates through a unique model, functioning principally as a financing mechanism that does not design or implement programs or directly provide technical assistance. It has a staff of approximately 240 people, far smaller than most other agencies, with no staff resident in program countries. By design, it relies on partnerships with governments, donors, NGOs, faith-based groups, civil society, and the private sector in recipient countries. Thus, rather than acting as a “full-service” development agency, the Global Fund is designed to operate as one part of a broader “network” in which its financing works in tandem with the expertise, on-the-ground presence, and other resources brought by other agencies and NGOs to support recipient country programs to fight the three diseases.

The Global Fund is about to enter a crucial new phase in its young life, brought about by its first leadership transition as Richard Feachem completes his term and a new ED takes the reins in early 2007. This transition occurs at a critical time, as it coincides with the Fund’s evolution from an innovative start-up organization to a mature and sustainable institution. As the central figure leading the Fund through this transition, the new ED will need to focus his or her energy on the most vital issues to make the Fund a more effective organization.

***The Global Fund has quickly become one of the most important aid agencies in the world, both because it is now a major force in the fight against the three diseases, and because it has pioneered new approaches in foreign assistance***

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<sup>1</sup> The Global Fund (2006), Investing in Impact: Midyear Results Report 2006, p. 12.

***This report is intended to help the new ED define the major tasks on which she or he should primarily focus attention, and to provide specific recommendations to accomplish those tasks***

This report is intended to help the new ED define the major tasks on which she or he should primarily focus attention, and to provide specific recommendations to accomplish those tasks. It is aimed primarily at the ED, rather than the Board, the Secretariat, program implementers, or constituency groups. It is designed to complement the Board's current strategy review (overseen by the Policy and Strategy Committee, or PSC) and the work of the Partnership Forum and the Fund's Technical Evaluation Reference Group. While those efforts are intended to define the future Global Fund strategy for the organization as a whole, this report is aimed specifically at actions that the new ED can undertake to strengthen the current operations and future success of the Global Fund.<sup>2</sup> The Fund represents an important and innovative approach in foreign assistance and in fighting the diseases, but its broad design cannot succeed without careful attention to the details, and without revisiting key operational mechanisms in the light of its evolving experience.

The Working Group that assembled this report is comprised of experts who have observed and been involved in the Global Fund since its inception as program implementers, Board members, civil society representatives, staff of the Global Fund, staff of cooperating agencies, development specialists and researchers. Members did not participate as representatives of governments or agencies, but rather as individuals who care deeply about the future of the Fund. This report represents our best effort to bring together our different perspectives to support the new ED, and by extension the broader work of the Global Fund. It was written before the new ED was named, and thus provides recommendations specific to the ED's position, but not tailored to a specific person. All the Group members have endorsed the report as a whole, but not every member agrees with each recommendation. We have noted specific areas where there was not full agreement.

The ED has three main areas of responsibility, as laid out in the official terms of reference: a) Leadership and Management of the Secretariat; b) Working with the Board on Governance Issues; and c) Resource Mobilization and Partnership.<sup>3</sup> The ED must be a leader, serving as a "spark" to set the tone and culture of the Secretariat and for the broader Global Fund community. The ED must be a strong advocate for the Global Fund, championing its successes while honestly and transparently recognizing its difficulties and making the tough decisions needed to strengthen its performance. Above all, the ED is ultimately responsible to the individuals and communities affected by the three diseases. The primary objectives always should be to save lives and maximize the Global Fund's impact on the countless men, women and children around

<sup>2</sup> It also complements other current independent activities, such as the Aidspace-supported Round Table discussions, which will focus on developing detailed recommendations for the Global Fund in two areas (TA and one other) in which action must be taken jointly by the Global Fund and other international players.

<sup>3</sup> The Global Fund (2006): "Report on the Executive Director Transition."

the world that depend on its resources and on the supporting actions of complementary groups and agencies.

But while the ED's role is central, many other actors must play important and mutually reinforcing roles, including the Board, program implementers, Secretariat staff, multilateral and bilateral agencies, NGOs and civil society. We cannot thoroughly address the roles of each of these groups in this report, but we do include several specific complementary and cooperative actions that will be needed to help the new ED succeed. Because of the particular importance of the Board, at the end of the report we make several recommendations to the Board regarding its relationship with the new ED and the Secretariat, and how the Board can support the new ED.

For the new ED, we have identified seven key tasks that we feel are the most important to address in the near future. With some of our recommendations, the ED and the Secretariat can act alone, such as in strengthening the Fund's early warning system for under-performing programs. For others, the ED will need the support of the Board, such as recruiting a new professional fundraising team. For many others, the ED and the Global Fund more broadly will need to work cooperatively with other agencies and organizations, such as in significantly strengthening the provision of technical assistance to support country programs. All are important in different ways, and while each needs attention, the new ED must determine which are the highest priorities for immediate action. Setting priorities is never easy. There were differing views within our Working Group, as there are in the broader Global Fund community, as to which are the most essential issues for the Fund. **Therefore, the seven tasks that we describe here are not listed in order of priority.** Rather, they are listed from an operational perspective from the ground up, starting with operations in-country where ultimate results are achieved, through supporting arrangements aimed at making those operations more effective—technical assistance, performance-based funding, procurement and supply chain strategies, and Secretariat operations—and ending with the overarching issues of financing and Board relationships, which are critical for bringing all of the issues together.

Before turning to each of these tasks, we begin with an overview of some key challenges, concerns, and tensions inherent in the Global Fund as a whole. Although our particular objective is not to solve these big issues, it is important to set the broader context to make the discussion of the specific actions for the ED more meaningful.

***We identify seven key tasks, starting from operations in-country where ultimate results are achieved, through supporting arrangements aimed at making those operations more effective—technical assistance, performance-based funding, procurement and supply chain strategies, and Secretariat operations—and ending with the overarching issues of financing and Board relationships***

# Setting the Stage: Key Challenges and Tensions Facing the Global Fund

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***Although the Global Fund has achieved many early successes, it faces many challenges, some of which stem from constraints and tensions inherent in its basic design, and others from different views of the appropriate direction for the Fund***

**A**lthough the Global Fund has achieved many early successes, it faces many challenges, some of which stem from constraints and tensions inherent in its basic design, and others from different views of the appropriate direction for the Fund. The Global Fund was founded on a core set of principles that include country ownership, broad participation, accountability and urgency, all aimed at rapidly achieving results. It attempts to take very seriously the notions of country ownership and broad participation through its use of Country Coordinating Mechanisms (CCMs) that are meant to design and submit proposals, select Principal Recipients (PRs) to implement programs, and take ultimate responsibility for program progress. It attempts to measure results and hold grantees accountable for reaching their goals, and emphasizes that it will reduce funding for ineffective programs and allocate more to those that are working. And since it is primarily a financing mechanism, it attempts to keep its organization small and rely on cooperation with key international partners to provide complementary technical assistance and other support for country programs.

However, at a deep level the Global Fund's model and its aspirations for results involve several fundamental tensions and conflicts that manifest themselves in key policy questions and debates, such as the following:<sup>4</sup>

- When should the Fund allow countries to take the lead on key decisions and implementation approaches, and when should it impose requirements and conditions where programs perform inadequately?
- How should the Fund ensure strong program monitoring and evaluation and strengthen its ability to detect problems early while maintaining a small bureaucracy with no in-country presence?
- How can the Fund establish systems that both ensure broad participation, consultation and transparency, and also maximize speed and decisiveness in designing programs, implementing grants and fixing problems?
- Should the Fund emphasize moving urgently to save the most lives today, suggesting that implementation and procurement should be carried out by whichever player can move the fastest, or should it emphasize building capacity in local institutions that can save lives tomorrow?

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<sup>4</sup> For more discussion of these inherent tensions, see Keith Bezanson, "A Situation Assessment of the Global Fund" (September 2005), and Steve Radelet "The Global Fund to Fight AIDS, TB, and Malaria: Progress, Potential, and Challenges for the Future" (June 2004).

Many of these tensions were not fully resolved at the Global Fund's founding and perhaps could not have been. To some extent, all public agencies face multiple and sometimes conflicting objectives that are difficult to resolve. But in addition, from the beginning various Global Fund constituencies have emphasized different priorities and have had somewhat differing visions for the Fund. Some stakeholders, like the U.S., focus on speed, containing costs and showing demonstrable results. Many European donors place a high priority on country ownership, harmonization of systems across donors, aligning finances with national budgets, and the impact on health systems beyond the three diseases. Civil society groups (a very diverse set of actors) tend to highlight broad participation, transparency and speed, and are wary of government domination and too much funding going through national budgets and/or government agencies.

Balancing the tensions among the core objectives of the Global Fund is at the heart of several of the challenges we highlight in this report. The new ED will need to be fully cognizant of these issues and of possible trade-offs in order to make strategic choices and judiciously solve problems in practical and sustainable ways.

In addition, the original concept of the Fund as primarily supplying new financing while other actors supplied complementary inputs to support scaled-up country programs has not developed as fully and cohesively as many had hoped. The roles and relationships required to make this "network" work well—including roles for host government, multilateral and bilateral agencies, NGOs, civil society, faith-based groups and the private sector—remain poorly defined. Differing expectations and demands have sometimes created tensions between the Global Fund and some of its partners, with unintended consequences and negative implications for performance of recipient country programs. For example, the amount of TA necessary to support program scale-up was vastly underestimated. Some agencies face significant unfunded mandates to supply TA, attend CCM meetings, or otherwise spend time and resources supporting country programs financed by the Global Fund. Partly these problems stem from the view that partners are supporting *Global Fund* programs, rather than that they are working with the Global Fund and others to collectively support *country* programs, but more deeply it stems from a lack of a coordinated strategy and adequate resources to scale up complementary activities in support of new programs. This problem is particularly acute in light of accelerated efforts to achieve universal access for HIV/AIDS treatment, and similarly rapid scaling up for TB and malaria treatment. Clarifying the roles and relationships between key actors, including civil society groups, and ensuring adequate overall funding for each partner entity is a major global challenge.

Finally, the international landscape for fighting the three diseases has changed dramatically in just the four years since the Global Fund began its operations. Most notable is the launch of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), but there are several other new initiatives, including the 3 by 5 initiative, the World Bank's malaria booster

***Balancing the tensions among the core objectives of the Global Fund is at the heart of several of the challenges facing the new Executive Director***



program, the Stop TB Partnership's Global Plan to Stop TB 2006-2015 and expansion of its Global Drug Facility, accelerated efforts to achieve universal access, a scaling up of several bilateral programs aimed at the three diseases, an expansion of programs supported by the Bill and Melinda Gates Foundation (and others), the establishment of the William J. Clinton Foundation, and the recent establishment of UNITAID, a new international drug financing facility.

Five years ago, when the Global Fund was founded, some believed that money was the major constraint to success, and so the Fund was established primarily as a financing entity. It is now clear that inadequate funding is but one constraint among many. A huge challenge going forward is to better define the Global Fund's role vis-à-vis other donors, multilateral agencies, civil society groups, and new initiatives in addressing key constraints and fighting the three diseases. It is critical that the international community and recipient countries utilize the key strengths of each program to maximize complementarities and minimize duplication of efforts.

The new ED cannot resolve all of these underlying constraints and tensions, and will have to exert judicious leadership in carefully balancing among them to move forward. With this background, we now turn to specifying some of the key tasks for the new ED in making the Global Fund more effective in fighting the three diseases, and some specific recommendations for steps that can be taken towards that end.

***Five years ago when the Global Fund was founded, some believed that money was the major constraint to success, but it is now clear that inadequate financing is but one constraint among many***

# Task 1: Strengthen In-Country Operations

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The quality and effectiveness of in-country programs is the bottom line for the Global Fund. All foreign assistance agencies must develop strategies and processes for designing programs, choosing capable implementers, ensuring adequate oversight of financial flows, providing TA and monitoring program results, among other key activities. Some agencies perform all of these functions themselves; others perform some activities but rely on partners or contractors for others.

From its inception, the Global Fund has pioneered a ground-breaking model of in-country operations with several unique elements. At the core is the CCM—a coordinating group comprised of government officials, international partners, NGOs, civil society, faith-based organizations and private-sector entities—that has responsibility for designing programs, submitting proposals, and other key decisions. Each CCM chooses one or more PRs to implement programs, which most often are Ministries of Health, but in many cases are NGOs, faith-based organizations, or multilateral organizations such as the United Nations Development Programme (UNDP). In turn, PRs often contract with sub-recipients (SRs) to implement certain program components. Since the Global Fund has no in-country presence, it contracts with a Local Fund Agent (LFA) in each country—typically the local office of an international accounting firm—to undertake in-country pre-award assessments, fiduciary oversight, and technical monitoring and verification activities on its behalf.

But these mechanisms, while innovative, are not operating as effectively as possible, leading some observers to question parts of the model or offer suggestions for change or improvement. Moreover, the Fund operates with one basic model in all countries, and it may be that variations in approach are needed across countries depending on the risks that countries face, their track record, and other characteristics.<sup>5</sup>

CCMs ideally should provide a mechanism for coordination with and input from government agencies, bilaterals, multilaterals and NGO partners, but the expected roles and relationships are not always clearly defined. The quality, composition and roles of CCMs vary widely, with questions arising about the balance between government and non-government participants, what role the Secretariat should play in defining CCM responsibilities or composition, and more broadly the extent to which the Global Fund should focus on CCM processes or just on program results. In many countries, CCMs duplicate National AIDS Councils (NACs), or TB and malaria coordinating mechanisms, creating inefficiencies and undermining the “Three Ones” principles, which the

***From its inception, the Global Fund has pioneered a ground-breaking model of in-country operations with several unique elements that, while innovative and achieving some early successes, are not operating as effectively as possible***

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<sup>5</sup> Note that in a few high-risk countries, the Global Fund does have more stringent procedures. See Global Fund (2004): “Report of the Governance and Partnership Committee.”

***A common concern is that Local Fund Agents—typically financial or accounting firms—do not have the requisite skills for monitoring technical aspects of health programs***

international community has affirmed: one HIV/AIDS action framework, one national AIDS coordinating authority, and one country-level monitoring and evaluation system. The Global Fund Board adopted new guidelines for CCMs in November 2004 aimed at making CCMs more transparent and democratic,<sup>6</sup> and while many CCMs have reorganized, concerns remain.

The PRs have more clearly defined roles, but quality varies. Early evidence suggests that non-government PRs implement programs more quickly and achieve higher program ratings.<sup>7</sup> The PR-CCM relationship is not clearly defined, and some countries suffer from either inactive CCMs that do not maintain proper oversight on PRs, or overly active CCMs that meddle unduly in grant implementation. And since almost all PRs are also CCM members, some worry about possible conflict of interest in the CCM's oversight responsibilities on PRs, and have called for more robust rules in this area. PRs express concern over what they see as onerous reporting requirements, unnecessary bureaucracy, and gaps in communication that undermine rather than strengthen their performance.

The Global Fund community has extensively debated the LFA model, but there has been little systematic analysis of LFA performance.<sup>8</sup> The most common concern is that LFAs—typically financial or accounting firms—do not have the requisite skills for monitoring technical aspects of health programs. Some observers also question LFA costs, which consumed 27 percent of the Global Fund's operational budget in 2006, but others counter that this percentage is partly the result of the Secretariat's other costs being extremely low and that alternatives may be equally or more expensive. LFAs contend that the Global Fund staff have unrealistic expectations and demand services that are beyond their contract. Conflict of interest is a potential problem, as some LFAs also have contracts with the local government or related agencies that might make it difficult for LFAs to provide unbiased assessments. Finally, some are concerned that LFA assessments may not be consistent across different LFAs, or even the same LFA across countries.

<sup>6</sup> The Global Fund (2005). "Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility."

<sup>7</sup> Global Fund (2006), "Investing in Impact: Mid-Year Results Report 2006," p. 29. See also Steven Radelet and Bilal Siddiqi (2006), "Global Fund Grant Programs: Which Are Most Likely To Succeed?" Center for Global Development, forthcoming.

<sup>8</sup> The Secretariat assessed the LFAs in 2004, and has just launched the process for a new assessment. For the 2004 assessment, see Stein-Erik Kruse and Jens Claussen, "Review of the Roles, Functions, and Performance of the Local Fund Agents (August 2004.)"

## *Recommendations: In-Country Operations*

### **1. Convene a Heads of Agencies Group to Better Define Roles, Responsibilities and Methods of Cooperation**

The Global Fund model is absolutely dependent on key partners playing complementary roles in support of country programs, but these roles and responsibilities have never been clearly defined, and there has been little systematic ongoing communication between the heads of key agencies on these issues. Currently, both the interagency Global Task Team (GTT) and the Joint Global Implementation Support Team (GIST) are doing important work in this area, but their efforts could be significantly bolstered by regular senior-level attention. We recommend that the ED initiate a regular meeting with, at a minimum, the Director General of the WHO, the Executive Director of UNAIDS, and the President of the World Bank to discuss complementary roles and activities, including mutual support for operations on the ground, technical assistance, procurement, monitoring and evaluation, alignment and harmonization around country operations, financing flows, and other activities. The group would be very small, with just these four members to begin with, to facilitate informality and direct, clear communication, focusing on finding solutions to problems. (Some members of our Working Group favored a slightly larger group.)<sup>9</sup> The group would meet on a regularly scheduled basis, and would collectively approach the broader international community when necessary with joint proposals for action.

***The ED should convene a Heads of Agencies group with the Director General of the WHO, the Executive Director of UNAIDS, and the President of the World Bank to jointly find new solutions to problems in technical assistance, procurement, monitoring, evaluation, and other key issues***

### **2. Move Beyond a One-Size-Fits-All Approach and Design a Range of Operational Models in Different Countries**

The ED should explore ways to further differentiate the Fund's operational model across countries with different circumstances. Approaches could differ depending on a country's track record with Global Fund grants, quality of CCMs (possibly based on periodic ratings of CCM performance), roles of the LFAs, or risk assessments. The Fund could introduce differences across countries in the proposal review process (with some proposals being fast-tracked), length of grants, frequency of disbursements, extent of oversight, and delivery of finances. The ED should more clearly define the circumstances under which the Fund will provide funds through budget support or Sector-Wide Approaches. The Fund should also consider modifying the roles of the LFAs so that in many (perhaps most) countries, the functions of the LFAs are unbundled, with different organizations taking on different roles (e.g., fiduciary oversight vs. substantive monitoring). Differentiated models would help provide PRs and CCMs with incentives for strong performance, provide pooled financing where appropriate, and allow the Secretariat to devote more

<sup>9</sup> A larger group could include heads of other agencies, major bilateral donors, or civil society representatives. A larger group could be more influential but it could also impede informality, frankness of discussion, and the ability to agree on solutions. Some also thought the appropriate World Bank representative would be the Vice President for Human Development rather than the President. In addition, there would be value in the ED establishing a routine consultation with the IMF, given its importance in working with countries to clarify the amount of fiscal space available for additional health spending.

resources to monitor high-risk programs. The ED could not make these changes alone, and would need Board support to move in this direction.

### **3. Make a Contact List for all Key Personnel in Each Recipient Country**

This simple idea could help dramatically improve internal and external communication. The Secretariat should put together a list of key contacts for each country for each disease, including staff of the Ministry of Health, all CCM members, NGOs, faith-based organizations, civil society representatives, UNAIDS, WHO and key bilateral agencies. The list should be posted online and updated regularly. Surprisingly, this information is not easily available, which impedes communication and coordination.

***The ED should take the simple step of assembling a list of key contacts for each country for each disease and make it publicly available***

In addition to three key recommendations, most (but not all) Working Group members concur with others before us who have urged that CCMs merge with existing bodies, where appropriate and feasible. Mergers are not straightforward: composition of key bodies differs across the three diseases, and participation in other bodies is often not as broad as for CCMs. We do not recommend forced mergers, but rather that the Secretariat initiate a process that seriously explores options for encouraging mergers and avoiding duplication where appropriate.

# Task 2: Strengthen the Provision of High-Quality Technical Assistance

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**W**hen the Global Fund was founded, international discussion primarily focused on the need for scaled-up financial resources. There was much less discussion about the need to scale up other complementary resources, including TA for countries where the capacity to design and implement effective programs was limited. When the Global Fund's founders designed it to focus primarily on financing, they implicitly assumed that in most cases country capacity and TA availability would not be significant limitations, and that where they were, TA could be easily ramped up by other agencies. This has turned out not to be the case, and it has become clear that the international community dramatically underestimated TA requirements.

Many countries face significant constraints in human resources, basic management and health systems infrastructure. Specific TA needs differ across countries, as does the quality and amount of local supply. In some cases, TA is needed at the proposal development stage, with care to ensure that TA helps countries design and communicate better strategies while respecting country-led approaches. In other cases, TA is needed to assist programs to scale up rapidly, to meet performance goals, to assist with under-performing grants, and to build long-term capacity. Within this context, defining TA needs should be a country-driven process. Civil society and NGO groups that are implementing programs sometimes need TA, while other civil society organizations (local and international) can be important suppliers of TA. As with other aspects of programs, there is often a tension between the desire to move as quickly as possible in attacking diseases and the need to build long-term capacity within recipient countries.

There are three distinct TA challenges:

- *Inadequate supply.* Many countries are facing difficulties in finding sufficient levels of high-quality TA to meet their needs, and where high-quality TA is available, often systems are not in place to ensure that countries can access it in a timely manner.
- *Information gaps.* PRs and SRs often do not know how to find TA, or how to determine whether the available TA has the knowledge, skills and experience to perform effectively. As a result, some programs struggle to find and use available TA productively, while others use TA of questionable quality.
- *Funding.* The Global Fund does not directly provide TA, as its founders explicitly determined that other agencies were better suited to supply TA. Unfortunately, what was not decided was how to pay

***When the Global Fund's founders designed it to focus primarily on financing, they implicitly assumed that in most cases country capacity and technical assistance availability would not be significant limitations, but this has turned out not to be the case***

***The ED should encourage the development of an information market for technical assistance, building on existing coordination systems with UNAIDS, the Stop TB Partnership, and Roll Back Malaria***

for it. There are two basic approaches: either finance TA directly out of grants (either as originally programmed or re-programmed), allowing PRs and SRs to buy TA, or for other agencies to supply it. With the first option, the information gaps described above are more salient. The second approach has led to much acrimony and debate, with other organizations drawing attention to the “unfunded mandate” to provide TA to “Global Fund” programs. What is clear, however, is that the international community has not adequately responded to the challenge to provide these agencies with the funds necessary to meet overall global needs, including those of national programs supported by Global Fund grants. Attempts to address these issues through the Global Joint Problem-Solving and Implementation Support Team (GIST) and the Global Task Team (GTT) are making some notable progress, but have not yet been completely successful, and have not yet included all key groups such as NGOs and civil society organizations, among others.

***Recommendations: Technical Assistance***

**1. Help Establish a Global Initiative to Identify and Increase High-Quality TA**

The new ED and the Global Fund clearly cannot address the TA issue on their own. Systematic efforts to work through these issues cooperatively between agencies are still in their early stages, primarily through GTT and GIST for HIV and through TBTEAM, an ongoing group of major technical partners in TB control that has been operating for several years. In 2004 the Fund and the Stop TB Partnership have signed a Memorandum of Understanding (MOU) that confirmed the role of the partnership in coordinating technical support to countries. The new ED should convene the Heads of Agencies Group to jointly determine what steps are needed and what support is required at a global level for each of the three diseases, and then collectively approach the international community with proposed solutions. The group should both stimulate new ideas and actively support currently defined partnerships where they exist. One possibility would be to establish a global pool for financing TA, similar to global pools of financing for drug and commodity purchases.

**2. Encourage the Development of an Information Market for TA**

PRs and SRs need better access to information about available high-quality TA. The new ED, working closely with other agencies, should encourage further information exchange and greater coordination of TA, including supporting the initiation of greater Web-based information exchange, where “TA seekers” and “TA providers” can more easily find each other. This should be based on existing coordination systems within partnerships such as UNAIDS, the Stop TB partnership, and Roll Back Malaria, and should include civil society and NGO groups.

Facilitating greater information exchange on TA is not straightforward, and requires careful consideration of quality control, among other issues. The Global Fund should not be the lead agency in this endeavor, but the new ED should help stimulate a deepening of information exchange and much better matching of needs with availability, working in conjunction with other agencies.

In addition to these two recommendations, the new ED also should explore options to ensure that programs build in adequate TA from the start, rather than scrambling to find qualified and available TA later. One option to explore is whether or not a TA review should be requisite for grant approval. In addition, the Global Fund should encourage PRs to use high-quality local TA where available. This would be a first step in the broader, long-term challenge of building local capacity. Countries have built significant capacity to fight the diseases over the last decade, and the challenge is to accelerate the process of building that capacity while meeting the immediate needs of ongoing programs.

***The ED should  
take steps to better  
ensure that programs  
build in adequate  
technical assistance  
from the start***



# Task 3: Solidify Performance-Based Funding

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***Performance-based funding is a bedrock principle of the Global Fund. But while performance-based funding is beginning to take hold, many of the Global Fund's specific mechanisms are not yet working properly***

Foreign assistance agencies around the world have devoted much greater attention to performance-based funding (PBF) in recent years, with varying success. At a broad level, PBF is central to aid agencies for:

- Ensuring that limited funds are allocated where they can have the greatest impact;
- Reducing or eliminating funding to programs and projects that are not succeeding;
- Providing early warning signals to programs that may be off track so that they can be modified and strengthened;
- Providing information that will improve the design of new programs; and
- Providing confidence to taxpayers and other ultimate funders on aid effectiveness.

PBF is a bedrock principle of the Global Fund. Its founders created high expectations for the role PBF would play in the new organization. There is growing evidence that PBF is beginning to take hold, albeit far from perfectly.<sup>10</sup> PRs and CCMs are showing that they understand that they must achieve targets and produce results. The Global Fund, together with the U.S., WHO and the World Bank, developed a joint Monitoring and Evaluation (M&E) Toolkit for the three diseases. The international community has reached broad agreement on indicators for malaria and TB programs, access to ARVs, and the health Millennium Development Goals (MDGs). The Global Fund has made some important initial efforts toward implementing the Paris Declaration on harmonizing M&E systems with other donors.

However, many of the Global Fund's specific PBF mechanisms are not yet working optimally, partly because there are many difficult issues in PBF:

- *Setting the right targets:* Targets are not always set appropriately and consistently across programs. Sometimes unrealistic targets should be adjusted mid-program, but it is often hard to distinguish poorly set targets from poor performance. Moreover, it is not clear the programs are always measuring the right things. The most immediate goals tend to be process-oriented, and the links from process to intermediate targets to ultimate impact on the diseases are not clear-cut. And simply counting people that receive ARVs does not ensure that those people receive quality care.

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<sup>10</sup> The Global Fund to Fight AIDS, TB and Malaria, "Mid-Year Results Report 2006," June 2006.

- *Establishing effective M&E systems:* Recipient country M&E capabilities are often weak. The Global Fund relies on Fund Portfolio Managers (FPMs) and LFAs as its primary tools for M&E, supplemented by input from other agencies, but this model has weaknesses, as described earlier. Moreover, CCMs may be reluctant to provide information indicating poor performance that may put financing at risk. The “Three Ones” principles envisage one country-level M&E system, but this is far from the current reality.
- *Using the results:* It is difficult to establish when poor results are due to improper actions, weak capacity, or broader epidemiologic challenges beyond the control of the PR or CCM. Attributing results to programs is fraught with difficulties, especially since so many other partners (international and local) typically play a role (another reason for the “Three Ones”), and other factors outside the control of these agencies can influence results. The feedback links from evaluation to new proposals are weak or non-existent. Moreover, when a program is off-track, how active should the Global Fund be (relative to the PR, the CCM, or other actors) in helping to fix the problems?
- *When to cut off funding:* It is hard to determine when the appropriate action is to cut off funding, redirect the program under a new PR, or redouble efforts to build capacity and improve performance. A particular challenge arises when a PR performs poorly while some sub-recipients perform well, so it may not be sensible to terminate the entire grant. To date, the Board has terminated five grants (out of 124 evaluated), and there has been considerable disagreement between the Secretariat and the Board on most of the 12 programs that received “No-Go” recommendations from the Secretariat.
- *Adjusting the PBF approach across different countries:* The Global Fund needs to carefully manage its risks by devoting more oversight to high-risk grants and less to low-risk ones. It has not yet developed a differentiated approach in program design, targets, timeframes, and the M&E process in challenging environments or failed states to better manage risks and increase the chances for success.

***The Secretariat should quickly report emerging problems to recipients, CCM members, governments, partners, and relevant NGO groups***

### ***Recommendations: Performance-Based Funding***

#### **1. Bolster Early Warning Systems, and Make the Results More Widely Available to CCM Members and Key Partners**

The Secretariat has recently established an “Early Alert and Response System” (EARS) to detect weak performance at an early stage. The new ED should invest in advancing and strengthening the EARS, including establishing formal mechanisms to communicate with PRs, CCMs, and other parties when problems are detected. Specifically, the Secretariat should provide the outputs of the EARS to key partners who could then participate in mobilizing support. It should make the information available quickly and regularly to, at a minimum, all CCM members and key partners, and possibly to the general public through Web posting.

***The Heads of Agencies group should develop strategies to quickly provide technical assistance and other support to get programs back on track***

## **2. Develop Inter-Agency Strategies to Quickly Mobilize Support for Problem Grants, and to Better Coordinate and Harmonize M&E Systems**

The ED, working through the Heads of Agencies Group, should further develop strategies to provide rapid support to programs that are falling off-track, building on the work of the GIST. The group should work to put in place mechanisms that can provide—quickly—TA and other support to help get programs back on track, drawing on the expertise of international agencies, key bilaterals, NGOs, and civil society groups. The group should also take a strong leadership role in building on the work of the GIST to better coordinate and harmonize M&E systems across agencies, consistent with the “Three Ones” and the Paris Declaration Principles.

In addition to these two recommendations, the new ED should explore ways to strengthen the role of the CCMs in the monitoring process. The Secretariat should explore ways to strengthen the by-laws of the CCMs to provide a more formal role in monitoring, utilizing the recent Board decision allowing CCMs to request funding for their activities. In addition, the ED should establish mechanisms in which key performance indicators are more systematically compared across grants. Rigid standards should not be set across countries, since country contexts differ widely and there may be good reasons why targets differ across programs, but the Secretariat should compare indicators and establish mechanisms for further exploration when targets (and the cost of achieving targets) differ significantly from other programs.

# Task 4: Strengthen Procurement and Supply Chain Strategies

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Recipient countries face major challenges in commodity procurement and supply chain management. Problems in these areas are among the main reasons why programs experience difficulties. Many countries have weak procurement and supply chain systems that create long delays, undermine program performance, and create opportunities for corruption. In addition, many people had hoped at the Global Fund's creation that it would use its size and actions to exert a strong influence on international commodity markets that would help lower the costs of essential drugs and stimulate new research, but for many reasons this has not happened. A major strategic question is the extent to which the Global Fund should rely on local systems in order to build long-term capacity or work through globalized and centralized systems that can move more quickly and purchase commodities at lower bulk prices, building on the success of other programs such as the Global Drug Facility for TB. The question is not either/or, but rather which approaches or combinations of approaches are likely to be effective across countries and commodities, including how best to link global and local systems, and how to continue to build local systems for long-term sustainability. These debates immediately raise the related tension between country ownership and ensuring results: should the Global Fund allow countries to make these decisions, or provide strong guidance or rules on a specific approach?

To date, procurement under the country-led approach has diffused the potential purchasing power of the Global Fund and weakened its impact on global markets. It also does not effectively use information from its wide array of grantees to provide inputs to global forecasts of medium- to long-term demand, which could be an important tool to leverage lower pharmaceutical prices and to ensure sufficient commodities supply. There are two key exceptions. The Global Fund requires that grantees use the WHO/Stop TB Green Light Committee (GLC), whereby approved projects can access its facility for quality second-line drugs procured at concessional prices. In addition, the Global Fund's Artemisinin Base Combination Therapy (ACT) financing mechanism allows the Fund to purchase ACT out of grant funds on behalf of the countries, but for a variety of reasons, mostly shortage of supply, this has not yet changed the market or resolved problems. The Global Fund was also involved in supporting the development of UNITAID, the new International Drug Purchase Facility that will purchase medicines for the three diseases, but the extent to which the Global Fund or grantees will be able to access the facility is not yet clear.

***Problems in procurement and supply chain systems are among the main reasons why programs experience difficulties. The Global Fund has not yet tapped its potential to influence global markets***

***The ED should catalyze the Heads of Agencies group to use their collective market power to influence global markets, prices, and R&D decisions***

Within this larger context, the Board is now considering a move toward providing countries with the option of using more centralized procurement approaches to increase speed, reduce costs, and begin to influence world markets.<sup>11</sup>

Finally, even with the lowest possible prices, commodities need to be in the right place, in the right condition, in the right amount, at the right time. One step in that process is ensuring local registration, but other obstacles impede the supply chain for many programs. The Global Fund could more effectively learn from other supply paradigms, including family planning commodities programs, vaccine supply models and private-sector goods such as food and beverages.

### ***Recommendations: Procurement and Supply Chain Strategies***

#### **1. Spearhead Efforts to Find Coordinated Solutions to Procurement and Supply Chain Issues**

Procurement and supply chain problems cannot be addressed by the Global Fund alone. The new ED should bring together key actors to find innovative solutions to procurement and supply chain issues.

- Catalyze the Heads of Agencies Group to craft joint approaches to procurement and supply chain management across major agencies, so that these agencies can use their collective market power to influence global markets, prices, and R&D decisions. The group could also develop collective strategies to strengthen recipient country procurement and supply chain systems over time.
- Convene, in cooperation with other key agency heads, regular meetings of a larger group of country experts, purchasers, and major suppliers to: determine what is needed to address risks, uncertainties, and blockages in procurement and supply chain management; and encourage greater R&D for new drugs and commodities. This group could explore ways to create an effective global forecasting system for key drugs and commodities, and also could meet with private sector entities involved in supply chain management to learn best practices from food, beverage, cosmetics, and others involved in bringing commodities from ports to towns and villages in low-income countries.

<sup>11</sup> At the 13th Board Meeting, April 26-27, 2006, the Board “endorsed, in principle, the recommendation of the PSC, as part of the strategic issue of Optimizing Grant Performance, that the Global Fund facilitate the provision of voluntary pooled procurement for recipients of grants subject to the development and Board approval of a suitable feasibility and business plan.”

## **2. Measure What You Need to Know, and Create Penalties for Poor Performance**

The ED should consider adding indicators on every grant to measure procurement time, purchase prices, and other critical information. Regularly collecting and reporting information would help deepen understanding of key constraints, create incentives to speed processes, and reduce opportunities for corruption. When purchase prices diverge significantly from benchmarks or expected prices, PRs would be expected to provide justification and, if not satisfactory, would be penalized (perhaps by reducing grant amounts). In addition, as these issues gain more attention and the Fund considers voluntary pooled procurement, the ED may want to consider adding additional staff in this area, although not all of our Working Group members agreed with this idea.

In addition to these recommendations, the new ED should speedily develop a plan of action to make a reality of the Board's endorsement of the Fund facilitating voluntary pooled procurement, while continuing to support strategies to build local systems where appropriate. In addition, the new ED must work with the founders of UNITAID and other similar mechanisms to determine how Global Fund grantees can best take advantage of the new facility, and how the Global Fund and UNITAID can best work together to influence markets.

***The ED should consider adding indicators on every grant to measure procurement time, purchase prices, and other critical information on procurement and supply chain systems***

# Task 5: Enhance Secretariat Operations

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***The Secretariat staff has expanded to 240 people, but with the task of supporting over 360 programs in 132 countries, the workload is immense***

The Global Fund's Secretariat is responsible for day-to-day operations, including mobilizing resources, managing grants, providing financial, legal and administrative support, and reporting information on the Global Fund's activities to the Board and public. The nature of the Secretariat's work has constantly evolved during the past four years. Initially, the staff focused on defining processes and systems to rapidly coordinate technical reviews and jump-start program funding. Once programs began, the Secretariat devoted more attention to program oversight responsibilities, and still later it increased attention to evaluating performance through the first phase of program implementation.

Over the past 18 months, the Secretariat staff has grown from 80 to 240. With the task of supporting over 360 grant programs in 132 countries, the workload is immense. There are only about 50 FPMs, meaning each portfolio manager is responsible for an average of two to three countries and seven grant programs, while some are responsible for many more. The combination of the unprecedented scale-up of programs and the rapid evolution of the Fund during its start-up phase has led to heavy workloads, sometimes sagging morale, and a high staff turnover rate. In turn, changes in personnel and procedures in the Secretariat add strain to recipient country personnel and weaken Global Fund oversight functions.

Although the Secretariat has added staff, questions remain about: the adequacy of staff size; the staff's mix of skills, background and experience; the Secretariat's organization and lines of communication; and the staff's roles and responsibilities in communicating with multilateral, bilateral, and civil society partners. Some Board members exert strong pressure to keep the staff size very small and keep overhead costs low. But others believe that too small a staff can be costly by leading to inadequate communication, insufficient oversight, and staff burn-out. The roles, responsibilities, and operating procedures of FPMs remain unclear, and vary widely across countries. And lines of authority and, critically, lines of communication within the Secretariat, are not always clear.

The ED sets the tone for the entire Secretariat. The new ED must be the major champion of the Secretariat staff, supporting their work whenever possible, being honest and candid when problems arise, providing constructive criticism and solutions, and creating regular opportunities for open and honest communication with and feedback from the staff.

## **Recommendations: Secretariat Operations**

### **1. Commission a Management Audit**

The size, structure, and organization of the Secretariat that may have been appropriate at one stage of the Global Fund may not be for another. Now is an ideal time for the ED to take stock and consider changes in line with the continued evolution of the Fund. The new ED should commission a management audit of the Secretariat to consider options for improving structure, clarifying lines of authority, improving communication, staff size, allocation of staff across duties, and the appropriate staff skills mix. It could also help to articulate career advancement pathways and performance incentives to enhance morale and decrease staff turnover.

### **2. Take Steps to Support the Work of the FPMs**

Although the number of FPMs has increased, they still face extremely heavy workloads, leading to inadequate communication with recipients and multilateral, bilateral and civil society partners. The new ED should consider hiring additional FPMs in order to increase coordination with other groups, reduce stand-alone approaches, and reduce staff turnover (note that not all of our Working Group Members agreed with this recommendation). The ED should lead an effort to develop “Standard Operating Procedures” for FPMs that would lay out responsibilities for communication within the Secretariat and between the Secretariat and recipient countries and all key partners. In addition, without abandoning the concept of each FPM dealing with more than one country, the ED should consider shifting from one FPM per country to FPM teams of two or three, with each bringing different skills to the team. This would provide better opportunities for FPMs to discuss and think through issues more carefully, ensure smooth communication when one FPM is unavailable, and provide stronger oversight and support of grant programs.

### **3. Review and Consider Options to the Administrative Relationship with the WHO**

While there are advantages of using the existing WHO systems, some staff and program implementers are concerned that these procedures add unnecessary bureaucracy and delays, and confound the relationship between the two agencies. The new ED should review and consider alternatives to this arrangement, exploring all options, including modifying the current relationship or ending it in favor of another option.

### **4. Develop Clearer Relationships with Key Partners on the Ground**

Working through the Heads of Agencies Group and with others, the ED should develop more clearly defined relationships with key partners on the ground in order to strengthen communications, feedback, and early warnings when programs experience difficulties. This could involve experimenting, on a pilot basis, with formal agreements with partners to take on specific roles and responsibilities in some countries.

***The ED should commission a management audit of the Secretariat, consider hiring additional portfolio managers, and consider shifting from one portfolio manager per country to teams of two or three working across countries***



# Task 6: Strengthen the Fund's Finances

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***Fundraising is likely to get harder in the future, even if the Fund achieves an excellent track record. The ED will need a clear strategy both to work with traditional donors and to expand funding from new sources***

The Global Fund's Board is aiming to decide upon target funding goals during the current strategic review process. It is not yet clear whether the Board will decide to aim to continue current funding levels, increase funding to \$4-6 billion per year, or opt to attain a growth scenario of \$8-11 billion per year by 2010, more in line with projections of the growth in global needs in coming years as the diseases continue to spread. Regardless of the decision, the new ED will play the central role in developing and implementing strategies to assure the appropriate level and timing of funding. Fundraising is never easy, and is likely to get harder in the future, even if the Fund achieves an excellent track record. Recent increases in traditional global foreign aid are likely to slow and there will be direct and indirect competition from new and other scaled-up AIDS, TB and malaria efforts, as well as other development programs.

The new ED will need a clear strategy both to work with traditional donors and to expand funding from new sources. Traditional donors such as the U.S., Japan, European nations and Canada are likely to continue to be the main contributors. Private foundations, particularly the Bill & Melinda Gates Foundation, have made important contributions. At the same time, the Fund is experimenting with non-traditional approaches, including reaching out to new donors such as oil-producing states and Asian nations, the International Financing Facility, UNITAID, and corporate efforts such as the RED campaign.

The private sector continues to make only small contributions to the Global Fund. Private-sector representatives complain that the Fund does not allow them to earmark donations to specific programs, does not accept or recognize in-kind and non-financial contributions, and is otherwise hard to do business with. Corporations could donate a variety of in-kind services, such as management expertise, procurement, and legal and financial assistance. The Fund has been cautious when engaging with some of its most obvious private-sector partners, such as the pharmaceutical industry, because of concerns about conflicts of interest. To date, the Fund has focused on "co-investment" opportunities with the private sector, whereby Global Fund resources leverage private-sector activities, such as scaling up treatment programs in private company clinics for the benefit of a broader community.

The Fund's Comprehensive Funding Policy (CFP), which requires the Secretariat to have 100 percent of funds in hand before signing grants, is a source of substantial debate. Even with a recent minor modification, the policy is much more conservative than the policies of other foundations or government agencies. It results in the Fund sitting on large amounts of cash (exceeding \$2 billion) that it has set aside for future expenditure on existing grants and that it cannot use for other purposes in the meantime. This procedure undermines the Fund's resource mobilization efforts, since

it appears to be cash-rich. The Board should review the CFP and more thoroughly explore options that better balance the need for risk management with the imperative to use all available resources to fight the diseases. However, this task is largely outside the control of the new ED alone.

### ***Recommendations: Global Fund Finances***

#### **1. Hire a Full-Time Professional Fundraising Team**

The new ED should hire a full-time professional fundraising team to significantly upgrade its capacity and capabilities in this area. The team should be led by a senior, experienced professional, and be comprised of people with diverse skills to work with traditional, non-traditional and private-sector donors. Every non-profit organization needs to expend resources to raise resources, and the Global Fund should dedicate more of its resources to seriously upgrade its efforts toward greater and more sustained financing for the future.

#### **2. Devise a Full Spectrum of New Fundraising Strategies**

The new ED and the fundraising team should devise a full range of strategies to attract funds from both traditional and non-traditional donors. They should:

- Devise new strategies to attract funds from non-traditional donors, such as Saudi Arabia and other oil-exporting countries, and China. In recent years, China has rapidly expanded its assistance to Africa, and it might be possible for the ED to engage African leaders to persuade China that contributing to the Global Fund would be an effective way to use its assistance.
- Re-examine policies that restrict and discourage private-sector donations, and explore new ways to encourage corporations operating in recipient countries to provide financing for local programs. The fundraising team should determine how in-kind support could be efficiently programmed and publicly acknowledged, and build on the RED campaign to find innovative ways to attract larger direct private-sector contributions to the Fund.
- Design approaches to encourage major traditional donors (such as the U.S., France, the E.C., Japan, the U.K., Canada, and others) and their legislative bodies to continue to scale up their contributions commensurate with surging global needs. The fundraising team should work closely with key civil society groups within targeted countries in developing these approaches. The Secretariat should make systematic outreach efforts to these constituencies a regular part of Global Fund External Relations activities to ensure that strategies are effective and have the support from advocacy groups that are working to implement the overall strategy.
- Encourage individual Board members to commit to playing a strong role in meeting the Board's own financing goals.

***A new full-time professional fundraising team should devise strategies to approach new donors such as Saudi Arabia and China, and re-examine policies that discourage private sector donations***

In addition to these recommendations, the ED also should begin to explore ways to encourage graduation (that is, eventually ending funding from the Global Fund in favor of domestic or other funding sources) and co-financing by middle-income and other countries that have the internal resources to fully or partially pay for their programs. Because the Global Fund will always be faced with constrained resources, it is critical that it provide its funds to countries where there are few alternative funding sources. This step would help free resources for poorer countries.

# Task 7: Clarify and Strengthen Management-Board Relations

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For the Global Fund to be successful, a strong and supportive relationship between the ED and the Board is essential. This relationship is particularly complex given the large and diverse makeup of the Board and the open and transparent nature of the Global Fund. The governance of the Fund has no parallel in other international organizations, given the range of interests, backgrounds, and constituencies represented on its Board and the way power is shared between donors and recipients. While this diversity is an important source of knowledge and legitimacy, it can make it more difficult for the Board to achieve consensus on the larger aspects of strategy and policy that will determine the long-term success of the Fund. In addition, it has sometimes resulted in blurred lines of responsibility between the Secretariat and the Board, leading the Board to engage in issues more appropriately the responsibility of Secretariat management. Moreover, the structure in which the ED is not a member of the Board—unusual for most foundations<sup>12</sup>—sometimes weakens the opportunities for the ED and the Secretariat to provide critical input to Board discussions.

The arrival of the new ED and the forthcoming change in board chair and vice chair occur at a vital time for the Global Fund. The Partnership Forum and 360 Degree Stakeholder Survey have provided important insights into how external stakeholders currently perceive the organization. The Fund is initiating its five-year evaluation, and the PSC is working to define the Fund's future strategy. This combination of events provides an ideal time for the Board and the ED to more clearly define and strengthen their relationship.

The key challenges are to balance appropriate Board oversight on the broad direction of the Global Fund with appropriate autonomy for the new ED, and for both to clarify expectations, responsibilities, and processes in key areas. The Board must play a vigorous role in establishing key policies and setting the strategic vision, a role that the ED, the Secretariat, and the broader Global Fund community should support and reinforce. At the same time, the ED has responsibility for implementing those policies, for other core management activities, and for optimizing the many institutional relationships that are essential for supporting grant programs. The Board needs to give the ED the space and the support to carry out these responsibilities. Both sides need to provide strong mutual support for each other and respect each others' roles.

***The governance of the Global Fund has no parallel in other international organizations, given the range of interests, backgrounds and constituencies represented on its Board and the way power is shared between donors and recipients. Now is an ideal time for the Board and the ED to more clearly define and strengthen their relationship***

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<sup>12</sup> Foundations typically include Directors as Board members. In the World Bank, IMF, and regional multilateral banks, the Managing Director chairs board meetings. In most UN agencies, however, EDs are not Board members.

***The ED should build strong personal communication links with Board members, starting by organizing a “listening session” with each Board delegation within his/her first 100 days in office***

In this report we have described several key tasks and recommendations for the new ED. Much of the responsibility for addressing these issues rests with the ED. But to succeed, the new ED will require active support from the Board. Therefore, in this section we recommend actions both for the ED and for the Board.

### ***Recommendations for the ED***

#### **1. Build Strong Relationships**

The ED should build strong communication links to as many members of the Board as possible. The ED should look for opportunities to call, visit, email, and otherwise communicate on a regular basis at a personal level with Board members, alternates and leading constituency group delegates. There is no better way to build trust and respect than through a combination of strong performance and regular, candid and personal communication. The new ED can start by organizing a “listening session” with each delegation during his/her first 100 days in office, joined by other senior Secretariat management.

#### **2. Help Shape, and then Support, the New Strategy and Vision**

The Board will review the PSC strategy proposals in November and April. The new ED should take advantage of the time before its completion to help shape the strategy, and then build a strong constituency to support its application to the work of the Secretariat. The ED should be the most visible advocate for promoting the Fund and getting buy-in on the Fund’s vision and strategy.

#### **3. Simplify Materials for Board Meetings**

The Secretariat supplies voluminous material for Board meetings, creating a burden on Board delegations to absorb all the information and for Secretariat staff to draft and re-draft them. The ED should ensure that Board materials are simplified and easier to process, and that the Secretariat responds with appropriate resistance to excessive demands by Board delegates and committees. In addition, some (but not all) of our Working Group recommended that the Secretariat provide summaries of key documents in several languages so as to facilitate consultation with all involved constituencies.

In addition to these recommendations, the ED should establish a more inclusive approach toward Board members and delegates. “Members only” activities around Board meetings can create friction among senior officials that are excluded, and the ED should keep these to a minimum. While acknowledging that exclusive events for Board members and Alternates, or for Committee Chairs and Vice-Chairs, may be helpful for improving communication, the ED should organize such events in a way that the focus is directed toward the primary working purpose and does not give the perception of exclusive entertainment.

## **Recommendations for the Board**

### **1. Respect Roles**

Board members need to develop a better understanding of the Board's role in policy-setting and strategic vision while respecting the role of the ED as leader of the Secretariat responsible for management and implementation. Board members should support the ED in interactions with Secretariat staff, and not in any way undermine the ED's authority.

### **2. Make the ED a Non-Voting Member of the Board**

Because the ED currently is not a member of the Board, s/he cannot participate fully in Board discussions unless specifically asked to do so. This arrangement hampers communication and misses a tremendous opportunity for the person who will be in charge of implementing policies to provide input on shaping those policies. The Board should make the ED a non-voting member of the Board so that the experiences and insights of the ED and the Secretariat are more fully reflected in Board discussions.

### **3. Reduce Demands on the Secretariat**

The ED and the Secretariat have a huge workload, and the Board should be mindful to limit the burden it places on the Secretariat, especially through the work of its committees. While many requests are important and necessary, some are not. Excessive requests for papers and revisions make it difficult for the Secretariat to balance Board responsibilities with other essential tasks. In addition, the Board should monitor the level of effort its decisions place upon the Secretariat and ensure that decisions do not significantly add to responsibilities, or, if they must, provide adequate resources and staffing to meet the new expectations.

The Board has ultimate responsibility for the success of the Global Fund, and each Board member and delegate should take that responsibility seriously. In addition to the above recommendations, Board members should:

- Advocate in support of the Fund whenever possible, including playing a strong leadership role in fundraising;
- Support the ED in performing his/her duties, and step in when the work of the ED or Secretariat is hampered by inside or outside forces;
- Use leadership positions in partner organizations to insist on collaboration and coordination with the Fund rather than competition or friction, and prompt these partners to provide consistent and positive messages about the need to support the Fund and the success of its grantees;
- Be candid. Board members representing donors should be open in discussing why their governments are not providing more funds, and Board members representing recipients should candidly discuss why some grants are in trouble.

***The Board should make the ED a non-voting member of the Board so that the experiences and insights of the ED and the Secretariat are more fully reflected in Board discussions***

# Conclusion

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The Global Fund has achieved tremendous progress in its first four years. Today it is supporting hundreds of programs around the world that are saving and extending the lives of people afflicted with the three diseases, and preventing many others from becoming infected. Working alongside international and local partners, it has pioneered new ways of providing financial assistance based on country ownership, broad participation, transparency and accountability. In a very short period of time the Fund has become a vital tool in the global fight against these diseases.

The new ED joins the Global Fund at a critical time as it shifts from an innovative start-up to a mature organization, and as the Board undertakes a significant review of the Fund's strategy. It is vital for the new ED to get off to a strong start in establishing trust with key Board members and partners while honestly appraising the real and immediate challenges facing the Fund. The next two years will have a tremendous impact on defining the future role and sustainability of the Fund and its long-term impact in fighting the three diseases. We hope that this report helps the new ED to better understand the key issues facing the Fund and some of the most important steps that can be taken to make the Fund even more effective in fighting HIV/AIDS, TB and malaria.

***It is vital for the new ED to get off to a strong start in establishing trust with key Board members and partners while honestly appraising the real and immediate challenges facing the Fund***

## Working Group Biographies

**Steven Radelet (Chair)** is a Senior Fellow at the Center for Global Development, where he works on issues related to foreign aid, developing country debt, economic growth, and trade between rich and poor countries. He is an economic advisor to the President of Liberia. He was Deputy Assistant Secretary of the U.S. Treasury for Africa, the Middle East, and Asia from January 2000 through June 2002. From 1990-2000, Radelet was on the faculty of Harvard University as a Fellow at the Harvard Institute for International Development (HIID), Director of the Institute's Macroeconomics Program, and a Lecturer on Economics and Public Policy. From 1991-95, he was HIID's resident advisor to the Indonesian Ministry of Finance, and served in a similar capacity in The Gambia from 1986-88. Radelet was also a Peace Corps Volunteer in Western Samoa from 1981-83. He has a PhD and an MPP from Harvard University and a Bachelor's degree from Central Michigan University.

**Felice Apter** serves as the Technical Advisor of the Global Fund Working Group. Most recently, she was Vice President of Research and Programs at the Elizabeth Glaser Pediatric AIDS Foundation, where she provided leadership for the Foundation's diverse programs, including basic research in pediatric HIV/AIDS. She was also responsible for overseeing international programs to prevent mother-to-child HIV transmission and provide care and treatment to infected individuals. Previous to her tenure at the Foundation, Apter served 11 years with the United States Agency for International Development, where she held many roles, including Senior Policy Advisor for HIV/AIDS and the USAID Global Health Coordinator. Her responsibilities included strategic planning and the application of technical and programmatic analysis to policy-making and budgetary decisions. She also earned strong credentials in international program management, focusing on development of new health technologies and their appropriate introduction into developing country environments. From 1994 to 1999, Apter was an adjunct faculty member of the Molecular Microbiology and Immunology Department at the Johns Hopkins School of Hygiene and Public Health. She earned her PhD from the Division of Medical Sciences at Harvard University.

**Rita Arauz Molina** is currently the president of the NIMEHUATZIN Foundation in Nicaragua. Founded by her in 1990, the NIMEHUATZIN Foundation was the first Nicaraguan NGO in the fight against HIV/AIDS and STDs. The Foundation offers educational services to the population at large and treatment to people with AIDS. Since 2004, Molina has also served as a Board Member to the Global Fund on the Developing Countries NGOs Delegation. She has served as a project director, advisor, and consultant to numerous programs in Nicaragua and around the world, including the WHO Global Program on AIDS and a consultancy to the Nicaraguan Ministry of Health. In 2000, the United Nations Development Program honored Molina's contributions to poverty



reduction by presenting her with the fourth annual Race Against Poverty Award. Molina earned her MPH in 2002 from the Mailman School of Public Health at Columbia University.

**Michael Bernstein (project staff)** is the Program Coordinator of the HIV/AIDS Monitor at the Center for Global Development. Prior to joining CGD, Bernstein spent a year in rural Tanzania, where he taught English and computers. In 2004, he served as an intern in the Global Health Bureau at USAID. He is also the founder of the Student Campaign for Child Survival. A 2003 Truman Scholar, Bernstein holds a B.A. in Political Science from Yale University.

**Stefano Bertozzi** is the founding director of the Division of Health Economics and Evaluation at Mexico's National Institute of Public Health (INSP). He is currently a member of the Technical Evaluation Reference Group of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and a member of the Editorial Board of Cost-Effectiveness and Resource Allocation. He is a former chairman of the UNAIDS Reference Group on Economics, and a former member of the Editorial Board of AIDS, of the Board of Trustees and of the Council on Scientific Affairs of the American Medical Association. Bertozzi has coordinated the UNAIDS Collaborating Center at the INSP and heads CISIDAT, an eleven-institute HIV/AIDS/TB research consortium. Before joining the INSP he worked with UNAIDS, the former WHO Global Programme on AIDS (GPA), the Government of Zaire and the World Bank. At the World Bank he worked with Mead Over on some of the first analyses of the impact of AIDS in developing countries. Bertozzi received his BS in Biology and PhD in Health Policy and Management from MIT, his MD from the University of California, San Diego, and residency training in internal medicine at the University of California, San Francisco.

**Keith Bezanson's** career has involved over 35 consecutive years of scholarship and leadership in international development. He has taught, researched, and published on a wide range of development subjects, including African education, societal transformation in Latin America, science and technology policy, policies for poverty reduction, development effectiveness, the multilateral development system, the financing of development, institutional transformation, the East Asian financial crisis, and the provision and financing of international public goods. In addition, he has held a number of senior leadership positions in international organizations, including Director of the Institute of Development Studies, President and CEO of the International Development Research Centre, Ambassador of Canada to Peru and Bolivia, Vice President of the Canadian International Development Agency, and Vice President of the Inter-American Development Bank. He also serves as a trustee to a number of international development institutions. Bezanson holds a PhD in Development Studies from Stanford University.

**Natasha Bilimoria** is the Executive Director of Friends of the Global Fight Against AIDS, Tuberculosis and Malaria, where she leads the organization

in its work to educate, engage, and mobilize Americans in the fight to end the worldwide burden of these three diseases. Bilimoria previously served as Senior Public Policy Officer at the Elizabeth Glaser Pediatric AIDS Foundation, where she led efforts to ensure maximum funding for global programs to prevent mother-to-child transmission of HIV as well as programs to provide care and treatment for entire families. Prior to that, Bilimoria spent four years in the Clinton Administration, including the White House and the U.S. Department of Treasury, advising senior Administration officials on domestic economic development issues. She is a graduate of the University of Chicago and has a master's degree from the University of Pennsylvania.

**Brian Brink** has been with the Anglo American plc, based in South Africa, for over 20 years and currently serves as the company's Senior Vice President for Health. In this role, he is responsible for guiding Anglo American's response to the HIV/AIDS epidemic, both in the workplace and in communities associated with the company's operations, and advises the Anglo American Group companies on the funding and delivery of health care benefits. On a broader scale, Brink is actively involved in addressing the particular challenge the HIV/AIDS epidemic poses to business in Southern Africa and internationally. Brink has advised the Nelson Mandela Foundation on the strategic response to HIV/AIDS in South Africa. Brink is currently the alternate board member for the Private Sector delegation on the Board of the Global Fund and is also a Board member of the International Women's Health Coalition. Brink holds a BSc in medicine and MBBCh from the University of Witwatersrand, Johannesburg.

**Richard Burzynski** is a Canadian AIDS activist who has worked in the AIDS field for over 20 years at the local, national, and international levels in the areas of advocacy and policy development. He is Executive Director of the International Council of AIDS Service Organizations (ICASO), an organization he co-founded with other leading AIDS activists fifteen years ago. Through ICASO, Burzynski has been an advocate for building the capacity of community-based AIDS service organizations, especially in the developing world, and has worked to promote their agendas with donors, governments, multi-lateral agencies, the private sector and the media. A frequent speaker and moderator, he serves as a principal co-organizer of the biennial international AIDS conferences. Burzynski helped shape the architecture of the Global Fund to Fight AIDS, TB and Malaria, and he currently serves as the Communication Focal Point of the Developed Country NGO delegation. Burzynski is a frequent advisor to UNAIDS.

**Awa Marie Coll-Seck** has served as Executive Secretary of the Roll Back Malaria (RBM) Partnership since 2004. Prior to this appointment, Coll-Seck was Minister of Health of the Republic of Senegal, appointed in 2001, following a distinguished international and academic career in public health and medicine. During her tenure, she served as President of

the Assembly of the Ministers of Health of the West African Health Organization (WAHO) and was the chairperson of Commission B at the 2002 World Health Assembly. Previously, Coll-Seck served as a Director of the Joint United Nations Programme for HIV/AIDS (UNAIDS), directing first the Department of Policy, Strategy and Research and then the Department of Country and Regional Support. After acquiring a degree in medicine in 1978 from the University of Dakar, Coll-Seck served for more than ten years as a specialist in infectious diseases in leading hospitals in Dakar, Senegal and Lyon, France. In 1989, she was selected as Professor of Medicine and Infectious Diseases at the University of Dakar and Chief of Service for Infectious Diseases at the University Hospital in Dakar. She is the author of over 150 scientific publications and communications on diverse subjects including malaria, measles, meningitis, tetanus, typhoid, tuberculosis, HIV/AIDS and cardiovascular diseases. She has been awarded numerous professional and academic honors and is a member of over 20 professional societies and organizations, including the prestigious Academy of Sciences and Technologies of Senegal.

**Marcos Espinal** has been Executive Secretary of the Stop TB Partnership since September 2003. Prior to this appointment, Espinal was Manager of the DOTS-Plus Initiative at the Stop TB Department of WHO. Espinal joined WHO in 1997 to lead the WHO/IUATLD Global Project on Drug Resistance Surveillance. In 2000, he became responsible for the newly established DOTS-Plus initiative for the management of multidrug-resistant tuberculosis, including the activities of the Stop TB Working Group on DOTS-Plus for MDR-TB and the WHO-housed Green Light Committee. Espinal has also served as a Research Scientist at the New York City Public Health Department HIV/AIDS Surveillance Program and Research Coordinator for the National Center for Maternal and Child Health Research, Dominican Republic. In 1996, he was awarded the scientific prize of the International Union against Tuberculosis and Lung Disease. He has published more than 50 papers in the field of TB, MDR-TB, and HIV. Espinal studied medicine at the University of Santo Domingo, Dominican Republic, with a specialization in Pediatrics. He completed his master's and doctoral degrees in Public Health at the University of California, Berkeley.

**Peter S. Heller** is Deputy Director of the Fiscal Affairs Department of the International Monetary Fund (IMF). He has written extensively on issues of economic development and poverty reduction, fiscal policy, ageing populations, public expenditure policy, health care reforms in developing countries, pension and civil service reform, climate change, privatization and globalization. His book *Who Will Pay? Coping with Ageing Societies, Climate Change, and other Long-Term Fiscal Challenges* was published in 2003. He actively participated in the Commission on Macroeconomics and Health and was a member of the UNAIDS-DFID Global Steering Committee on Universal Access.

**Andreas Jeninga (project staff)** is an intern at the Center for Global Development working with the HIV/AIDS Monitor. Prior to this position, Andreas worked at the Friends of The Global Fight Against AIDS, TB and Malaria, where he contributed to the organization's mission to educate, engage, and mobilize Americans to end the worldwide burden of the three diseases. Andreas is currently pursuing a BSc in International Affairs from Georgetown University.

**Jim Yong Kim** holds appointments as François Xavier Bagnoud Professor of Health and Human Rights at the Harvard School of Public Health and Professor of Medicine and Social Medicine at Harvard Medical School. He is chief of the Division of Social Medicine and Health Inequalities at Brigham and Women's Hospital, a major Harvard teaching hospital; director of the François Xavier Bagnoud Center for Health and Human Rights; and chair of the Department of Social Medicine at Harvard Medical School. In March 2004, Kim was appointed as director of the WHO's HIV/AIDS department, a position he came to after serving as advisor to the WHO director-general. Kim has 20 years of experience in improving health in developing countries. He is a founding trustee and the former executive director of Partners In Health, a not-for-profit organization that supports a range of health programs in poor communities in Haiti, Peru, Russia, Rwanda and the U.S. An expert in TB, Kim has also chaired or served on a number of committees on international TB policy. Kim is the recipient of a number of professional awards, including the MacArthur "Genius" Fellowship in 2003. He was named one of America's 25 best leaders by *US News & World Report* in 2005, and one of the 100 most influential people in the world by *Time* magazine in 2006. He was a contributing editor to the 2003 and 2004 *World Health Report*, and his edited volume *Dying for Growth: Global Inequity and the Health of the Poor* analyzes the effects of economic and political change on health outcomes in developing countries. He received his MD and PhD from Harvard University.

**Simon Mphuka** has been the Director of Programs for Churches Health Association of Zambia (CHAZ) since 1995. CHAZ provides 50 percent of all rural health care in Zambia and is a Principal Recipient under the Global Fund to disburse funds to Zambian Faith-Based Organizations. He has extensive experience in HIV/AIDS, policy research, policy advocacy, project formulation, resource mobilization, community mobilization, and monitoring and evaluation. Mphuka is a member of several Technical Working Groups at the national and global level, including the Global Alliance for Vaccine Initiatives (GAVI) Technical Working Group. Mphuka is a medical doctor trained in Zambia and holds a master's degree in Public Health from the Royal Tropical Institute in Amsterdam, Netherlands.

**Nandini Oomman** is the director of the HIV/AIDS Monitor at the Center for Global Development. Before receiving her doctorate from the Johns Hopkins University School of Public Health, Oomman managed an urban HIV/AIDS prevention program for commercial sex workers and college

youth in Mumbai, India, and led the technical development of an HIV/AIDS mass media campaign in the same city. In 1996, a post-doctoral fellowship took her to the Rockefeller Foundation where she managed technical assistance for a research grants program on improving reproductive health service delivery in Asia and sub-Saharan Africa. From 2002-2004, Oomman worked as a specialist in population, reproductive health, and HIV/AIDS issues at the World Bank. Just before joining CGD, she consulted with private foundations in the U.S. as an independent researcher.

**Babatunde Osotimehin** is presently the Chairman of Nigeria's National Action Committee on AIDS (NACA), the body that coordinates all HIV/AIDS activities in the country. In addition to this position, Osotimehin also serves on the Global Steering Committee on Universal Access and the Policy and Strategy Committee of the Global Fund. He was the Vice President of the 14th International Conference on AIDS and STIs in Africa, and in 2005, he was awarded the honor of Officer of the Order of the Niger (OON) by His Excellency, President Olusegun Obasanjo. Osotimehin received an MBBS degree from the University of Ibadan, Nigeria, in 1972, and a doctorate in medicine from the University of Birmingham, U.K. in 1979. He was admitted as a fellow of the Royal College of Physicians (U.K.) in 1989 and was inducted to the Fellowship of the Nigerian Academy of Sciences in 2006.

**Bernard Rivers** is the founder and leader of *Aidspan*, a small US-based NGO whose mission is to reinforce the effectiveness of the Global Fund by serving as an independent watchdog of the Fund, and by supporting organizations and governments in developing countries that wish to obtain and make effective use of Global Fund financing. He also edits *Aidspan's Global Fund Observer* newsletter (which is subscribed to by over 10,000 readers in 170 countries), is co-author of several "Aidspan Guides" for Global Fund applicants, and has provided in-depth advice regarding Global Fund issues to China, Kenya and Nigeria. In the 1990s, Rivers founded and ran the world's leading company developing software to help foundations administer proposals received from, and grants awarded to, NGOs. He has also worked as an award-winning journalist. Rivers has degrees in mathematics and economics from Cambridge University.

**Celina Schocken** was an International Affairs Fellow of the Council on Foreign Relations, based at the Center for Global Development, until September 2006. Prior to her work at CGD, she was the Early Warning System Manager at the Global Fund to Fight AIDS, Tuberculosis and Malaria. From 2002-2004, she was Country Director for Columbia University's Earth Institute in Rwanda and Chief Advisor to the Minister of State for HIV/AIDS and Other Epidemics of the Government of Rwanda. She has also worked with United Nations Department of Political Affairs, the Clinton Foundation HIV/AIDS Initiative, and the U.S. Peace Corps. She holds a Juris Doctorate and a Master's in Public Policy from the University of California, Berkeley, and a Bachelor's Degree from the University of Chicago.

**Myra Sessions (project staff)** was Program Coordinator for the HIV/AIDS Monitor at the Center for Global Development until July 2006. Prior to joining CGD, she worked in USAID's Office of Population and Reproductive Health as the Population Reference Bureau Fellow. In that capacity, she was responsible for policy and communication issues as well as providing support to several field missions in Africa to implement family planning and HIV/AIDS programs. Her additional foreign experiences include working as a program assistant at Women and Law in Southern Africa, a regional women's NGO in Gaborone, Botswana, and studying in Zimbabwe. Sessions is a 2001 graduate of Wesleyan University and is currently pursuing a Master's in Public Health at Harvard University.

**Anil Soni** is Director of Pharmaceutical Services for the Clinton Foundation HIV/AIDS Initiative, where he leads global activities to negotiate pricing agreements with suppliers of HIV/AIDS medicines and to assist 60 countries access associated products and prices. From 2004 to 2005, Soni was the Executive Director of Friends of the Global Fight, a nonprofit that advocates in the U.S. for increased public leadership and private engagement to support the Global Fund to Fight AIDS, Tuberculosis and Malaria. Previously, Soni served as the Advisor to the Executive Director of the Global Fund in Geneva, where he provided senior policy counsel to guide the organization's development and operations in its first two years. Soni was also a consultant at McKinsey and Company, where he served such clients as the Bill & Melinda Gates Foundation and the Botswana Ministry of Health. He also worked for the Northwestern Memorial Hospital, in the White House Office of National AIDS Policy, and with non-governmental organizations in Ghana and the Middle East. Soni graduated from Harvard College in 1998.

**Todd Summers** is a Senior Program Officer for Global Health at the Bill & Melinda Gates Foundation. His responsibilities include grant-making to support advocacy on HIV, building advocacy capacity in Europe and Japan, supporting the Global HIV Vaccine Enterprise, and coordinating the foundation's work in support of the Global Fund to Fight AIDS, TB and Malaria. Before joining the staff in February 2005, Summers was President of Progressive Health Partners, a DC-based consulting firm specializing in public health policy that he founded in 2000. From 1997 to 2000, Summers was the deputy director of the White House Office of National AIDS Policy. While there, he helped coordinate the nation's HIV/AIDS programs among the many federal agencies involved and served as principal liaison to President Clinton's Advisory Council on HIV/AIDS. Before coming to Washington, Summers was the executive director of AIDS Housing Corporation, a non-profit organization he helped found in 1990 to develop supported housing programs for people living with HIV. Summers has a BA in Religion from Middlebury College.

**Thelma E. Tupasi** is President and Executive Director of the Tropical Disease Foundation, a private, non-profit science foundation devoted to the control and management of tropical infectious diseases of public health importance. Tupasi was also the founding co-chair of the Global Fund Country Coordinating Mechanism in the Philippines. She relinquished that post when the Tropical Disease Foundation became the Principal Recipient of five Global Fund Projects; two grants each for TB and HIV/AIDS, and one grant for malaria. Tupasi has been actively involved in TB research and service programs. The DOTS-Plus for MDR-TB management, which she initiated at the Makati Medical Center, was the first DOTS-Plus pilot project approved by the Green Light Committee. She is currently chair of the Working Group on MDR-TB of the STOP TB Partnership.

**Diana Weil** is a senior policy adviser in the Stop TB Department at the WHO. Weil has been working with Ministries of Health in TB control in Latin America, Africa and Asia since 1989. After serving at WHO Headquarters in the early 1990s, she was TB Program Officer at the Pan American Health Organization, and then WHO-seconded Senior Public Health Specialist and TB focal point in the Health, Nutrition and Population team at the World Bank. She has conducted analyses on TB drug supply, operational research prioritization, health systems reform and disease control, donor financing in TB, and use of enablers and incentives in TB control. She has been a member of committees that designed the Global TB Drug Facility, Stop TB Strategy, and Stop TB Partnership coordination and financing mechanisms.

**Anandi Yuvaraj** is the Senior Program Officer at the India HIV/AIDS Alliance. In this position, Yuvaraj has played a vital role in broadening political and social responses to the epidemic while demonstrating professionally and diplomatically the needs and objectives of local communities. Until recently, Yuvaraj also served as the Global Fund board representative of communities living with HIV/AIDS, tuberculosis and malaria. Since 2003, Yuvaraj has headed the communities' delegation, which is committed to bringing the voices and needs of people living with and affected by the three diseases to Global Fund board deliberations and committees. She is also a member of the national advisory board of the Indian chapter of the International AIDS Vaccine Initiative, the Indian Council of Medical Research and the Indian National AIDS Control Organization. Additionally, she is serving as a steering committee member, advising the development of national strategies for phase III of the National AIDS Control Program in India. She also serves as an active member of the International Community of Women Living with HIV/AIDS and numerous other international groups.