



The Global Fund Partnership Forum
Meeting report
Buenos Aires
3-4 September 2015

Summary of the 2015 Global Fund Partnership Forum in Buenos Aires, Argentina, 3-4 September 2015

I. Introduction

The Global Fund's Partnership Forum is a core component of the broad, participatory partnership that is essential for effective investment in global health. The Partnership Forum gives all partners a special venue for contributing critical input, suggestions and views about the development of the Global Fund strategy that guides the Global Fund's mission to make a sustainable difference in the fight against HIV, tuberculosis and malaria.

The theme of the Global Fund Partnership Forum in 2015 is "Shaping Our Future: Collaborating for a Healthier World." The Partnership Forum is taking place across three multi-stakeholder meetings held in Africa, Asia and South America. The main objective of all three meetings is to gain substantive guidance and input for the development of the next Global Fund Strategy through the participation of a broad range of stakeholders. This report provides key highlights and input from the third meeting held from 3-4 September 2015, in Buenos Aires, Argentina.

II. Overview

Approximately 107 representatives from over 46 countries and from a wide range of stakeholder groups participated in the gathering in Buenos Aires to provide guidance and input for the development of the next Global Fund Strategy. Stakeholder groups included, in alphabetical order:

- Civil society and community groups;
- Country Coordinating Mechanisms ("CCMs");
- In-country implementers (i.e., Principle Recipients and Sub-recipients of Global Fund grants);
- Local fund agents ("LFAs");
- Donors;
- Parliamentarians;
- Private foundations;
- Private sector;
- Multilateral and bilateral representatives; and
- Technical Review Panel (TRP).

Members of the Global Fund Board and its Committees as well as staff of the Global Fund Secretariat were also present.

01 Meeting Agenda

The meeting agenda was designed to optimize opportunities for stakeholders to express their views and suggestions, and to maximize consultation time. The main input from the lively consultations, conducted among a rich diversity of participants, will feed into the development of the new Global Fund Strategy.

The Partnership Forum meeting opened with a welcome address by Dr. Marco Rovere, Secretary of Health for Health Policies, Regulations and Institutes, on behalf of the Minister of Health, Dr. Daniel Gustavo Gollan. As well as extending a welcome to all participants, Dr. Rovere emphasized the importance of global solidarity in the fight against the three diseases, with a particular focus on ensuring equitable access to services for all in need, especially in regards to affordable sustainable treatment.

Following a speech by Aida Kurtovic, Global Fund Board Vice Chair, who also chaired the opening session, a recorded message from Mark Dybul, the Global Fund Executive Director, addressed the room and highlighted the success and challenges both Latin American and Eastern Europe and Central Asia face. Dr. Anita Asiimwe, Vice Chair Global Fund Strategy, Investment and Impact Committee (SIIC) then delivered a speech, followed by Borche Bozhinov, Executive Director of STAR, and Erika Castellanos, Executive Director of the Collaborative Network of Persons Living with HIV of Belize, both representing communities most affected by the three diseases, who made statements to stress the importance of inclusiveness and the role of

communities. Following this, Emanuele Capobianco, Senior Policy Advisor of the Global Fund's Strategy and Policy Hub, outlined the process for the development of the Strategy and current thinking on the Strategic Framework. A consultation in the plenary session was conducted on a set of strategic themes, which enabled participants to lay the groundwork for the group discussions.

The Partnership Forum was also preceded by a number of side meetings with civil society, disease experts, and other stakeholders on a variety of topics including human rights, gender, key populations, sourcing, malaria and TB.

Board constituencies from the two regions, EECA and LAC, also provided valuable information notes regarding the current status of the three disease in those regions, to help inform discussions.

02 Key outcomes

The Partnership Forum in Buenos Aires was lively and energetic, with many concerns and suggestions brought forward, in Spanish and Russian, reflecting a broad range of topics. Over two days, participants engaged in substantive interactive discussions which focused on 8 key strategic themes previously identified as crucial to the Global Fund Strategy. These are as follows:

1. Resilient and Sustainable Systems for Health;
2. Community Systems Strengthening;
3. Fragile States and Challenging Operating Environments;
4. Sustainability and Transition;
5. Gender;
6. Human Rights and Key Populations;
7. Priorities for the Three Diseases; and
8. the Funding Model.

The working groups were tasked with:

1. Outlining broad challenges related to the thematic issues;
2. Identifying opportunities for action resulting from these challenges; and
3. Producing specific recommendations for the Global Fund to consider as it develops its 2017-21 Global Strategy in relation to the thematic issues.

The working groups were facilitated by independent facilitators, and were supported by resource staff from the Secretariat who also functioned as rapporteurs. Each working group identified a participant as spokesperson for feeding back group comments and recommendations during the plenary sessions. In addition, on the 4th of September, a group of delegates met over lunch to review and comment on the draft Strategic Framework template that had been developed by the Global Fund Secretariat.

The Partnership Forum Meeting concluded on 4th September with a summary of the key messages and takeaways delivered by Marijke Wijnroks, Chief of Staff, Anita Asimwe and Aida Kurtovic.

III. Summary of group discussions and recommendations

Over the two days, participants engaged in substantive discussions that focused on key strategic themes previously identified as crucial to the next Global Fund Strategy. At the conclusion of the meeting, several broad priorities had emerged from the discussions, many of which are cross-cutting. Participants shared a strong commitment to end the epidemics of HIV, tuberculosis and malaria. There was also consensus that the strengthening of health systems and community systems plays a key role in the fight against the three diseases. The need for greater flexibility in the Global Fund's approach to specific regional contexts was also stressed by participants across the multi-stakeholder groups. A key theme for this Partnership Forum was the need for the Fund to work closely with countries in the two regions who may be transitioning out of Global Fund investment, given their own economic development. Reliance on the World Bank's country income classification was widely considered to be outmoded, and there was significant interest in the Equitable Access

Initiative, which is a partnership of key development funders to identify a more holistic approach to placing countries on the development continuum. The centrality of rights-based approaches and the idea of “leaving no one behind” ran through all of the discussions. The challenges of working in countries in conflict were raised repeatedly.

I) Crosscutting Key Messages

01 Regional Focus

In considering specific regional priorities, participants emphasized the need for middle income countries in the two regions, if they will no longer be eligible for Global Fund investment, to be informed as early as possible, and for clear transition processes to be developed, communicated and negotiated as promptly as possible. This is discussed in the section below, as it formed the most important discussion topic of the meeting. Rankings using World Bank indicators would increasingly drive Global Fund investment out of many countries in the region, while the impact of the three diseases – particularly HIV and TB would only increase.

In addition, the use of domestic and regional legislative tools to ensure a human rights-based approach to sustainable and equitable access to services was emphasized by participants. These tools have been used effectively in a number of countries in the Latin American region.

For Eastern Europe and Central Asia, the primary focus centered on the disruption to social and health services caused by regional conflicts. In addition, the fundamental importance of employing evidence-based interventions, particularly harm reduction, was repeatedly emphasized. The use of coercive, punitive and ineffective strategies remains all too common in the region. It was agreed that the Global Fund could play a significant role in educating and promoting proven, effective harm reduction interventions with both grantee governments but also those that are transitioning into becoming donors.

02 Transition to Domestic Funding

Participants understood the importance of national governments assuming greater responsibility for funding the responses to the three diseases. However, concern was expressed that without the right preparation and lead-time, countries will not be in a position to adequately manage the transition from Global Fund investment. This concern led to a series of recommendations on how the Global Fund can support and anticipate transition.

The criteria for inclusion into Global Fund investments were also discussed extensively. Informed by two dedicated sessions led by the Secretariat, participants considered alternative and additional measures for evaluating a country’s ability and readiness to assume full financing for the response to the three diseases. Many participants raised concerns that the current criteria, developed by the World Bank, are unsuited to the needs of global health. While malaria is increasingly being controlled in middle income countries, HIV and TB remain major health challenges in all regions of the world. Indeed, many participants considered that the priority for the next decades will be in combating HIV amongst poor populations in middle income countries.

A third concern centered on countries’ continued commitment to evidence human rights-based approaches to combating the three diseases, once Global Fund financing has expired. While participants considered that the Global Fund could more visibly use its leverage to persuade countries to “enshrine” rights-based approaches, as investments are transitioned out, it will be increasingly difficult to ensure the preservation rights-based strategies, particularly for marginalized populations. This issue was also raised at the Bangkok Partnership Forum.

03 Meaningful Engagement of Communities

As with Bangkok, the Buenos Aires Partnership Forum had strong representation from civil society, and this was reflected in a range of strong recommendations for greater engagement of civil society and communities in CCMs and the implementation of Global Fund supported programs. A key priority at this meeting was for strong, sustained support for community-led advocacy.

04 Linking Health and Community Systems

A common theme at Buenos Aires, that reflected discussions from the previous two Partnership Forum meetings, was the close linkage between the Health Systems and Community Systems. The Global Fund was considered to have a key role in promoting greater integration – with services being delivered either in facilities or communities, depending on where and who was best placed to deliver in the most effective manner.

II) Thematic Highlights

This section highlights the input received around the eight key strategic themes.

01 Resilient and Sustainable Systems for Health

Mentioned as one of the cross-cutting issues of the consultation, the Buenos Aires meeting reiterated the importance of clearly defining the Global Fund's role in building resilient and sustainable systems for health as a top priority for communities and countries, and its implication in addressing broader health needs. Participants questioned whether a "system for health" solely references the formal health sector or also includes communities. Several participants noted that health systems should be for the people, for communities, although it remains a social responsibility of the government to provide universal healthcare coverage. Government, country coordinating mechanisms (CCM) and civil society representatives, agreed that there must be trust and accountability among varying actors in a system for health. That trust and accountability is the product of empowering and recognizing community responses, but also **ensuring that there is capacity among all actors to play their complementary roles and maximize synergies.**

It was noted that current priority areas for Global Fund health system strengthening (HSS) investments lack the needed focus on governance and leadership. An additional deficiency is the lack of focus on overall health financing, where a narrow focus on financial management persists. The lack of outcome and impact indicators for HSS produce a difficult system to measure current achievements or track what has or has not been successful. Moreover, coordination and harmonization on definitions, building blocks and investments were deemed important, which should be achieved uniformly across donors and other partners. Participants expressed concerns that investing in health systems could detract from the Global Fund's significant impact on the three diseases, particularly when the health system is largely dependent on government structures, laws, regulations and other policies or social factors. Others felt the need for greater recognition that systems-related investments in one context may not be appropriate for another. As such, **flexibility and differentiation with respect to country or regional context is critical.**

Participants noted the need to evaluate and build on existing systems in an effort to optimize synergies, including the **operational harmonization of existing HSS and community systems strengthening (CSS) frameworks.** Participants acknowledged that the building blocks for each are in place, nevertheless they can differ in relevance depending on the country or region. Furthermore, the ability for the Global Fund to influence them may be greater or lesser depending on such contexts. This brought to light concerns around the need to prioritize around areas where impact could most likely be achieved, while remaining cognizant of multiple barriers in governance, laws, policy and mindset. For both HSS and CSS, views were expressed on the need to be more concrete in terms of resilience and sustainability. For instance, a strong system may not be resilient if it is not adaptable, whereas a resilient or adaptable system may just as likely have deficiencies. In terms of the HSS and CSS frameworks, participants noted that while there is a

more widely recognized set of criteria for HSS, the same cannot be said for CSS. As such, there is a need for continued promotion and adoption of guidance and underlining principles.

Overall, suggestions focused on **aligning investments with the priorities of the system for health, taking into account country or regional context and needs, while simultaneously promoting the inclusion of all actors** (e.g., government, communities, academia, and private sector). Both government and community participants recognized that there is no sustainability with merely a government focusing on the “formal” health sector. There was common agreement on the re-casting of systems for health, provided it was clear that this includes the community, as well as other actors such as the private sector and government. Further, government representatives noted that while general government-community coordination is needed, so is **strategic coordination amongst different ministries or parts of the national government**. For example, many elements that influence how Global Fund investments can be utilized to strengthen, catalyze or sustain systems, are dependent on program management from the Ministry of Health, but also approval or endorsement from other ministries such as that of Finance. There was recognition that all actors would need to work within the overall system and have complementary roles, with some community representatives noting that governments should be stewards of public health, while working with communities.

Ultimately, promoting an enabling environment for collaboration and dialogue between health and community systems, as well as other actors such as the private sector, is essential. Participants from government and communities noted threshold needs for linking health and community actors, for increased recognition and mutual trust. As community participants noted, the health system is for all communities. A key element to these discussions was the need to **ensure that community participation is meaningful, not just a “check-the-box” consultation, so that their voices are recognized as part of health governance, thus ensuring greater influence, oversight and accountability with respect to planning, coordination and implementation.**

02 Community Systems Strengthening

During breakout group discussions, a lack of community empowerment and recognition was noted as a continued barrier to effective community responses. This is a function of how other sectors or actors engage with and respond to community needs. As with HSS, participants recognized that frameworks to measure outcome and impact are needed, including the development of appropriate indicators, as the lack in ability to attribute or link outcomes to community responses, greatly hinders investments. It was recommended that the Global Fund develop a key performance indicator for CSS. Strong community systems and responses are critical to effective transitions and should be a focus in sustainability and transition planning, with commensurate investments. It was emphasized that the basic building blocks to **strengthening community responses must be tailored and responsive to specific country and regional contexts and needs**. An increased focus and investment in community and civil society’s political advocacy was also highlighted, with a focus on issues of key populations, transition and domestic financing, accountability and monitoring of health system responses, all demonstrate the cross-cutting nature of community responses.

Participants stressed the importance of **targeting investments for key populations and vulnerable groups related to the three diseases** (e.g., prisoners, migrants, sex workers, people who use drugs, indigenous groups, men who have sex with men, and transgender populations), as a key priority that links to sustainability and transition, particularly when they may be the most difficult to fund through the government given political, legal and social tensions. Such investments would need to be complemented by greater advocacy support. Noting that the list of key populations – as mentioned above – is indicative, the broader principle to bear in mind is to **leave no one behind**, all groups affected by the three diseases need to be considered as part of any response. Furthermore, ensuring that scale-up of community responses are prioritized in funding requests, will be a critical task. **A key concern with this was the placement of CSS components in the above-allocation requests of concept notes, and needing a way to bring these priorities into the within-allocation request.** A major challenge has been that community responses and investments do not often translate into national strategies, which then mean they are lost in concept notes, or if included, with a lower priority. Ultimately, much needed technical assistance for strengthening community responses is lost.

Critically, the development of simpler models for direct investments and funding to community responses and systems should be focused towards sustainability. With reference to the complex current funding model, several participants referenced the bureaucracy and burden that comes with Global Fund processes. Suggestions to apply a differentiated approach to investments in health and community systems were discussed as a result. There was strong sentiment that each country or region has specific barriers, some of which are inherent to the government systems in place, which will necessitate that the models for investment and engagement be tailored accordingly. Further discussions acknowledged the **potential to incentivize investment in the community responses and systems with rewards-based funding mechanisms**. Some of the discussions led by civil society and community participants focused on whether there could be conditions to or earmarking of funds dedicated to community responses in particular, while ensuring that there is a human-rights lens in such investments.

03 Challenging Operating Environments

Discussions highlighted that the definition for Challenging Operating Environments (COE) is restricted to countries which are either currently in conflict and/or have experienced a natural disaster. This narrow scope therefore poses a major challenge in categorizing countries as COEs if and when they do not meet the above mentioned criteria. Participants stressed that a majority of countries in both the EECA and LAC regions could be considered as COEs due to varying degrees of domestic challenges (i.e. economic/forex issues, high crime, frozen conflict, key populations, cross-border challenges, inability of the government to fulfil its commitment to procure drugs, political crisis, human rights barriers, etc.).

In this regard, participants noted the need to **develop clear definition criteria and a diagnostic framework for establishing COE eligibility**, potentially one that is aligned with UN criteria so as to further differentiate between COEs and emergency situations. The Global Fund could create a register of countries with unfavorable political and economic problems and/or recurrent natural disasters that may have an impact on social and health aspects. Additionally, subnational crises in non-government controlled areas should also be considered under a inclusive definition.

In line with the Global Fund's policy on increased resources for high impact countries, **a differentiated approach for COEs** was also identified as an important point for consideration, whereby a Global Fund department with increased human resources could be dedicated to managing COE grants with a view to flexibly disbursing funds. This would allow for a more focused approach on fragile states, in order to support increased administrative costs for service provision and risk management, heightened security measures, and more extensive monitoring of grant implementation, which are factors uniquely associated with COEs.

As pertains to the current **Emergency Fund**, it was recommended that the Global Fund support this special initiative by developing a highly responsive mechanism which could ideally react within 72 hours for emergency situations, particularly in contexts where there is a high risk for disruption of services. Given that in some COEs and countries with emergency situations most services are provided solely by the local NGOs (i.e. Ukraine, Sierra Leone, some countries in Latina America with very high crime rates), participants recommended that the Global Fund **develop a mechanism for engaging, supporting, and financing civil society organizations in particular, to ensure that services reach key populations**.

04 Sustainability and Transition

Discussions centered in large part around issues of transition and sustainability for middle-income countries, two very tangible concerns for partners in the LAC and EECA regions. With regard to transition, participants noted that the Global Fund should be more **actively and effectively engaged in advocacy efforts and policy dialogue with the government, so as to ensure country ownership in the development of a sustainable transition plan**. It was noted that this should be done in cooperation with other donors, partners and national stakeholders, with defined milestones for addressing the requirements of transition: increased budget, legal framework, governance, civil society engagement, financing for key populations, effective procurement systems and price reduction for drugs/use of e-market. A further recommendation, echoed by most, was to **add sustainability and transition as a separate strategic objective** in the new Global Fund 2017-21 strategy, and include strong key performance indicators.

In order to adequately assess financing gaps, the Global Fund **approach to transition should be country and context specific**, with a focus on: i) performing assessments of countries' readiness for transition, ii) planning the Fund's involvement throughout the different stages of the process, while considering the various resources required, iii) providing realistic timelines from 3 to 6 years to complete a responsible transition, iv) playing an active role in reaching out to key in-country decision makers (i.e. Ministries, particularly Ministries of Finance), and v) investing in improving procurement systems and advocating for price reductions, in cooperation with technical partners.

As an integral part of this process, it will be critical to adequately define, implement, measure and monitor impact and outcome indicators so as to ensure sustainability. Participants emphasized that **civil society's and key populations' involvement in all processes related to sustainability will be essential to ensuring a successful transition**. Importantly, countries should not be transitioned off of Global Fund funding until governments have a proven capacity and commitment to evidence and rights-based approaches, which is determined by clear criteria. Further, **eligibility criteria should be more holistic**, where a country's status is not solely determined by gross national product and disease burden, as these measurements do not accurately capture levels of disparity and inequality.

Participants strongly supported the **establishment of a separate transitional fund** for country specific and regional grants, whereby regional programs could mobilize organizations to advocate for increased government commitment. Counterpart financing requirements will require revision, to ensure that governments do not decrease budgets for health. Additionally, co-financing for prevention activities and civil society should be made mandatory for transition countries.

05 Gender

The Global Fund's role in sustainability and transition is critical, noting lessons learned from the past and collective goals for achieving targets in the three diseases. The Global Fund, thus, has a real opportunity to impact the legacy of community responses, gender transformative strategies and programming, human rights enshrined in health responses, and key populations with increased vulnerability to the diseases and reduced access to services. This will require a short, medium and long-term strategy, and a flexible approach for determining the eligibility of countries to receive funding. As part of this response, participants advocated that **civil society should be guaranteed a role in determining dual-track financing, as well as having the option of becoming a principal recipient to manage funds**.

Several issue areas arose during discussions, for one, participants questioned how gender analyses are being taken into consideration in the development of responses to the Global Fund. Another area for improvement which was highlighted is that of **indicators, and the need for these to accurately capture critical human rights, gender, and community responses**. Yet another critical topic of discussion was **the lack of understanding about what gender responsive approaches are at the country level**. Many voiced the reality that our world is still learning the extent of the gender spectrum; undoubtedly, the definition of gender must be understood as broader than cisgender (transgender) women.

To date, there have been few resources to carry out gender assessments and evaluations to inform country responses at the NSP or concept note levels. **Participants highlighted the need for greater inclusion and finances for women's groups**. Specifically, regional grants could be a critical way to channel funds to groups doing important work for key populations, gender equality and human rights.

Further, it was noted that the role of affected communities in providing services is more than a rights issue, but rather a proven effective approach to providing health services. **The Global Fund should consider more carefully how to focus smaller grants towards community and grassroots groups** so as to build their capacity to develop their advocacy skills and strategies.

06 Human Rights and Key Populations

Notably, participants agreed that the Global Fund should continue to prioritize addressing the needs of key populations. As part of this prioritization, the Global Fund should be clear about how it is defining key populations versus vulnerable populations, as this could relate to how levels of investment and focus are differentiated. Of importance in this process, the capacity of Global Fund staff should be increased with respect to human rights, gender-transformative and community responses, to ensure consistency across the Secretariat.

The currently restricted funding envelope – with perceptibly reduced funding for health – significantly limits effective prevention and treatment services for key populations, which increases the importance of providing quality services. **Strategies to address key populations should be based on evidence and rights-based approaches, as well as promoted by technical partners.** Participants stressed the need to revisit how the Global Fund is considering groups that have not traditionally been considered in the strategy for key populations, such as indigenous populations, urban at-risk youth, etc.

Overall, it will be critical that the Global Fund continues to pay much credence to the importance of human rights in its response. **Participants queried how the Global Fund could better recognize when governments have achieved impact in responding to human rights. The human rights complaint procedure mechanism was noted as critical in this process.** In order for it to be effectively implemented, it will be important that communities know about their rights, know how to complain, and are adequately supported throughout the process. Importantly, investments should be increased for addressing legal and judicial barriers that impede access to services for people affected by the three diseases.

While rights-based legislation is critical, it is not the sole response to addressing rights-based barriers to care, other areas of critical importance include **changing social norms, increasing community knowledge on rights, sensitizing of law enforcement on the rights and needs of affected communities, and advocacy and monitoring how the government is spending money.** Ultimately, supporting the strengthening of the health care system is the key human rights issue, and the Global Fund should take a multi-disciplinary and cross-ministry approach.

Additional commentary focused on the increased demand for emphasis on the quality of services and rights-based responses stemming from communities, which can be seen as drivers for the provision of such services. **Critically important is appropriate, timely, and effective technical assistance for civil society.** There is an important role for country coordinating mechanisms (CCM) to effectively communicate programmatic needs and ensure that civil society remains well informed. Country dialogue has been critical to effectively including issues from communities into the Global Fund's responses, such as with prevention. Funding should be properly targeted to support the involvement of key populations in the country dialogue process. Furthermore, **regional networks of key populations will also need to be supported,** and the Global Fund should find viable mechanisms to achieve this. Likewise, participants noted the lack of accountability in channeling funds for country responses, in terms of financing governments versus civil society. Often, governments have not been held to the same scrutiny and accountability as civil society. In this regard, the Global Fund should strengthen grassroots organizations that do not have a legal registration and structure, so that they may be able to receive funding in a way that is effective and accountable.

07 Priorities for the Three Diseases

Supporting Community Systems Strengthening and civil society was highlighted as a key priority for the three diseases, particularly TB, for sustainability and transition are elements that require political will for investment, which is often catalysed through advocacy. As such, it is **essential that the Global Fund invest in civil society groups** to sustain programmatic momentum.

One area that continues to necessitate increased support is biological treatment, for all three diseases. This was noted as a critical gap that the Global Fund will need to address. Participants additionally recommended enhanced support for integrated management of TB/HIV co-infection, as well as the development of specific strategies for integrated infectious disease management including HCV co-infection. Moreover,

governance of and access to healthcare due to increased poverty was also highlighted as a prominent area for concern. With particular reference to the Eastern European and Central Asian region, while TB incidence is improving, **rates of MDR-TB infection remain elevated due to ineffective treatment, with ongoing transmission.** Priority areas for this reality were identified as: early diagnostic, effective treatment, and treatment adherence.

With regard to HSS integration into the three diseases, it was noted that some countries attempted an integral approach in order to align with the national strategic program, however, given complex Global Fund processes, such attempts ultimately concluded with an increased number of grants that lacked harmonization. Additionally, it was found that many countries do not have the required capacity for an inclusive NSP development process.

Focusing interventions on key populations (KP) remains of utmost importance, with TB incidence levels highly skewed towards most-at-risk groups (i.e. prisons rates 30 times higher than the general population). Participants voiced concern that countries continue to struggle with priorities for key populations due to the lack of data. In fact, a key area of concern are weak data systems. In order to achieve impact, participants agreed that stronger data systems are required to identify epidemic concentrations and ensure continuity of service. Currently, low levels of funding in this area was noted as a concern for donors. Strategic information is thus a clear area for improvement. The Global Fund will need to analyse how to best support sustainable transition, and **ensure government commitment to KP prevention.** Sharing of best practices across countries and regions was identified as a first step forward in this effort.

08 The Funding Model

Participants expressed concern over the many complexities of the current model, with various instruments to correct these complexities, such as incentive funding, minimum requirement level of funding (MRL), and unfunded quality demand (UQD). Moving forward, these instruments should be simplified and aligned in order to have a less fragmented approach to funding, which often distort programmatic objectives. As part of a comprehensive process, if harmonized, these instruments can serve to facilitate the work of implementers. Discussions encouraged the **promotion of good practices**, based on what works across a range of priorities including: country dialogue; good coordination among technical partners and with the Secretariat; improved quality that came from the iterative process; mock Technical Review Panel (TRPs); linkages with the National Strategic Plan (NSP) including analysis from the results of technical assistance; and usage of recommendations from the Office of Inspector General report on CCMs.

In line with past consultations, scale-up of services was a recurrent topic of discussion. Given the differing levels of funding amongst countries (based on the current allocation formula), some countries are well resourced to support existing services and scale-up, while others are not. As such, **improvement of the allocation formula will be required to ensure effective scale-up of services.** As relates to scale-up, participants shared common observations that have indicated a trend in decreased technical assistance (TA) once the Principal Recipient has received first disbursement of funds, and tend to not request any further support. As a result, TA during concept note development, grant-making and ongoing implementation should be closely monitored and assessed.

An ongoing area of concern remains continuity of services, particularly with respect to concept note development. Moving forward countries should not hasten the NSP development process solely to present a concept note; but rather, timelines for specific disease NSPs should be thoughtfully prioritized. In order to improve the allocation model, both the Global Fund and countries will need to build on lessons learned from this phase of the new funding model (NFM), with clear criteria to be adjusted accordingly. Implementers for TB programs, felt that **TB-specific interventions are increasingly marginalized from the decision making process**, where some do not have representation in the CCM, although they are the ones that implement the response on the ground. As such, recommendations were made to assure that the responsible authorities should lead in decision making, particularly as it pertains to sustainability and transition.

As with past consultations, the call for differentiation was resounding. The **need for a differentiated approach and processes dependant on levels of investments, country context, track record and type of grants** (i.e. advocacy work v. service delivery), **is becoming increasingly evident.** A

suggestion was to streamline the concept note review process for those grants that have demonstrated good past performance in terms of disease outcomes, implementation, and innovation.

A final topic of discussion was the concern that the Global Fund may not be using available funds to the maximum extent available. **A potential gap to achieving full disbursement of funds for any given allocation period** was noted during discussions. Maintaining monitoring systems to better track disbursements would assist in minimizing the risk of accumulating a large pot of undisbursed funds, but rather strategically directing them to fill programmatic gaps for those countries in need. Participants noted that other international organizations have performed **allocative efficiency exercises in countries to inform their allocation priorities**. One example discussed is that of the World Bank, who has launched Optima, a study comparing Argentina and Colombia to allocate resources. Participants suggested that these type of studies should be part of the allocation of resources for the Global Fund. In addition to developing a mechanism to use undisbursed funds, **the Global Fund should also consider expanding investments to regional and multi-country proposals**.

09 Meeting Closure and Next Steps

The meeting closed with an inspirational speech by Marijke Wijnroks, Chief of Staff, highlighting that while many challenges were still being faced in the two regions, there were also many successes to learn from. Anita Assimwe, provided a summary of the key issues and recommendations made during the meeting and explained that these would be taken forward and considered in the next iteration of the Strategic Framework and discussed at the Strategy, Impact and Investment committee meeting in November. Aida Kurtovic, the Vice Chair of the Board, thanked the participants for their enthusiasm and successful participation and closed the meeting.