

MINUTES FROM GLOBAL FUND MEETING WITH THE CODEV AND CSOS BRUSSELS, 19TH FEBRUARY 2009

CODEV MEETING INTERVENTION of Luis Riera

- Thanked the presidency and the secretariat of the GF for putting this meeting together and highlighted the need of making the Brussels community more aware of the good results of the GF.
- The EC has had different meetings with CSOs, EP and ACP countries on the issue of the GF, as there is funding going to the GF from the intra- ACP budget.
- Mr. Riera mentioned that we are in front of a key period for the GF in two ways:
 1. In terms of financing
 2. In terms of the changes that the GF is undertaking to be better aligned with the Paris declarations principles. And in terms if the new positive approaches, regarding the Financing National Strategies and its support to Health System Strengthening (HSS).
- The GF was created to ensure a funding stream that would facilitate the disbursements and would increase predictability.
- Riera talked about the need to be aware of the good results but also the limits of the model. When the previous model moves to financing National Strategies and the HSS (and also when we move forward to ensure coordination and alignment with the recipients), this model might have to be reviewed.
- About the financial aspect, he mentioned that the financing challenges that lie ahead and the new financial architecture that is changing is moving the EC to work with the other colleagues in the Board of the GF to make the GF advance in a proper manner, despite the financial atmosphere.
- The EC will start looking at how to finance National Health strategies this year.

INTERVENTIONS from the CODEV

Sweden: Marita Olson

- Sweden is of the opinion that the GF was created as a financing instrument on the basis of demand and it should not be developing in to an independent aid agency.
- It is also important for Sweden that new donors and big economies start contributing, or increase their commitments.

Spain: Felix Fernandez- Shaw

- Encouraged to visit the MTR in Spain end of March, and highlighted the relevant position of Spain in the funding of the Fund, marked by the hosting of this MTR conference.
- Spain raised the issue that many member states are not contributing to the fund.

France: Jean Paul Seytre

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- Mentioned that the GF's result should also be linked to the results of the work of the French Presidency, on health systems financing and 'coverture du risqué maladie' alongside with the great support of France to the GF. Madame Sarkozy, has been recently nominated Special ambassador of the GF. The visit to Burkina Faso with Michel Katchaskine was also mentioned. The visit made clear that the results in the field are impressive and this provides hope to achieve the MDG 6. Of special attention is the contribution of the GF on HSS, specially the question of the human resources and the coverage of the sickness risks.
- 'Burkina Belge', the partners in Burkina Faso, have also highlighted the importance of providing information also in French because is a real need especially in the field.

Belgium:

- Welcomed the meeting as they normally discuss vertical funds in the CODEV but it is more useful to have them here to learn closely with/from them. It is important not to create new organizations but funding mechanisms that work fast. The GF has proven to be a learning organization. It is a quick learner. We have seen a shift and an increase in professionalism together with an excellent fundraising and disbursement rate that has been excellent.
- Belgium supports the results based approach of the Fund.
- On the question of additionally: This is actually only happening when it comes to UNITAID and Private sector but most of the fund's income comes from public sector and comes from ODA. More money to the GF is less money to UNAIDS.
- Belgium raised the question of the possibility of replicating this model in other sectors (climate).
- It is also crucial to invest in organization and institutional capacity building.
- We are seeing a positive evolution from vertical to diagonal. This has been due to strong donor pressure.
- More new donors needed.
- Question: How many people employed at the secretariat?

Italy: Filippo de Alessi

- Supports the evolution towards the HSS.
- Urgent need of participation of partner/recipient countries not only on implementation but also on financing (Abuja declaration 15%).

Germany: Christophe Rau

- Raised the issue of the number of donors – Paris declaration –division of labor: (Mozambique's experience of 25 donors in the AIDS sector)
 - Improvements are taking place in the field.
 - Can the National AIDS councils do a better work?
 - There has been a decline of funds to the health sector as the Court of Auditors report result. Can you also perceive this tendency in the GF already?

Slovenia: Martina Skok

- Modest donor, pleased with the transparency and the fast response from secretariat.
- How do you feel the financing crisis is going to impact your work and how much have you been affected by the recession?

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Estonia : Tanel Tang

- CoA report acknowledges that the GF has difficulties in the disbursements of the funds.

Silvia Ferazzi's Responses

- Sweden: The alignment of the GF with the national strategies applications (not yet implemented) will give a good idea of what the country needs and will increase transparency.
- Impact analysis focus: Shortly will be published the GF's Green report on performance that highlights where is the GF going with a focus on their results, also with regard to SHS and reaching out to communities.
- Belgium: Internal development on a strategy to see how they can partnership for Health Systems Strengthening: Proposals including this component had always been present but after Round 8 this has increased. Rwanda is a good example, where the GF is financing the system of health coverage insurance.
- Vertical-Horizontal: Vertical approaches save the lives of the health workers: Malawi 1000 health workers are taking the ARVs. Also on the case of Malaria there is a clear drop in bed occupancy due to the decline of Malaria rates in many countries. This frees up the space for patients with other diseases.
- 30- 35 % of the GF Funds go to HSS financing: Formation of health workers, salaries, construction/rehabilitation of health facilities.
- Current initiative for resource mobilization with emerging economies. They have recently triplicated the number of countries where we they are working. Some of them are donor and recipients.
- Number of staff at the secretariat 400 at the moment.
- Alignment, Paris Declaration: Currently interacting with the IHP initiative.
- True that there is a decline in ODA in general, mostly since the trend of the big debt cancellations in 2005, and other factors.
- So far no indication of reduction/cancellation of pledges to the Fund from any government (a couple of exceptions).
- CoA report does acknowledge that the GF has difficulties in the speed of disbursements of the funds, only because the priority of fast disbursement clashes with the priority of performance based funding. If the organizations are slow in showing progress this translates as well in the slower disbursement of the funds.

Final Remarks from Luis Riera

- EC is part of a constituency together with Belgium, Portugal, and Finland. They are part of the Board as well. This constituency is ready to receive more new MS that want to participate on the GF. Some potential donors from new MS, might find this interesting to channel their ODA through the GF.
- Additionality: There will be big competition even within a given sector. This included in the Accra framework that all of us have agreed upon. It should not be a zero-sum game.
- It is worth investing in the GF as it delivers results.

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- Why should I place my support to the Global fund and not other agencies? Because of the SHS role of the Fund and the great support of the national health systems. This should be the answer. But of course the Fund also needs to be improved.
- The fund has to assure that the money spent is spend with alignment with the country efforts. In the framework of the IHP we could find a strategy that goes in this line. There are advanced contacts with GAVI as well to move forward on this.
- Who validates an international health strategy? We all collectively support, and we assume that it has the basis of good functioning.
- Coordination needs to be as well on the spot, not only in Brussels. We need to share some responsibility with the delegations which are not always necessarily aware of the decisions taken by the GF. The French representative of the board, when he goes on a mission to one of the countries always coordinates with the CCM in the field.
- In the case of the commission we are working on some Guidelines for the delegations so that they can be well synchronized. Riera → going to South Africa and will bring with him someone from the GF secretariat.

MINUTES OF THE CSOS MEETING WITH THE GLOBAL FUND

Some points from the presentation of the GF:

- Austria, Portugal, Finland and Greece not contributing.
- Important progress on the ARVs against AIDS. Before just a few thousand under treatment. MTCT programmes still not very ambitious.
- GF one of the main funders of multidrug resistant TB.
- Paris declaration signatories and the GF is monitoring the performance. Facilitators of a learning group that is implementing the Paris Declaration.
- Maximize the channels of delivery; involve the communities and the CSOs.
- National Strategy Applications → the country presents their strategies on the different diseases or on the Health systems in general, and the GF could finance parts of it.
- It might there be a need to support the organizations prior to the proposal writing.
- Study of the representation of women in CCM → Only 30% are women, and in the leading positions goes down to 10%.
- The GF is working in another Strategy on Minorities. Results and more information about the policies will be presented at the end of the year.

Questions and Answers

Will the Global Crisis affect more the CSOs?

- No, it will affect them equally. In principle only a couple of countries have announced reduction of their pledges to the fund. (Being Italy one of them)

What is the percentage of the CSOs receiving money from the GF?

- 1/3

Have you thought of earmarking part of the funds for CSOs, per type of actor?

- There is no direct budget line to CSOs. There is a grant of 40,000 US \$ to support the work of the CCM as a whole but not single organizations.

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How is the Monitoring of the CCM done? How is the selection of sub recipients working on various levels?

- CCM have been very helpful. As a result of the participation system in the CCMs, CSOs have come closer to each other and to the government. CCMs have acted as a catalyst so it has been very positive. There are minimum requirements for the CCM: CSOS, Community, democratically selected, not cherry picked by the government. If the country cannot show that the CSOs is not strongly involved there will not be a progress of the proposals. Zambia is an example of good work.

Is there TOR for Portfolio managers and could this be on the website? This would be useful so that everyone can see what should be expected from a Portfolio Manager.

- The Portfolio Manager manages the grants and the financing of the proposals, which is based on performance. He/she reports if there are issues to solve although is not a problem solver per se.

What will happen with the sustainability of long term treatment, in the financial crisis if there are cuts off of the financing in the future? What are going to be your priorities in funding if there is future restrictions to funding?

- This is why we ask the donors to be conscious about the importance of the sustainability of the ODA in general. Rolling continuation channel. For two years it is assured that the GF will continue funding the treatment.

What is the Fund's Strategy to approach the governments that are reluctant to contribute and what kind of messages can we use to advocate for the GF?

- The fund is working with some potential donor countries. Some countries are showing increasingly interest through the work done by organizing different country visits, work with parliamentarians and the media and understanding why they are not contributing. The GF needs to show results and impacts.

There is a clear focus on the outputs of the GF but what about the outcomes? This information would be useful for us, to know the impact on every area.

- A Green Report showing the main results achieved will be shortly published.

The Court of Auditor's report criticized the speed on disbursement of the Fund as compared with other aid modalities. What is GF's answer to this critic?

- The principle of fast delivery sometimes might clash with the principle of performance. Negotiations and reporting on performance might take some time and this has an impact in the time of delivery of the aid. The target is that within 9 months aid will be disbursed, but we are not very far.

What is the staff of the Secretariat?

- 400 currently. All HR decisions are taken by the board. The resources allocated to the GF's HR are about the 5% of the total budget. This cost comes in great part from the benefits/ interests provided by the World Bank, which administrated the GF' funds.

What are you doing to fill the 5 Billion Gap?

- Some donors cannot pledge still under a legislation that is not sure yet, including the main donor who is the US, who will make its pledges after 2010 probably.

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In Doha the commitment has been maintained for the ODA, not on the GF directly but the GF still believes on the ODA for health will be raised.

There is lots of work on the Private Sector, which is providing about 200 million of Dollars per year.

Can you explain how the GF is moving towards a diagonal Approach and how it contributes to strengthening Health systems?

- It is widely known that the three diseases have a great impact on the health workers, which constitute an indirect impact. In a concrete example on Malaria, bed occupancy has decreased because of the scaled up of the prevention of Malaria. This has left some space to other diseases.
- Approximately 35 % of all GF's Funding goes to HSS Components: Rehabilitation of health infrastructure, M&E.

With the National Strategy applications do you fund the general MoH Health programmes or is it by specific disease?

- Normally the GF funds general Health Strategies of a government of a given country, but normally it should have a link/implications to one of the diseases.

What is the GF bringing that the BS is not? What is the added value?

- Concrete results in the fight against the three diseases. Furthermore, the GF has no capacity not the mandate to finance health systems; they ask other actors to intervene in which case BS might be of value. Not only through the fund should be the SHS be financed.
- Is not only about funding, good partnerships, capacity building, TA to prepare proposals, M&E of the results are equally important to the Fund.

How do you prioritize when choosing the proposals to be financed? Are ongoing projects a priority, or the ones in the poorest countries?

- There is some specific criteria based on different factors such as the level of burden of the diseases in the country the income level of the country and epidemiological data or the impact that the project can make.

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