

Report of Regional Meeting on the
role of WHO in supporting
Member countries in areas related to
The Global Fund to Fight AIDS,
Tuberculosis and Malaria

WHO Regional Office for South-East Asia, 16–17 July 2012



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Printed in India

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List of Abbreviations

APW	Agreement for performance of work
CCM	Country coordinating mechanism
DFC	Direct Financial Cooperation
FCFS	Final Certified Financial Statement
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
LFA	Local Fund Agents
MDG	Millennium Development Goal
MoH	Ministry of health
MoU	Memoranda of understanding
MSM	Men who have sex with men
NTP	National TB Control Programme
PR	Principal Recipient
PWID	People who inject drugs
SEAR	WHO South-East Asia Region
SIIC	Strategy, Investment and Impact Committee
SR	Sub Recipient
SO2	Strategic Objective 2
TG	transgender
TRP	Technical Review Panel
TB	Tuberculosis
WCO	WHO Country Office

1. Background

In 2001, the United Nations and the G8 committed to providing substantial resources to fight three deadly infectious diseases: AIDS, tuberculosis and malaria. The global community called for a new funding channel to distribute the resources – one that responds to local needs while ensuring high-impact investments and the responsible use of donor funds. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created at the end of 2001 and in April 2002, the Global Fund Board approved the first round of grants to 36 countries. Ten years later, the Global Fund is the main multilateral funder in global health, channelling approximately US\$ 3 billion annually. It has approved funding of US\$ 22.9 billion for more than 1000 programmes in 150 countries.

The GFATM is a unique, public-private partnership and international financing institution dedicated to attracting and disbursing additional resources to prevent and treat HIV and AIDS, TB and malaria. This partnership between governments, civil society, the private sector and affected communities represents an innovative approach to international health financing. GFATM's model is based on the concepts of country ownership and performance-based funding, which means that people in countries implement their own programmes based on their priorities and GFATM provides financing so that verifiable results are achieved.

The Global Fund provides funding in support of technically sound and cost-effective interventions for the prevention, treatment, care and support of persons infected and affected by HIV/AIDS, tuberculosis and malaria. Applicants are encouraged to include cross-cutting interventions such as health and community system strengthening in their proposals, to achieve improved health outcomes of the three diseases.

Since its inception in 2002, the Global Fund has used a "rounds-based" model to approve funding. Applicants make their submission in response to an open call for proposals, in accordance with published guidelines and eligibility criteria. To date, there have been eleven calls for proposals.

The Global Fund is designing a new application and renewal process as part of implementing its Global Fund 2012-2016 strategy. These changes will transform the funding model considerably. The new model will

be based more on a dialogue with countries, allowing for early preparation of arrangements to implement and providing more flexible, and predictable funding. The new approach will replace the annual rounds-based approach used to date.

The new process will encourage collaboration between Country Coordinating Mechanism (CCM) and the Global Fund during the process of development of proposals. This will reduce the chances of repeated failures from certain applicants and reduce the time between Board approval and grant signature. The new approach is expected to be operationalized in 2013, with funding approvals made in early 2014. This timing is based on the 2011 forecast of assets for new and continuing funding.

In view of the significant changes made recently by the GFATM, there is a need for WHO South-East Asia Region (SEAR) to review the consequences of the changes to the sustainability of the achievements and expansion of the three disease programmes as well as to the strengthening of health systems related to those diseases. A WHO SEAR internal meeting was held during 16-17 July 2012 at WHO-SEARO, New Delhi with the objective of supporting SEAR Member countries in sustaining achievements and expansion of necessary interventions in prevention and control of HIV/AIDS, TB and Malaria programmes supported by the GFATM.

Specific objectives

- (1) To review the status of the GFATM-supported HIV/AIDS, TB and Malaria Programmes in Member States/WCOs and Regional Office;
- (2) To discuss the consequences to the programmes due to the recent changes in GFATM and new transformation of procedures for grant administration, and
- (3) To streamline and improve WHO procedures to support GFATM grant implementation in Member countries.

Thirty participants comprising six WHO Representatives and eight WHO Country Office (WCO) focal persons from ten country offices in the South-East Asia (SEA) Region, directors, regional advisers and technical staff from concerned departments and technical units in WHO-SEARO, and resource persons attended the meeting (Annex 1).

The agenda of the meeting (Annex 2) included regional and country perspectives in GFATM-related issues, rapid desk review of GFATM

programme status and the role of WHO in Indonesia and Myanmar, reform in the Global Fund including new funding model, discussions on problems encountered by WHO while engaging with the Global Fund and the way forwards.

2. Regional Director's opening remarks

The Regional Director, Dr Samlee Plianbangchang, inaugurated the meeting. Welcoming the participants and resource persons to this important meeting, the Regional Director reiterated that more than US\$ 5 billion had been approved by the Global Fund for countries in the Region to scale up their interventions for the three diseases. Out of this amount, almost US\$ 2 billion had been disbursed. WHO had been providing support to countries in proposal development, Implementation, monitoring and evaluation and reporting. He stressed that WHO will continue to support Member countries to build their capacity and working in close collaboration with partners. A set of guidelines were developed in 2009 to guide how WHO should work more efficiently and effectively in supporting countries in areas related to the Global Fund. He continued that WHO should not get involved in implementation and big procurements as well as large scale training of nationals, since it was a technical agency. The current changes in the Global Fund will affect the way WHO works and the existing guidelines should be revisited.

In future, WHO should enhance collaboration with partners and contributions of other partners to the programmes should be recognized. The technical supremacy of WHO should also be maintained to effectively support the countries.

3. Regional overview of The Global Fund

The Global Fund has become one of the primary sources of funding for national responses to the three diseases. Since the inception of the Global Fund, all 11 countries in the SEA Region had been successful in receiving grants from the Fund. As of December 2010 (up to Round 10), 79 grants had been approved for country programmes in the Region with a total budget of US\$ 3.8 billion, thus making a substantial contribution to the national strategies for combating HIV/AIDS, TB and malaria. National efforts against HIV, TB and malaria had been scaled up with substantial financial contribution from the GFATM and coordinated efforts by the governments and several other partners including WHO.

WHO had been involved with the Global Fund right from its establishment in 2002. So far, WHO had helped countries in developing proposals, in grant negotiation, implementation, monitoring and evaluation. The focus of support had been on normative functions and on building national capacity. WHO staff from country offices, the regional offices, headquarters and external experts were mobilized to provide direct technical support during the proposal writing process. The direct support improved the chances of success and ensured that proposed interventions adhered to global and WHO standards. Mock Technical Review Panels (TRPs) were organized to assist in scrutinizing draft proposals and provide the countries with feedback prior to submission to the Global Fund. WHO also supported capacity building of Member Countries in proposal development through workshops.

HIV/AIDS

All countries in the SEA Region, except DPR Korea, benefited from the Global Fund. A total of 33 grants were in progress for HIV with a signed funding of US\$ 1 079 769 505 and disbursement at US\$ 983 320 061 to date. Two multicountry grants also involved a number of countries in SEAR (Bangladesh, Indonesia, Nepal, and Timor-Leste). Grants from the Global Fund contributed to a downward trend of HIV new infections in four of the five high-burden countries of SEAR (India, Indonesia, Myanmar and Thailand). The number of facilities offering HIV counselling and testing had doubled since 2009. In 2010, more than 16 million people received HIV counseling and testing but coverage was still sub-optimal. Condom use was rising among sex workers (over 80% in India, Myanmar and Thailand); however, it was low among MSM, TG and PWID in most countries. Out of 717 000 people with advanced HIV infection on ART in 2010, over 400 000 people were supported through GFATM grants.

The Technical Support Facility/UNAIDS and SEARO roster of experts to support countries were in place. A resource kit with technical briefings and reference materials on key thematic areas to complement the Global Fund guidance for proposal writing were made available throughout the rounds. SEARO had provided technical assistance particularly in WHO's area of expertise (national programme reviews; national strategic plan development; guidance to treatment initiation and scale-up; strategic information including surveillance; universal access monitoring). Close communication between SEARO, WCOs and HQ was maintained on a regular basis.

Tuberculosis

Countries in the WHO-SEA Region had made significant progress towards achieving the TB specific targets of the Millennium Development Goals (MDGs). The estimated incidence and prevalence of all forms of TB, and TB mortality all continue to show a downward trend. The treatment success rate among new smear positive pulmonary TB cases has remained above 85% since 2005, and was 88% in 2010.

All countries in the SEA Region, except the Maldives, are benefiting from TB grants from the GFATM, making the Global Fund the biggest external funding source for TB control activities in the Region.

In the current period of transition from the Global Fund's round based application process to a new funding opportunity, good communication between National TB Control Programmes (NTPs), Local Fund Agents (LFA), Principal Recipients (PRs), WHO and the Global Fund Secretariat is essential to enable timely preparations of applications. Countries who have already prepared for the cancelled Round 11 should be able to use this work for applications when the new funding mechanisms are finalized.

Malaria

Ten malaria endemic countries in SEA Region received Global Fund grants. As of May 2012, the total amount of grants signed was US\$ 463 060 067 and the amount disbursed was US\$ 369 068 970 (around 80%). Several grants were still active. These grants as well as support from other development partners enabled the national malaria control programmes and other implementing partners to expand the malaria control services to populations in remote hard-to-reach areas endemic to malaria. Key interventions were scaled up: indoor residual spraying, distribution of effective bed nets, rapid diagnostic tests, and artemisinin-combination therapy. These resulted in reduction in reported malaria deaths in the Region in the past ten years, while the number of cases detected were quite stable due to the increase in coverage of case detection.

Challenges in malaria control programmes include:

- Improving coverage and better targeting of key interventions.
- Addressing the remaining high burden: malaria among migrants workers and populations, including ethnic communities, in hard to reach areas and urban malaria.

- Containment of artemisinin resistance in Myanmar and Thailand and preventing its emergence in other countries.
- Insecticide resistance management.
- Sustaining gains achieved in malaria control and moving towards pre-elimination phase by having additional tools and innovative delivery mechanisms, good surveillance system and adequate human resources.

Major challenges of WHO in engaging in Global Fund related to HIV/AIDS, tuberculosis and malaria:

- Weak coordination in planning and implementation among various stakeholders.
- Gaps in financial and administrative systems.
- Roles and responsibilities of CCMs in monitoring, evaluation and oversight is not fully realized.
- Lack of leadership and commitment of governments in sustaining programmes.
- Weak national strategic plans and costed operational plans.
- Inadequate cross-border / inter-country collaboration.
- Reduced capacity in absorbing grants and in implementation.
- Weaknesses in health information and monitoring systems.
- Weakness in procurement and supply chain management.
- Barriers to access and utilization of services.

4. Sharing of WHO Country Office experiences in engaging with The Global Fund

Countries in the SEA Region have gained valuable experience in applying and implementing Global Fund grants in the past 10 years.

In the SEA Region, WHO played critical roles in supporting GFATM grant implementation by providing a range of technical assistance from the global, regional and country levels. In some Member countries, i.e., Bangladesh, India, Indonesia, Nepal and Timor Leste, WHO delivered the support under Memoranda of Understanding while in other two countries (DPR Korea and Myanmar) WHO operates as Sub Recipient (SR).

Representatives from ten WHO country offices attending the meeting shared the updated status in implementation of the Global Fund programmes at country level. The status of the grants, issues in implementation of GFATM grants with national agencies and by WHO, as well as recommendations for improving WHO support to countries for implementation of GFATM grants were shared and discussed. A list of issues and challenges were collected and the recommendations made at the meeting can be seen in Sections 7 and 8.

5. Rapid desk review on The Global Fund programme status in Indonesia and Myanmar

After Indonesia and Myanmar that had been identified by GFATM as high impact countries, a rapid desk review on GFATM programme status and the role of WHO was undertaken in these countries. The objectives were to observe the achievements of the AIDS, TB and malaria programmes with the GFATM support and the evolving role of WHO based on country health priorities and GFATM policy changes.

Indonesia

Indisputable progress and achievements have been reported in terms of coverage of priority interventions of the three programmes. As an Upper Lower Middle Income country, minimum counterpart financing threshold for future funding is 40% of overall Global Fund investment. The Government is anticipating reduction in external funding and an exit strategy document is being prepared.

WHO should develop comprehensive model for decentralized integrated services, augment disease specific expertise with planning and financing expertise, support MoH for Phase 2 grants, and revisit internal WHO-SEARO processes for better flexibility.

Myanmar

Coverage in priority interventions had been in progress with support from the Three Diseases Fund, since the Global Fund grant started only a year ago.

No exit strategy is needed since greater external funding is expected.

WHO should assist in securing phase 2 grants and the new funding for the three diseases, build bridges between the Global Fund and the 3DF (renamed 3MDCs) supported programmes, strengthen management unit to support administrative and financial issues so that technical units can focus on technical aspects, and make internal processes for SSA recruitment more flexible.

6. Reform in The Global Fund and repositioning of WHO

Current processes to access GFATM funding have several limitations:

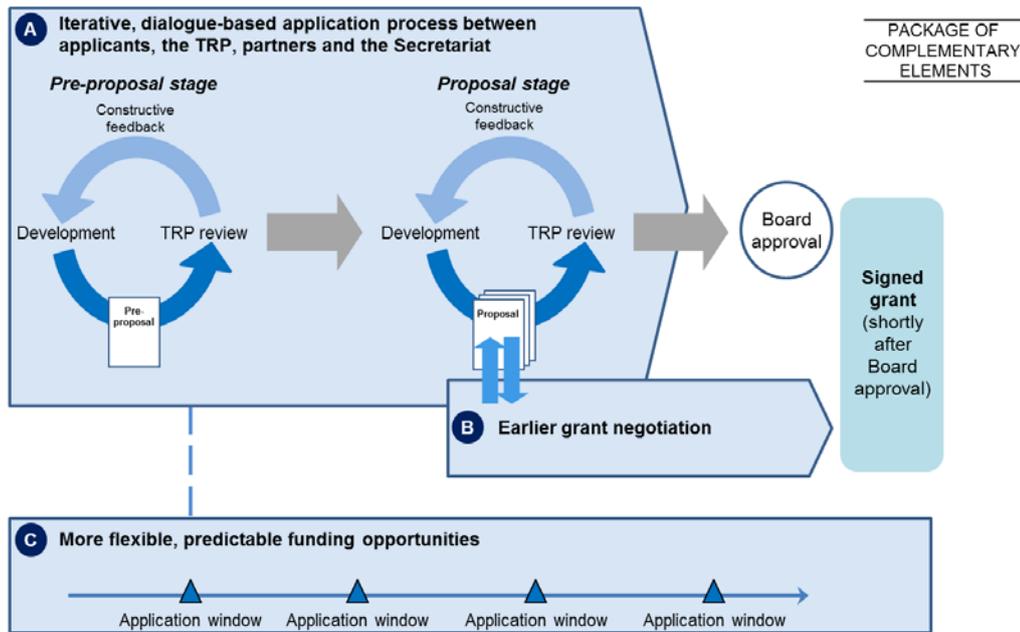
- The process for funding and reporting is cumbersome with limited flexibility and high burden to countries. Funding is not always best-targeted towards impact.
- Unpredictable funding opportunities.
- Funding is not aligned with country cycles.
- High failure rate (rejection rate about 50%) and high transaction costs (long process with separate, sequential proposal review and grant negotiation process supported by different actors).
- Weak focus on risk management (risk factors, country absorptive capacity, performance).
- Additionally, the prioritization criteria put small countries at a disadvantage.

Under the guidance of the Global Fund Framework 2012-2016: “Investing for Impact”, the Global Fund is now designing a new funding model. The Global Fund Board decided to open new funding opportunities in late September 2012 and to begin making funding decisions no later than the end of April 2013. The Strategy, Investment and Impact Committee (SIIC) of the Global Fund Board has been asked to provide key inputs to the Board through a series of consultations.

The Global Fund will gradually move away from the round-based model. It is likely that new proposals will be reviewed on a continuous basis throughout each year, either at certain points or in a rolling process. The application process will also change to include elements of “iteration”. While there is still a certain amount of uncertainty about how these iterations will be manifested, it seems that there will probably be a two-stage application process allowing dialogue between applicants, TRP,

partners and the GFATM Secretariat. This is in order to ensure that much of the discussion around what the country's gaps and needs takes place earlier in the process and informs the development of strong and targeted proposals.

Figure 1: **Package of complementary elements**



Some form of allocation or envelop system will be introduced to determine clearly the funding available to individual countries or groups of countries. The application process will include early stage grant negotiation and implementation arrangements in parallel with proposal preparation, so as to reduce the time lag between grant approval and implementation. National strategies and operational plans will continue to be the starting point for any funding requests.

The following points must be borne in mind while designing objectives for the New Funding Model:

System for distribution of funding

- The specifics of country situation should be taken into account while tailoring the approach to funding distribution.
- The impact should be maximized by emphasizing places and populations most in need.
- The Global Fund's commitment to remaining global must be reflected.
- Flexibility to meet unmet needs, emergencies and emerging technological advances should be maintained.

Streamlining process for accessing funding and negotiation grants

- Differentiated approaches based on size, risk, applicant type should be created.
- Promote high quality proposals.
- Roles and responsibilities should be clearly established for an iterative process.
- Better informed TRP decision-making.
- Transaction costs should be minimized as far as possible.
- Faster access to funds must be ensured.

WHO Strategic Engagement under the New Global Fund

WHO should play a leadership role in guiding the Global Fund and governments. The following are entry points available to increase technical support:

Global Fund Governance, including coordination with countries

- Policy and strategy development (WHO is a non-voting member of the GFATM Board and Strategic Investment and Impact Committee).
- Regional and Country-level GFATM mechanisms (WHO's role in the GFATM Country Cooperation Mechanisms (CCMs)).
- Strengthening the influence/representation of implementing countries in GFATM governing bodies, e.g. using the World Health Assembly and meetings of the Regional Committees (RC) as opportunities for consultation and coordination.

- Securing the support/advocacy of member states' for WHO's role and resourcing viz-a-viz Global Fund-related work, particularly at the country level.

Norms and Standards

- Setting of priority interventions
- Technical guidelines
- Manuals
- Training modules.

Technical cooperation with countries

- Development and joint assessment of national strategies.
- Ensuring integrated approach to health systems.
- Iterative grant application process, working with applicant countries, TRP, other GFATM Partners.
- Implementation support: Institutional capacity building at country level in grant management (programmatic and financial); quality assurance; procurement and supply management; data quality and reporting.
- Operational risk management.
- Monitoring and Evaluation.
- Supporting countries to manage partnerships.

7. Issues and challenges

The meeting discussed various bottlenecks and problems encountered by the WHO country offices while working to support Member Countries in areas related to Global Fund as listed below.

Governance issues:

- Weak communications between Country Coordinating Mechanism (CCM), Principal Recipient and GFATM Secretariat
- Condition precedents set up by the GFATM are not met:
 - roles and responsibilities of CCM are not communicated clearly
 - weak oversight role of CCM
 - non-adherence to the conflict of interest policy
 - selection of PR/SR is not transparent

Administrative issues:

- clearance of Agreement (MoA) and Amendment and Delegation of Authority to WR to sign MoA;
- long process in recruitment of quality project staff, medical clearance, supervision and support for SSAs in provinces;
- report writing is labour intensive, in many circumstances ad hoc reports are also required; and
- WCO needs closer support from RO and HQ on general administration (GA) clarifications including audit and legal issues.

Financial issues:

- unpredictable funding opportunities from the Global Fund to support countries;
- time lag in receiving Final Certified Financial Statement (FCFS) to be submitted together with quarterly and annual progress reports;
- delayed disbursement of funds;
- inadequate SO2 ceiling; and
- funding is not aligned with country and WHO financial cycles

Technical issues:

- inadequate number of staff in WCO to support national programmes;
- limited pools of experts to provide technical assistance to countries when needed particularly in the area of health systems development;
- coordination with partners and continued dialogue with GFATM; and
- close coordination among AIDS, TB, malaria and related WHO programmes needed.

Health systems strengthening:

- inadequate human resource capacity and planning at country level is a major issue;

- procurement and supply chain management (including forecasting, qualifications, prices, storage); and
- weaknesses of country programmes in health management information and monitoring systems.

The meeting discussed the above issues and challenges. Suggestion on key actions to be taken by WHO at all levels can be seen in Section 8.

8. Review of 2009 “Regional Guidelines for WHO’s involvement in The Global Fund”

By the end of 2008, WHO entered into formal agreements in the form of Memoranda of Understanding (MoUs) between the Ministry of Health as Principal Recipient, and the WHO as sub-recipient. However, a number of problems and issues occurred in the implementation of those MoUs. A consultant mission was conducted to review implementation of the MoUs and a meeting held with concerned WHO country offices to discuss lessons learned. Guidelines and proposed “Do’s” and “Don’t’s” were developed to provide practical support to country offices in their involvement in all GFATM-related issues. The full GFATM grant cycle was covered with emphasis on the steps in the cycle where the Organization had faced its challenges, i.e. proposal development, grant negotiation and implementation.

Lessons learnt at HQ, regional and country levels were shared. It was agreed that WHO should work within its mandate as a technical agency, and should avoid getting involved in the operation and implementation of the global fund grants. Further, WHO should avoid implementation involving handling of large and time-bound inflows of funds, e.g. training components involving large number of DFCs or APWs and bulk procurement – an issue which has repeatedly put WHO’s reputation at risk.

The meeting agreed that with the changes in the new funding model, the regional guidelines should be revisited and updated. This could only be done only when the new guidelines are available, i.e. after the Board meeting in September 2012.

9. Recommendations for improving WHO's role in supporting Member countries in areas related to The Global Fund

Based upon discussions on the bottlenecks and problems encountered while engaging with the GFATM at country level, and in view of the recent GFATM reform including the introduction of new funding model, the meeting agreed on the following recommendations to streamline and improve WHO's role in supporting Member Countries:

Actions by WHO-HQ:

- (1) Communications with Regional Office should be improved through monthly meetings with HIV, TB and malaria focal points, and the Global Fund Secretariat. WHO/HQ should be alert to emerging technical assistance needs and GFATM requirements
- (2) The WHO strategy framework on Global Fund should be developed, in consistent with the Global Fund Strategy Framework 2012-2016: "Investing on Impact"
- (3) Providing Technical support to Member Countries of the SEA Region should be continued in proposal development, grant negotiation and renewal of grants.
- (4) WHO/HQ should initiate a dialogue with the Global Fund Secretariat on the availability of funds to support WHO offices in providing support to Member countries.

Actions by WHO-SEARO:

- (1) The 2009 Regional guidelines on WHO's involvement in GFATM related issues should be updated to accommodate recent changes in the GFATM new funding model.
- (2) A regional workshop to sensitize member countries on the GFATM new funding model should be organized as soon as the new GFATM guidelines are available.
- (3) SEAR representation in the GFATM Board should be strengthened through constituency meetings.

- (4) When needed, support should be provided for efficient procurement systems, especially for small countries including pooled procurement.
- (5) Financial mechanisms in WHO should have flexibility to absorb resources when the opportunity arises (e.g., budget ceilings)
- (6) Recruitment of project staff at country level should be supported and adapt systems to reduce the time taken in the recruitment process.
- (7) Training should be provided to strengthen capacity of country office in preparing donor reports.
- (8) Continue support for a functional monitoring and evaluation system to ensure that relevant, timely and accurate data are made available to national programmes as part of health system strengthening;
- (9) Rosters of experts in the field of HTM and HSS should be routinely updated and shared with country offices.
- (10) The capacity of country offices should be built up to be responsive to the needs in technical and administrative management of national programmes by raising financial resources, if required, through project proposals or from donor agencies.
- (11) Support should be continued to national programmes in proposal development, grant negotiation and implementation.
- (12) A pool of regional experts in technical, administrative and financial issues should be made available to provide assistance to country offices as and when required.
- (13) Optimal use of resources should be ensured through proper coordination with technical partners in planning technical assistance

Actions by Country Offices:

- (1) Resources for WHO/external support should be planned and incorporated in concept paper/proposals.
- (2) Development and use of CCM governance manual based on CCM eligibility requirements set up by the Global Fund (CCM members, oversight, conflict of interest, PR/SR selection) should be facilitated.

- (3) Support should be provided for strengthening Roles and responsibilities of CCM members on oversight, and monitoring and evaluation.
- (4) While playing an active technical role as CCM member, any conflict of interest should be avoided.
- (5) Continued support should be provided to the nationals in development of grant proposals/concept papers and grant negotiation.
- (6) The Country offices should establish close dialogue with GFATM Portfolio Manager/LFA /Country Team.
- (7) Support should be provided to strengthen health management information systems in Member countries.
- (8) Appropriate guidance should be provided to countries engaging in multi-country proposals.
- (9) For the new funding model, Country offices should initiate dialogue with programmes, other partners and GFATM Secretariat in developing strong and targeted proposals based on the country's gaps and needs.

10. Closing remarks

In his closing remarks, the Regional Director, stressed that the three diseases have social, economic and political dimensions, and therefore, improvement in health does not come from the health sector only. In supporting Member countries, WHO should improve its performance by working with partners. In the process of carrying out its mandate, WHO should recognize that governments have responsibilities in solving problems of their populations. He said that WHO should provide back up to governments to coordinate with other agencies in their response, and highlighted its technical role in development activities. He stressed that WHO should mobilize expertise worldwide to support Member countries and thanked the resource persons and all staff concerned for the successful conduct of the meeting.

Annex 1

Programme

Day 1: 16 July 2012		
0900 – 0930	<p>Inauguration Session</p> <ul style="list-style-type: none"> • Opening Remarks by Regional Director • Meeting Objectives and Introduction of Participants • Appointment of Chairperson • Administrative Announcements • Group photograph 	
1000 – 1100	<ul style="list-style-type: none"> • Regional Overview of GFATM <ul style="list-style-type: none"> ➤ HIV ➤ TB ➤ MAL Discussions • Briefing on Constituency Meeting held in Colombo, Sri Lanka, 20-21 June 2012 	<p>Ag. RHA TUB MAL</p> <p>CDC</p>
1100 – 1230	<p>Sharing of WHO Country Office experiences in engaging with Global Fund</p> <ul style="list-style-type: none"> • Bangladesh • Bhutan • DPR Korea • India • Indonesia • Myanmar • Nepal • Sri Lanka • Thailand • Timor Leste 	

1330 – 1515	<ul style="list-style-type: none"> • Presentation on findings of the desk review conducted in two High Impact Countries – Indonesia and Myanmar • Discussion 	Mr Roberto Garcia, Consultant
1530 – 1630	<ul style="list-style-type: none"> • Reform in Global Fund including New Funding Model • Discussions on Reform Process and Repositioning of WHO 	Dr Swarup Sarkar
Day 2: 17 July 2012		
0900 – 0915	Reflections on Day 1 Meeting	CDS
0915 – 1000	<ul style="list-style-type: none"> • Current bottlenecks and problems encountered while engaging with Global Fund at Country level • Discussions on streamlining and improving WHO's Role in supporting Member Countries 	CDC
1015 – 1230	<ul style="list-style-type: none"> • Review of 2009 "Regional Guidelines for WHO's involvement in Global Fund – related issues including "Do's" and "Don't's" – in light of changes and Reform in Global Fund • The Way Forward for supporting Member Countries and Strengthening WCOs 	Mr Helge Larsen
1400 – 1500	<p>Closing</p> <ul style="list-style-type: none"> • Presentation on Conclusions and Recommendations • Remarks by the participants • Closing Remarks by the Regional Director 	Ms Laksami Suebsaeng

Annex 2

List of participants

WHO Country Offices

Bangladesh

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Regretted

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Mr Ajay Wahie
Budget & Finance

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a unique, public–private partnership and international financing institution dedicated to attracting and disbursing additional resources to prevent and treat HIV and AIDS, TB and malaria. The Global Fund provides funding in support of technically sound and cost-effective interventions for the prevention, treatment, care and support of persons infected and affected by HIV/AIDS, tuberculosis and malaria.

Since its inception in 2002, the Global Fund has used a “rounds-based” model to approve funding. However, in the recent past, The Global Fund, under its reform process, designed a new application and renewal process as part of its 2012–2016 strategy. These changes will transform the funding model, which will be a dialogue-based process with countries, allowing more flexible, and predictable funding. The new approach will replace the annual rounds-based approach used to date.

The WHO Regional Office for South-East Asia organized a meeting with WHO Representatives, WHO country office focal persons and concerned departments in the Regional Office to review the current role and supporting mechanism of WHO and to come up with a way forwards to assist Member countries in achieving Millennium Development Goals and to facilitate sustainability of these programmes.

This report presents the synopsis of deliberations held at the consultation, as well as recommendations.



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SEA-CD-263