Global Fund Grant Negotiation and Implementation Workshop

Report of the workshop
Bangkok, Thailand, 28 January - 1 February 2008
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<td>ARV</td>
<td>Anti-retroviral</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CPs</td>
<td>Condition Precedents</td>
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<td>DR</td>
<td>Disbursement Request</td>
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<td>DQA</td>
<td>Data Quality Assurance</td>
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<td>EML</td>
<td>Essential Medicines List</td>
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<td>GA</td>
<td>Grant Agreement</td>
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<td>GF</td>
<td>Global Fund to fight AIDS, TB and Malaria</td>
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<td>LFA</td>
<td>Local Fund Agent</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>PBF</td>
<td>Performance Based Funding Framework</td>
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<td>PMRs</td>
<td>Progress Monitoring Reports</td>
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<td>PR</td>
<td>Principal Recipient</td>
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<td>PRM</td>
<td>Price Reporting Mechanism</td>
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<td>PSM</td>
<td>Procurement and Supply management</td>
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<td>PU</td>
<td>Progress Update</td>
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<td>RCC</td>
<td>Rolling Continuation Channel</td>
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<td>RDQA</td>
<td>Revised Data Quality Assurance</td>
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<td>SCs</td>
<td>Special Conditions</td>
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<td>SEARO</td>
<td>WHO Regional Office for South-East Asia</td>
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<td>SRs</td>
<td>Sub-Recipients</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TRP</td>
<td>Technical Review Panel</td>
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1. **Background**

Ten of the 11 Member countries in the WHO South-East Asia Region have access to Global Fund (GF) grants. From Round 1-7, the total approved grant to the Region is over US$ 850 million and the total lifetime budget is about US$ 1.7 billion.

Countries of the Region are doing steadily better in proposal development with each passing Round of the Global Fund. For example, the success rate of proposals from the Region increased to 55% (11/20) and 47% (8/17) in Round 6 and 7 respectively from 16% (3/19) in Round 5. Though the capacity needs to be updated with successive GF Rounds, the countries are now quite familiar with the proposal development.

However, some countries are still facing problems in grant negotiation and implementation. Grants need to be negotiated and signed after approval by the Board before disbursements for implementation can be made. Signing of grants after approval often get delayed because of the negotiation processes that need to be followed. Further, some countries are still facing problems in grant implementation. For example, WHO had to not only be involved in resolving problems in implementation by fielding missions to countries but also in implementation through MoUs with Principal Recipients in some countries, and in helping countries in reviewing and preparing phase 2 grant renewals. To fill these gaps, the WHO Regional Office for South-East Asia (SEARO) organized this workshop in collaboration with GF South-West Asia Cluster to address capacity development in grant negotiation and implementation.

2. **Objectives of the workshop**

General objective: To strengthen country capacities in Global Fund grant negotiation and implementation.

The specific objectives were:

(1) to brief participants on GF grant negotiation and implementation processes and procedures,
to share country experiences and lessons learnt, and

(3) apply grant negotiation and implementation skills and procedures in the context of the successful grants in Round 7.

This report presents the main topics covered during the workshop, the modalities and some key points that emerged.

3. Workshop sessions

The workshop aimed at primarily assisting countries to fully understand the process and documentation required to sign approved GF grants and prepare to implement the first phase (Phase 1) of the grant. In this context, participants were informed of the various areas outlined below and the role and functioning of the Global Fund, Country Coordinating Mechanism (CCM), Principal Recipient (PR) and Local Fund Agent (LFA) at each stage of the grant. Each of these topics was discussed in a very interactive manner with an opening presentation, interspersed with questions and answers to clarify several issues raised by countries. Countries worked with facilitators on further clarifying issues related to improving their workplan and budget, procurement and supply plan as well as the national monitoring and evaluation plans. The issue of technical assistance was also discussed extensively.

In addition, sessions between participants/countries were organized with Global Fund resource persons in the areas of legal, budget, monitoring and evaluation (M&E), procurement and supplies and portfolio management.

3.1 Grant Life-cycle: Phase 1 - from approved proposal through to Phase 2 decision

The Global Fund grant process starts with the Call for Proposals and ends with Phase 2 of the support. Grant durations are usually up to five years with an initial period of two years (Phase 1) and a subsequent three years (Phase 2). However, the GF Board in 2006 approved a mechanism called Rolling Continuation Channel (RCC) to provide funding for strong performing grants after Phase 2.
The usual key grant process steps are proposal submission, board approval, grant signing, grant start, grant renewal after initial two years (Phase 1) and grant end. The workshop focused mainly on the grant life-cycle from approval to grant signing/start and Phase 2 renewal comprising TRP clarifications, grant negotiation and performance-based funding. CCMs have to provide first responses to Technical Review Panel (TRP) clarifications by six weeks of grant approval and the complete responses by four months. LFA assessments for grant negotiation can be carried out concurrently with TRP clarifications after the CCM sends the confirmation letter of nomination of the PR. LFA assessment of the PR is carried out in the four functional areas of programmatic and institutional capacity, ‘financial management and systems’, ‘procurement and supply management’, and monitoring and evaluation. The deliverables are workplans and budgets, performance framework for years 1 & 2, M&E plan, procurement and supply management (PSM) plan if applicable, and other relevant documentation. After the LFA assessment, the GF Secretariat reviews the findings and documents and starts the grant negotiation process with the PR. Condition Precedents (CPs) may be identified if all requirements are not met. Then the grant is signed and the first disbursement made based on the disbursement request for grant implementation.

After the initial disbursement, further disbursements are based on “Performance Based Funding and Grant Support”. A Performance Based Funding (PBF) framework is developed to monitor and track grant progress and performance, link disbursements to achievements of targets, provide incentives to focus on results and timely implementation, identify opportunities to expand efforts and address implementation issues and provide a tool for the CCM oversight and monitoring process. Disbursement and progress update timings are clearly identified and are to be submitted to LFA within 45 days after closure of a semester. An Annual Review and Annual Audit should be done no later than three and six months respectively after end of the fiscal year.

Though the Global Fund approves funding in principle for five years, funding is however committed for the first two years only. Phase 2 is the extension of these two years (Phase 1) and usually covers a period of three years. Funding for Phase 2 is based on performance during Phase 1, contextual considerations and availability of resources. Phase 2 also serves as a check point to ensure that funding is performance based. At month 19
of the grant life, CCM is invited to submit its request for continued funding with the necessary documents, i.e. minutes of CCM meeting on Phase 2 request, detailed budget and workplan for Year 3, list of health products for Year 3, indicative budget and workplan for Year 4-5 if applicable, proposed attachment 3, revised programme implementation strategy, if necessary and other required PR documents. The secretariat reviews and recommends the request and after the Board’s consideration at month 24, the grant is signed for extension usually by month 26.

Primary issues that delay processing of disbursement requests were identified to be Condition Precedents not addressed properly, lack of confirmation of bank details, PR authorized signature related issues, price reporting mechanism being not updated and deficiencies in the cash reconciliation page of the Progress Update (PU)/Disbursement Request (DR).

3.2 Monitoring and Evaluation

Performance framework and M&E plans

Monitoring and evaluation is a key component of Performance-Based Funding. Each Global Fund grant agreement includes a Performance Framework, which is a legal document through which the recipient organization and GF commonly agree the indicators to be used and the targets to be achieved to demonstrate performance and consequently, ensure continued funding. The Performance Framework is to be set up using a simple M&E framework, existing national list of indicators and data collection systems and focus on a multi-agency toolkit. Consistency should be maintained between goals, objectives, service delivery areas and indicators. Output indicators should include the main target groups, e.g. people reached, and some on people trained and services strengthened. Targets need to be expressed in absolute numbers, where applicable, and both numerator and denominator need to be given when the target is expressed in percentage. It is also important to align M&E Performance Framework in case of multiple grants per disease in the country and also to harmonize between Rounds. Some common M&E pitfalls in Performance Framework are inconsistencies between budget and targets, as well as between targets in the framework and the proposal. Plans to establish baselines should be indicated where baselines are lacking and targets are either not set or incomplete. Further, target populations and sub-groups are usually not defined.
The GF requires a M&E plan at the time of grant signing. The minimum requirements of the M & E plan are details of the M & E framework, how the data will be collected, how the data collected will be made available to stakeholders/general public, data quality assurance, action plan and the budget. The action plan can be developed by using the M&E Strengthening tool and about 5%-10% of the grant budget can be used for M&E. Desirable components are evaluation and research, data management, capacity building and coordination systems to implement the M&E plan.

**M&E Systems Strengthening Tool**

M&E assessment is a part of PR assessment that needs to be done for grant negotiation. This assessment is done by using a M&E Systems Strengthening Tool which focuses on a country-driven participatory approach and providing a systematic approach/framework for assessment within the wider national M&E system. This also is a management and planning tool. The tool assesses three areas, i.e. the M&E Plan, data management capacity of the Management Unit (PR) and data collection and reporting systems per programme area. The components of the tool enable to comprehensively assess the programmes' link with national systems and its ability to collect, analyse, use and report reliable M&E data.

For Round 7, the assessment will need to be done if national M&E assessments were not carried out in the last two years. Bhutan and Nepal have carried out assessments for all three diseases and Bangladesh for HIV and TB and India for HIV.

In general, the M&E Strengthening Tool should be completed through a workshop at the country level with PRs and relevant stakeholders to promote alignment and harmonization, leveraging of expertise and identification of shared initiatives. The expected result is an agreed action plan with budget to address M&E weaknesses including for technical support.

**Country presentation**

The Bangladesh TB Programme made a presentation on the existing M&E plans and systems and the conduct of the M&E workshop where
weaknesses and strengths were identified and recommendations made to improve the system.

**Data Quality Audit and tools**

Data quality issues of the GF grants are usually addressed through M&E framework and budgets and regular/ad hoc LFA on-site verification during the grant implementation. Further, a Data Quality Audit Tool is being finalized for implementation. The tool aims to verify that appropriate data management systems are in place in countries, verify quality of reported data for key indicators in selected sites and contribute to M&E systems strengthening and capacity development. The tool consists of questionnaires to be administered through an audit team at the peripheral, intermediate and central levels, about 5%-10% of GF grants per year. The roll-out of the tool is scheduled for 2008.

### 3.3 The workplan and budget: from proposal to implementation, lessons learnt and Enhanced Financial Reporting

An integrated workplan and budget has to be ready for grant negotiation and implementation and should follow programme strategies and the key assumptions. Unit costs and quantities should be stated and summaries by cost category and service delivery areas provided.

The operational workplan and budget may change based on TRP clarifications, changed implementation arrangements, negotiation on the performance framework and recommendations of LFA assessments. Therefore, if there are major changes in macro-economic, contextual or programmatic issues various possibilities of funding need to be explored after informing the Fund Portfolio Manager.

As per the Round 6 grant signing experience, the lessons learnt are to identify any budget overlaps where activities overlap with previous rounds, prevent misalignment of budget with targets in the grant agreement and thoroughly review budgets for consistency. Attention needs to be paid to special issues like social marketing/cost recovery schemes to explain reinvestment of revenues. Further, it is always better to define costs to be covered under categories like management fees/overheads.
An Enhanced Financial Reporting mechanism has been rolled out from January 2008 to increase transparency and accountability and for improving Performance Based Funding and grant management. This is an excel sheet providing a summary of financial information on the budget, expenditure and variance analysis.

3.4 Reprogramming and grant consolidation

The Global Fund encourages changes to the scope and/or scale of the proposal where such changes are justified on the basis of technically robust evidence and a strong likelihood of improved programme performance. Reprogramming can include material change or non-material change. While material change involves a change in the scope and/or scale of the proposal, non-material change involves changes in wording of programme goals, objectives, key service delivery areas or indicators that do not change their meaning, rationalization of indicators included in the performance framework, acceleration of a programme or extension of a programme. A request for material change must come from the PR through CCM and must be supported by evidence that is up-to-date and sourced and validated by an international agency - WHO, Roll Back Malaria, UNAIDS, Stop TB etc. After review by LFA, FPM and internal GF teams, material changes are referred to TRP. Non-material changes need not be referred to TRP.

Grant consolidation is consolidation of two or more grants (or an approved proposal and one or more grants) being implemented by the same Principal Recipient for the same disease component into a single grant agreement. Consolidation has been field-tested and has the benefits of reducing ongoing grant administration costs, harmonizing monitoring and evaluation and enabling a holistic view of the programme progress of activities. The three approaches of consolidation are: a) existing grants and an approved grant b) via Rounds-based Channel and c) via the Rolling Continuation Channel.

Bhutan and Nepal have the opportunity to consolidate Rounds 7 and 4 in Malaria and TB respectively, if desired. If the countries are interested, GF will send formal letters to CCM and PR outlining costs, benefits and the proposed approach for consolidation. Via the Round-based Channel, countries have an option to prepare Round 8 proposals with the intention of consolidating them with existing grants if the existing grant is in Phase 2 and has at least 18 months left for implementation as on July 2009. In doing
so, countries should conduct gap analysis carefully, align indicators in performance framework with existing indicators and ensure that activities in the workplan and the budget are described in a consistent manner.

3.5 **GF Procurement and supply management policies and plans**

The Global Fund has a Guide to the GF’s Policies on Procurement and Supply Management which outlines GF’s PSM policies in procuring quality assured products at the lowest price in a transparent and competitive manner adhering to national and International laws. The guide outlines also what PR needs to do in PSM. GF also has a PSM Quality Assurance policy for Multi-Source Pharmaceutical Products and Single and Limited-Source Pharmaceutical Products. PRs are also required to enter data in the Price Reporting Mechanism (PRM) in relation to procurement of ARVs, anti-malaria drugs (ACTs), anti-TB drugs, condoms and bednets. The GF Board has decided to implement Voluntary Pooled Procurement with the strategic elements of enforcing PRM, establishing a Pooled Purchasing Service and contract providers of procurement capacity building service and supply chain management assistance.

The PSM plan describes PR’s institutional capacity for PSM and elements of PSM cycle and includes annexes with information on products to be procured, e.g. quantities, estimated prices, inclusion in national /WHO EML, patent status etc. The plan should be short and concise and use existing data and systems. The key documents to writing a PSM plan are (a) Guide to Writing PSM plan and templates, (b) Guide to the Global Fund’s policies on PSM and (c) Quality Assurance (Quality Control) Policy.

PR’s institutional capacity for PSM needs to be outlined in the areas of management systems, procurement policies and systems, quality assurance systems and capacity, international and national laws, coordination, and management information systems capacity. The PSM cycle consists of product selection, forecasting procedures, procurement planning, inventory management, distribution and ensuring rational use of medicines.

For significant changes in the PSM plan after the initial agreement, the PR is required to provide a written rationale and highlight the proposed modifications. The LFA will assess the proposal and provide recommendations to GF, which will confirm whether these changes are acceptable.
3.6 Legal overview: grant agreement, condition precedents, disbursements and recent Board decisions

The grant agreement is a contract between the GF and the PR containing all the material terms and conditions including the results that must be achieved if funds are to be disbursed. The agreement holds the PR accountable for achieving the intended results. The agreement forms the basis of measuring programme and PR performance, performance-based disbursement and performance-based funding (Phase 2). The standard terms and conditions also contain key issues of CCM, PR and SR roles and responsibilities. PR’s programmatic progress reports need to be shared with CCM and PR must notify GF if a conflict of interest involving CCM exists, amongst others.

Some grant agreements have been amended recently to incorporate recent policies on anti-terrorism measures and price reporting mechanism. PRM has the objective of enhancing the completeness and quality of self-reported data as an essential foundation of sound market dynamics and procurement practices.

Annex A of the Grant Agreement (GA) provides key programme information and sets out Condition Precedent (CPs) to disbursement and/or Special Conditions (SCs) which emanate from LFA recommendations from pre-grant assessment or Phase 2 review and other identified risks or capacity gaps. CPs relate to conditions tied to specific disbursement stages, e.g. CP to 1st disbursement, CP to procurement of health products etc., whereas SCs are meant to be applicable through the entire programme.

Any modification to any part of the GA, including targets, baselines, etc. must be reflected through an Implementation Letter from GF and a change that is material to the proposal must be endorsed by the CCM. A no cost extension request must also be endorsed by CCM and can be allowed to Phase 1 or Phase 2 terms but for a maximum of six months for the Programme’s life in exceptional circumstances and process delays for which the PR cannot be held responsible.

3.7 Local Fund Agent role and relationship, and introduction to LFA assessment process

The LFA is a key partner in Performance-based Funding. Prior to signing of the grant agreement and first disbursement of funds, LFAs have to assess the
PR(s) minimum capacity, review implementation plans and identify key risks/challenges and capacity building needs. Further, they recommend risk mitigation measures including conditions precedent to signing and/or disbursement, if necessary. During programme implementation they perform on-site data verifications and receive/review PR reports and advise GF on PR performance, disbursement request and grant renewal/RCC/closure.

LFAs cannot participate in the design and implementation of a programme, provide technical assistance or make decisions on the grant. GF decides on the recommendations of the LFA. LFAs are expected to interact closely with the PR and sometimes with SRs also.

3.8 **CCM’s role in grant negotiation and implementation**

Oversight is a key function of CCM, be it during proposal development or its implementation, once it is approved. CCMs are required to put in place and maintain a transparent, documented process which ensures inputs from a broad range of stakeholders, including CCM members and non-CCM members, in the proposal development and grant oversight process. There are minimum requirements for CCMs related to oversight, and failure to meet them could lead to ineligibility for funding.

The CCM has a responsibility to review reports submitted by the PR, to analyse information from the Secretariat (PMRs), and provide guidance to the PR. An oversight plan containing essential elements like what areas are to be overseen, when it will be done and how it will be done is very important. The backup of a good secretariat is essential in this context.

3.9 **Technical assistance for grant negotiation/implementation and consolidation**

Technical assistance is required throughout the grant life-cycle, from proposal development to implementation to monitoring and evaluation. It is good that support is available from increasingly diverse sources. WHO, as the technical agency for health, is intimately involved in providing assistance to countries as per the needs and requests.

Technical assistance is crucial to optimize the GF input to achieve HIV, TB and Malaria goals. Many countries face the challenges of a lack of
properly assessed technical support needs plans in terms of what is required, where to seek the support from and appropriate budgetary provisions. Quality technical assistance is neither free nor cheap. Therefore, countries need to plan and ensure an adequate budget for technical assistance in the grants and know where to procure it from. GF needs to consider options for ensuring adequate and high-quality technical assistance with every grant. Costed technical assistance plans should be made a requirement for all relevant grants. Technical assistance agencies should ensure quality of assistance and focus on developing capacity in this regard in the countries.

The following points emerged during the discussions:

- Country Technical Assistance (TA) requirements are necessary substantially as countries receive increasing funding for implementation.
- Countries need to prepare comprehensive plans for the required TA and ensure that the costs budgeted are adequate.
- Plans for TA should be linked to human resource development plans in order to ensure that the external TA results in building country capacity, and
- WHO and technical partners should coordinate and ensure the provision of high quality technical support and monitor the quality of TA being provided.

### 3.10 Group work

Provision for group work was kept for one-and-a-half-hours everyday after the plenary sessions. During this period, participants either met by country teams or disease group teams to work on M&E plans, workplan and budget and PSM plans facilitated by the relevant resource persons.

### 3.11 Country meeting with GF resource persons and Fund Portfolio Managers

Participants also met with GF resource persons based on a schedule drawn up on the interest expressed by either the country or the GF. Meetings with
the Fund Portfolio Managers facilitated discussions on timelines for grant signing and follow-up.

4. **Wrap-up and closing**

The participants demonstrated a keen interest and commitment and worked tirelessly with their grant negotiation and signing preparations, wherever relevant.

The LFA representatives made very useful interventions to share experiences in grant implementation. The resource persons contributed enthusiastically to orient the participants on the various processes in grant negotiation and implementation and in clarifying the many issues related to them.

The salient features of each day’s proceedings of the workshop are summarized below:

- M&E requirements for grant signing are a) the Performance Framework, b) M&E plan and c) assessment of the plans.
- Rolling Continuation Channel is an opportunity for good performing grants to be continued after the grant closure.
- GF should be used to strengthen M&E capacity and 5%-10% of the grant budget can be used for M&E.
- Implement the Monitoring and Evaluation Systems Strengthening tool, wherever relevant.
- Data Quality Audit and Revised Data Quality Assurance (RDQA) are tools that are forthcoming and need to be implemented wherever relevant.
- Budgets should be clear and aligned with strategies, targets and performance. It is important to match the budget with targets.
- Prioritize activities, if necessary, in budgeting.
- In procurement and supply management, a transparent and competitive process is important.
- The policy on quality assurance should be adhered to.
Familiarity with the approval process of the PSM plan is essential.

The legal framework is important to be acquainted with and the recent changes are noteworthy.

Sub-Recipient management discussions need to be pursued.

LFA assessment and re-assessments of the PR are crucial in the grant negotiation and signing process.

It is important to know the role of the PR, LFA and GF in the grant implementation process.

The CCM has a responsibility to review reports submitted by the PR, to analyse information from the Secretariat (PMRs), and provide guidance to the PR.

TA support requirements need to be assessed and planned properly. The technical assistance plans should be budgeted adequately and a requirement made for all relevant grants.

There is no limit to the TA budget and it can be based on need.

WHO and technical partners should coordinate and ensure high quality technical support and monitor the quality of TA being provided.

In closing, the participants were urged to maintain the momentum gained during the workshop for preparing for grant negotiation and implementation. It was stated that the impact of the workshop will be measured by how fast the approved Round 7 grants can be signed in comparison to Round 6 grants. The inputs of the Global Fund and WHO to the workshop were appreciated. The local organizers and the CCM Secretariat of Thailand were congratulated for the excellent arrangements.
Annex 1

Agenda

Monday, 28 January 2008

0830 hours Registration CCM Secretariat
0900 – 0930 Opening: Taufiqur Rahman, TGF
  ➢ Introductory Remarks Sangay Thinley, WHO
  ➢ Objectives & methodology of workshop
  ➢ Introductions
  ➢ Announcements
0930 – 1030 Grant Life-cycle: Phase 1 from approved proposal through to Phase 2 decision and beyond to RCC (overview of requirements and timeline) Moderator: Taufiquar Rahman Resource: Malavika Rao
1100 -1230 Monitoring and Evaluation requirements for the Global Fund Moderator: Malavika Rao
  ➢ M & E plan Resource: Silvio Martinelli
1330-1500 Monitoring and Evaluation requirements for the Global Fund Moderator: Malavika Rao
  ➢ Performance frameworks Resource: Silvio Martinelli
1530 – 1700 Group work and individual meeting with GF teams GF Team

Tuesday, 29 January 2008

0900 – 0905 Debriefing on previous day Making the Work Plan operational – accelerating the budget review Moderator: Krongthong/Shiva Silvio Martinelli
0905 – 0930 From proposal to grant agreement Resource: David Powell/ Mario Rivero
0930 – 1030 Lessons learnt from Round 6 and group exercises Resource: David Powell/ Mario Rivero
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<td>Group exercise on lessons learnt contd.</td>
<td>Resource: David/Mario</td>
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<td>1115 – 1145</td>
<td>Enhanced financial reporting</td>
<td>Resource: David/Mario</td>
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<td>1145 – 1200</td>
<td>Reprogramming</td>
<td>Resource: Jeffrey Scott Morey</td>
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<td>1200 – 1215</td>
<td>Grant consolidation Q &amp; A</td>
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<td>1230</td>
<td>M &amp; E Strengthening Tool/DQA</td>
<td>Moderator: Pierre-Yves Norval</td>
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<td>1330-1340</td>
<td>M &amp; E Strengthening Tool/DQA</td>
<td>Resource: Annette Reinisch</td>
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<td>1340 – 1350</td>
<td>M &amp; E: Country experience presentation</td>
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<td>1415 – 1500</td>
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<td>M &amp; E Data Quality and Assessment tool</td>
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<td>1600-1700</td>
<td>Group work and individual meetings with the GF teams</td>
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**Wednesday, 30 January 2008**

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<td>Debriefing on the previous day by David Powell and Annette Reinisch</td>
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<td>0910 - 0945</td>
<td>Overview of GF procurement and supply management policies Q &amp; A</td>
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<td>0945 – 1030</td>
<td>Development of procurement and supply management plan Q &amp; A</td>
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<td>1100 - 1130</td>
<td>Q &amp; A continued</td>
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<td>1130 – 1230</td>
<td>Group Work on PSM plan</td>
<td>HIV: Laksami &amp; CO staff TUB: Pierre, Nani &amp; CO MAL: Shiva &amp; Kronghong</td>
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<td>1330-1500</td>
<td>Legal Overview Grant Agreement with Principal Recipient</td>
<td>Moderator: Christa Arent</td>
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<td>Condition Precedents (CPs), progress reports, disbursement requests, annual review and audit.</td>
<td>Resource: Etienne Michaud</td>
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<td>1530-1700</td>
<td>Group work on budget/M &amp; E/PSM and individual meetings with the GF teams</td>
<td>GF Teams</td>
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Thursday, 31 January 2008

0900 – 0905  Debriefing on the previous day by Barbara Milani and Etienne Michaud  
              Moderator: Jeffrey Scott Morey

0905 – 1000  LFA role and relationship, and introduction to LFA assessment process  
              GF use of LFA assessments and grant negotiation  
              Resource: Christa Arent

1000 – 1030  CCM role in supporting grant negotiation and grant signing  
              Resource: Jeffrey Scott Morey

1100 – 1230  Technical Assistance for grant negotiation/implementation and consolidation  
              Moderator: Sangay Thinley

1330 – 1415  General Q & A Session  
              Moderator: Etienne/Pierre

1415 – 1600  Group work and individual meeting with GF teams  
              Country meetings with Fund Portfolio Managers, arranging deadlines, missions for grant negotiation  
              Fund Portfolio Managers

1600 – Wrap and closing: Malavika Rao and Sangay Thinley  
        Individual meetings….continued  
        Resource: GF and WHO teams

Friday, 01 February 2008

0900 – 1700  Invitation to attend Prince Mahidol Award Conference organized by Ministry of Public Health, Thailand

Note: Group Work and individual meetings with the GF teams will cover the following topics for each country:
1. M&E component for grant negotiation, M&E plan and performance frameworks (targets and indicators table)
2. M&E Systems Strengthening Tool requirements and planning
3. Work plan and budget requirements
4. PSM Plan
5. Legal requirements for grant signing
Annex 2

List of participants

**Bangladesh**

Dr SM Mustafa Anowar  
Line Director – HIV/AIDS  
National STD/AIDS Programme  
Directorate-General of Health Services  
Ministry of Health  
Dhaka, Bangladesh  
Tel: 8802 88 29720 (0)  
Fax: 8802 8829720  
E-mail: stdaids@dekko.net.bd

Dr Md Abdul Awal Miah  
Program Manager  
National Tuberculosis Programme  
Directorate-General of Health Services  
Ministry of Health  
Dhaka, Bangladesh

Dr Md Paresul Alam  
Deputy Program Manager – Malaria  
Directorate-General of Health Services  
Ministry of Health  
Dhaka, Bangladesh  
E-mail: paresul_alam@yahoo.com

Mr Jalaluddin Ahmed  
Programme Head  
BRAC Health Programme  
75 Mohakhali  
Dhaka – 1212 Bangladesh  
E-mail: jalaluddin.a@brac.net, jalaluddin_a2003@yahoo.com

Ms Nasrin Ara Begum  
Assistant Chief Accountant  
Finance & Account Department, BRAC  
75 Mohakhali  
Dhaka – 1212 Bangladesh  
E-mail: nasrin.ab@brac.net

Ms Israt Nayer  
Programme Specialist – Malaria  
BRAC Health Programme  
75 Mohakhali  
Dhaka – 1212 Bangladesh  
E-mail: health.malaria@brac.net

Mr Rafiul Alam  
Monitoring and Evaluation Specialist – TB  
BRAC Health Programme  
75 Mohakhali  
Dhaka -1212 Bangladesh  
E-mail: health.tb@brac.net

Mr Anup Kumar Basu  
Manager  
Injecting Drug User Intervention  
Save the Children USA  
Dhaka  
Bangladesh  
E-mail: anup@savethechildren.org

Dr Saima Khan  
Acting Manager Round 6 / M&E  
Save the Children USA  
Rd-91, H-1A (2)  
Galslan-2, Dhaka  
Bangladesh  
Tel: 880 2 8828081  
E-mail: skhan@savethechildren.org

Dr Nizam Uddin Ahmed  
Director – HIV/AIDS Program  
South Asia Program Advisor  
Save the Children USA  
Dhaka  
Bangladesh  
E-mail: nizam@savechildren.org
Bhutan

Mr Tashi Tobgay
Programme Manager
Vector Borne Disease Control Programme
Department of Public Health
Gelephu, Bhutan
E-mail: vdcp@health.gov.bt;
nmcp@druknet.bt

Ms Sangay Wangmo
Programme Officer
HIV/AIDS Programme
Department of Public Health
Ministry of Health
Thimphu
c/o E-mail: norbu@searo.who.int

Ms Jambay Zangmo
Assistant Programme Coordinator
Development Coordination Division
Planning Commission
Royal Government of Bhutan
Thimphu
E-mail: jzangmo@mof.gov.bt

India

Ms Rashmi Sharma
Senior Program Associate
Population Foundation of India
B-28 Quatub Institutional Area
Tara Crescent
New Delhi – 110016
India
Tel: (00-91-11) 42899770
Fax: (00-91-11) 42899774
E-mail: rashmi@popfound.org

Mr G Aparna
Senior Monitoring and Evaluation Associate
Population Foundation of India
B-28 Quatub Institutional Area
Tara Crescent
New Delhi – 110016
India
Tel: (00-91-11) 42899770
Fax: (00-91-11) 42899774
E-mail: aparna@popfound.org

Mr Deepak Gera
Accounts Officer
Population Foundation of India
B-28 Quatub Institutional Area
Tara Crescent
New Delhi – 110016
India
Tel: (00-91-11) 42899770
Fax: (00-91-11) 42899774
E-mail: deepak@popfound.org

Ms Brinelle D’souza
Assistant Professor
Centre for Health and Mental Health
School of Social Work
Tata Institute of Social Sciences
Sion – Trombay Road Deonar
Mumbai – 400088
India
E-mail: brinelladsouza@gmail.com,
bdsouza@tiss.edu

Prof Vimla Nadkarni
Dean, School of Social Work
Tata Institute of Social Sciences
Mumbai, India
Email: vimla@hotmail.com,
vimla@tiss.edu

Indonesia

Dr T Marwan Nusri
Secretary
Director-General of Disease Control & Environmental Health
Ministry of Health
Republic of Indonesia
Jakarta

Maldives

Mr Mohamed Rameez
Deputy Director
Department of Public Health
Ministry of Health
Male
Republic of Maldives
Phone: 960 332 7781550
Email: rameez@dph.gov.mv
Nepal

Dr Padam Bahadur Chand
Director, National Centre for AIDS & STD Control
Ministry of Health and Population
Teku, Kathmandu
Tel: (00-977-1) 4262862
Fax: (00-977-1) 4262896
E-mail: pbchand2001@yahoo.com, ncasc@mos.com.np

Mr Rudra Kumar Shrestha
Joint Secretary
Ministry of Health and Population
Kathmandu
Tel: (00-977-1) 4262862
Fax: (00-977-1) 4262896
E-mail: rudrashrestha@yahoo.com

Mr Yogendra Gauchan
Under Secretary (Finance)
Ministry of Health and Population
Kathmandu
Tel: (00-977-1) 4262862
Fax: (00-977-1) 4262896
E-mail: gauchanyogendra@yahoo.com

Dr B K Suvedi
Director
Family Health Division,DOHS
Teku, Kathmandu
Nepal
E-mail: bksuvedi@yahoo.com, bksubedi@healthnet.org.np

Dr B R Khanal
Public Health Administrator
National Center for AIDS and STD Control
Kathmandu
Nepal
E-mail: brkhanal@hotmail.com

Mr Komal Badal
Administration & Finance Assistant
National Center for AIDS and STD Control
Kathmandu
Nepal
E-mail: komal@ncasc.gov.np

Dr Sharad Onta
Member Secretary
Nepal Health Research Council
Vice Chair – Semi Autonomous Entity
Kathmandu
Nepal
E-mail: onta@healthnet.org.np

Dr LB Thapa
Director
Epidemiology & Disease Control Division
Kathmandu
Nepal
E-mail: drlabithapa@hotmail.com

Mr Jibachha Chaudhary
Ministry of Health and Population
Kathmandu
Nepal
Tel: 01 4262534
Fax 01 4262565

Dr Pushpa Malla
Director
National Tuberculosis Centre
Kathmandu
Nepal
E-mail: ntpdirector@mail.com.np

Mr Nimal Neupane
Section Officer
National Tuberculosis Centre
Kathmandu
Nepal
E-mail: nirmalneupane@hotmail.com

Mr Badri Gyawal
Statistical Office
National Tuberculosis Centre
Kathmandu
Nepal
E-mail: bngyawal@hotmail.com

Mr Steven William Honeyman
Country Representative
Population Services International
Kathmandu
Nepal
Tel: 977-1-4377471/ 4377472
Fax: 977-1-4377473
Mobile: 977-9851042656
Email: steven@psi.org.np
Mr Udaya C. Manandhar  
Deputy Country Director  
Save the Children/USA  
Maharaunj, PO Box: 2218  
Kathmandu, Nepal  
E-mail: umanandh@savechildren.org.np  

Mr Madan K Sharma  
Local Fund Agent  
PricewaterhouseCoopers  
CSC & Co, Babar Mahal  
PO Box: 4861  
Kathmandu, Nepal  
E-mail: Madan.sharma@cscnepal.com  

Sri Lanka  
Dr R R Abesinghe  
Director, Malaria Control Programme  
Ministry of Healthcare and Nutrition  
Colombo – 05  
Tel: 2581918, 2365173  
Fax: 2368885  
E-mail: ccmsnlanka@gmail.com  

Dr (Mrs) C Sarukkali  
Director  
National Programme for TB Control & Chest Diseases  
Ministry of Healthcare and Nutrition  
Colombo – 05  
Tel: 2698471, 2698475, 2698490, 2698507  
Fax: 2693865  
E-mail: chadras@hotmail.com  

Dr N Edirisinghe  
Director  
National STD/AIDS Control Programme  
Ministry of Healthcare and Nutrition  
Colombo – 05  
Tel: 2698471, 2698475, 2698490, 2698507  
Fax: 2693865  

Thailand  
Dr Anupong Chitwarakorn  
Director of Office of the Global fund administrative (PR-DDC)  
Department of Disease Control  
Ministry of Public Health  
Tivanond Road, Muang  
Nonthaburi 11000  
Tel: 081-8751300  
Fax: 02-9659573  
E-mail: anupong_chitwarakorn@thaiprddc.org  

Ms Dhataluck Boonhammadheerawoot  
Malaria Programmatic (PR-DDC)  
Department of Disease Control  
Ministry of Public Health  
Tivanond Road, Muang  
Nonthaburi 11000  
Tel: 02-5903313  
Fax: 02-5903313  
E-mail: tabbylee@hotmail.com  

Ms Suthasinee Panya  
Procurement (PR-DDC)  
Department of Disease Control  
Ministry of Public Health  
Tivanond Road, Muang  
Nonthaburi 11000  
Tel: 02-5903313  
Fax: 02-5903313  
E-mail: suthasinee@thaiprddc.org  

Ms Thongphit Pinyosinwat  
Chief M&E (PR-RTF)  
Raks Thai Foundation  
185 Pradipat Road, Soi Pradipat 6  
Samsennai, Phayathai  
Bangkok 10400  
Tel: 081-6250791  
Fax: 02-2714467  
E-mail: thongphit@raksthai.org  

Dr Jaruwaree Snidwongse  
GF Project Manager (PR-WVFT)  
World Vision Foundation of Thailand  
582/18-22 Soi Ekamai  
Sukhumvit 63  
Wattana, Bangkok 10110  
Tel: 086-7743535  
Fax: 02-3815500  
E-mail: jaruwaree_snidwongse@wvi.org  

Mr David Gandy  
Mahidol Oxford University, Tromped  
(SR-Malaria Rd7 of PR-DDC)  
Mahidol University  
999 Phuttamonthon 4 Road  
Salaya, Nakhon Pathom 73170  
Tel: 087-0225882  
E-mail: davegandy@gmail.com
Dr Sri Chander  
APRO Health advisor (PR-WVFT)  
World Vision Foundation of Thailand  
582/18-22 Soi Ekamai, Sukhumvit 63  
Wattana, Bangkok 10110  
Tel: 02-3818863-5  
Fax: 02-3815500  

Mr Anusorn Somsiri  
Special Projects Manager (PR-WVFT)  
World Vision Foundation of Thailand  
582/18-22 Soi Ekamai, Sukhumvit 63  
Wattana, Bangkok 10110  
Tel: 02-3818863-5  
Fax: 02-3815500  

Dr Wichai Satimai  
President, Malaria Association of Thailand  
(SR-Malaria Rd7 of PR-DDC)  
Department of Disease Control  
Ministry of Public Health  
Tivanond Road, Muang  
Nonthaburi 11000  
Tel: 02-5903121  
Fax: 02-5918422  
E-mail: setimai@health2.moph.go.th  

Dr Robert Sadang  
American Refugee Committee ARC International  
(SR-Malaria Rd7 of PR-DDC)  
22 m. 7 Sukhaphibal Soi 4  
Chumporn-Ranong Road  
T.Wangpai A. Muang Chumporn 86000  
Tel: 085-9592574  
E-mail: bertsadang@yahoo.com  

Mrs Thidaporn Jirawatpisan  
Bureau of AIDS and STIs  
(Sub Recipient of Department of Disease Control)  
Department of Disease Control  
Ministry of Public Health  
Tivanond Road  
Nonthaburi 11000  
Thailand  
Tel: 66 25903201  
Fax: 66 25918413  

Thai CCM Secretariat Participants  
Ms Busaba Warakamin  
CCM Secretariat Office  
Country-Coordinating Mechanism  
Secretariat Office, 3rd Floor, Building 2,  
Office of the Permanent Secretary of MoPH  
Ministry of Public Health  
Tivanond Road  
Nonthaburi 11000  
Tel: 081-6680225  
Fax: 02-5915040  
E-mail: bwarakamin@gmail.com  

Ms Kallayanee Laempoo  
CCM Secretariat Office  
Country-Coordinating Mechanism  
Secretariat Office, 3rd Floor, Building 2,  
Office of the Permanent Secretary of MoPH  
Ministry of Public Health  
Tivanond Road  
Nonthaburi 11000  
Tel: 02-5901500  
Fax: 02-5915040  
E-mail: nuchsi@hotmail.com  

Ms Pornpawee Chuangcham  
CCM Secretariat Office  
Country-Coordinating Mechanism  
Secretariat Office, 3rd Floor, Building 2,  
Office of the Permanent Secretary of MoPH  
Ministry of Public Health  
Tivanond Road  
Nonthaburi 11000  
Tel: 02-5901500  
Fax: 02-5915040  
E-mail: p_chuangcham@hotmail.com  

Ms Supaporn Rumrouy  
CCM Secretariat Office  
Country-Coordinating Mechanism  
Secretariat Office, 3rd Floor, Building 2,  
Office of the Permanent Secretary of MoPH  
Ministry of Public Health  
Tivanond Road  
Nonthaburi 11000  
Tel: 02-5901500  
Fax: 02-5915040  
E-mail: casper_orange@hotmail.com
**Timor-Leste**

Mr Johannes Don Bosco Mau  
National Programme Manager  
Malaria Control Programme  
E-mail: joni28876@yahoo.com.au

Dr Lopez Constantino  
National Programme Manager  
TB Control Programme  
Ministry of Health  
Caicoli Street  
Dili, Timor-Leste  
Tel: (00670) 7248999  
E-mail: Costa-tb@yahoo.com

**Other Global Fund SWA Cluster countries**

**Afghanistan**

Dr Abdul Hadi Noorzad  
Procurement Officer  
GCMU, Ministry of Public Health  
Great Massoud Intersection  
Kabul, Afghanistan  
Tel: +93 (0) 799315870  
E-mail: hadi_noorzad@yahoo.com

Dr Najibullah Safi  
Manager  
National Malaria Control Program  
Ministry of Public Health  
Great Massoud Intersection  
Kabul, Afghanistan  
Mobile: 0093 777 890 855  
E-mail: safinajibullah2000@yahoo.com, nagibullah.safi@gmail.com

Dr Aeraj Feroz  
Monitoring and Evaluation Consultant  
GCMU, Ministry of Public Health  
Great Massoud Intersection  
Kabul, Afghanistan  
Mobile: + 937 993 40714  
E-mail: draeraj@gmail.com

Dr Hizbullah  
Team Leader  
Global Fund Program  
GCMU, Ministry of Public Health  
Great Massoud Intersection  
Kabul, Afghanistan  
E-mail: dhizbullah@gmail.com

Mr Javid Khan  
Finance Manager  
HealthNet TPO  
House # 3, Street # 1, District 3  
Karte-Char, Near Kandahari Mosque  
Kabul, Afghanistan  
Mobile: +93 (0) 700 012219  
E-mail: javed_khan81@hotmail.com

Dr Muhammad Nader  
Technical Manager  
HealthNet TPO  
House # 3, Street # 1, District 3  
Karte-Char, Near Kandahari Mosque  
Kabul, Afghanistan  
Mobile: +93 (0) 706 24359  
E-mail: drmnader@hotmail.com

Mr Mohammad Reza Ravaee Hajiagha  
Deputy Director  
PWC Finconsult Ltd.  
APT. #8, No. 59, Khorsand St.  
Vali, Asr Ave.  
Teharan, Iran  
Tel: +98 9123 87587, +93 799 402516  
E-mail: mrravaee@gmail.com

**Iran**

Dr Mahshid Nasehi  
National Program Manager – Tuberculosis  
Ministry of Health and Medical Education  
No. 310 Hafez Avenue  
Tehran - 113659383  
Islamic Republic of Iran  
E-mail: mnasehi@yahoo.com

Dr Ahmad Raeisi  
National Program Manager – Malaria  
Ministry of Health and Medical Education  
No. 310 Hafez Avenue  
Tehran - 113659383  
Islamic Republic of Iran  
E-mail: Raeisia@tums.ac.ir

Ms Elzira Sagynbaeva  
Deputy Resident Representative  
UNDP Iran  
No. 39, Shahrzad Blvd.  
Darrous, Tehran  
Islamic Republic of Iran  
E-mail: Elzira.Sagynbaeva@undp.org
Ms Negar Arefi
Procurement Officer
UNDP Iran
No. 39, Shahrzad Blvd.
Darrous
Tehran
Islamic Republic of Iran
E-mail: Negar.arefi@undp.org

Dr. Rahim Taghizadeh Asl
Monitoring and Evaluation Analyst
UNDP Tehran
UN Common Premises # 39
Shahrzad Blvd. Darrous
Tehran – 1948773911
Islamic Republic of Iran
E-mail: rahim.taghizadeh@undp.org

Dr. Fardad Doroudi
M&E Technical Advisor
Global Fund Local Agent
Islamic Republic of Iran
E-mail: fdoroudi@yahoo.com

Pakistan
Dr. Faisal Mansoor
Director
Directorate of Malaria Control Program
Ministry of Health
Government of Pakistan
Islamabad, Pakistan
E-mail: faisalmansoorloo@gmail.com

Mr. Shahzad Khan Bangash
Manager Procurement and supply Chair
National Tuberculosis Control Program
Islamabad
Pakistan
Tel: 0092 51 9210667
E-mail: shahzadkbbangash@yahoo.com

Dr. Farooq Khattak
M&E Officer
National Tuberculosis Control Program
Islamabad
Pakistan
Tel: 0092 51 9210667
E-mail: drfarooqkk@yahoo.com

Partner Agencies

Mr. Alain Akpadji
Chief of HIV Project
Project UNDP/Global Funds
Kinshasa
Democratic Republic of Congo
Tel: 00243 810704902
Fax: 243 81 555 3305
E-mail: alain.akpadji@undp.org, adkpadji@yahoo.fr

WHO Country Offices

Mr. Norbhu Wangchuk
National Professional Officer (Programmes and Administration)
Office of WHO Representative to Bhutan
Ministry of Health
Kawangjangsa (Above Royal Audit Authority)
Thimphu
Bhutan
Tel: (00-975-2) 322-864, 324-073, 324-781
Fax: (00-975-2) 323-319
Email: norbhu@searo.who.int

Dr. Amaya Maw-Naing
Medical Officer (HIV/AIDS)
Office of WHO Representative to Nepal
UN House, Pulchowk, Lalitpur
Kathmandu
Nepal
Tel: (00-977-1) 552 3993;
977-98510 03630 (Mobile)
Fax: (00-977-1) 552 7756
Email: mawnainga@searo.who.int

Dr. Mohammad Akhtar
Medical Officer-TB
Office of WHO Representative to Nepal
UN House, Pulchowk
Lalitpur
Kathmandu
Nepal
Tel: (00-977-1) 552 3993
Fax: (00-977-1) 552 7756
Email: akhtarm@searo.who.int
Report of the Workshop

Dr Sombat Thanprasertsuk
National Professional officer (HIV-AIDS & TB)
Office of WHO Representative to Thailand
Permanent Secretary Building no. 3
4th Floor
Ministry of Public Health
Tiwanon Road, Muang
Nonthaburi 11000
Thailand
Tel: (00-66-2) 590-1524, 591-8198
Fax: (00-66-2) 591-8199
Email: sombat@searo.who.int

Dr S.S. Lal
Temporary International Professional – TB & HIV
Office of WHO Representative to Timor-Leste
UN House
Caicoli Street
Dili, Timor-Leste
Tel: (00-670) 723-1092
Email: lals.whodili@searo.who.int

Global Fund Secretariat

Dr Taufiqur Rahman
Team Leader, South-West Asia Cluster
The Global Fund to fight AIDS, Tuberculosis and Malaria
Chemin Blandonnet 6 - 8 1214 Vernier
Geneva
Switzerland
Tel: +41 22 791 1776
Fax: +41 22 7911701
Email: taufiquor.rahman@theglobalfund.org

Ms Malavika Rao
Fund Portfolio Manager
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Chemin Blandonnet 6-8
1214 Vernier
Geneva
Switzerland
Tel: +41 22 7915937
Fax: +41 22 7911701
E-mail: Malavika.Rao@TheGlobalFund.org

Ms Christa Arent
Fund Portfolio Manager
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Chemin Blandonnet 6-8
1214 Vernier
Geneva
Switzerland
Tel: +41 22 7915963
Fax: +41 22 791-1701
E-mail: Christa.Arent@TheGlobalFund.org

Mr Jeffrey Scott Morey
Fund Portfolio Manager, South & West Asia
The Global Fund to fight AIDS, Tuberculosis and Malaria
Chemin Blandonnet 6 - 8 1214 Vernier
Geneva
Switzerland
Tel: +41 22 791-5934
Fax: +41 22 791-1701
Mobile: +41 79 516-6949
Email: Jeffrey.Morey@TheGlobalFund.org

Mr Silvio Martinelli
Technical Officer, M&E Support
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Chemin Blandonnet 6-8
1214 Vernier
Geneva
Switzerland
Tel: +41 22-7911701
Fax: +41 22 791-1701
E-mail: Silvio.Martinelli@TheGlobalFund.org

Ms Annette Reinisch
Technical Officer, M&E Support
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Chemin Blandonnet 6-8
1214 Vernier
Geneva
Switzerland
Tel: +41 22 7915911
Fax: +41 22 791-1701
E-mail: Annette.Reinisch@TheGlobalFund.org
Mr David Powell  
Finance Officer  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Chemin Blandonnet 6-8  
1214 Vernier  
Geneva  
Switzerland  
Tel: +41 22 7911983  
Fax: +41 22 791-1701  
E-mail: David.Powell@TheGlobalFund.org

Mr Mario Alfonso Rivero Martinez  
Financial Analyst  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Chemin Blandonnet 6-8  
1214 Vernier  
Geneva  
Switzerland  
Tel: +41 22 7918284  
Fax: +41 22 791-1701  
E-mail: mario.riveromartinez@theglobalfund.org

Mr Joseph Serutoke  
Procurement Operations Officer  
Procurement, Supply Policy & Management Team  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Chemin Blandonnet 6-8  
1214 Vernier  
Geneva  
Switzerland  
Tel: +41 22 791 1700 (General)  
Tel: +41 22 791 5985 (Direct)  
Cell: +41 79 517 3436  
Fax: +41 22 791 1701  
E-mail: joseph.serutoke@theglobalfund.org

Ms Barbara Milani  
Procurement Operations Officer  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Chemin Blandonnet 6-8  
1214 Vernier  
Geneva  
Switzerland  
Tel: +41 22 7918666  
Fax: +41 22 791-1701  
E-mail: barbara.milani@theglobalfund.org

Mr Etienne Michaud  
Legal Officer  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Chemin Blandonnet 6-8  
1214 Vernier  
Geneva  
Switzerland  
Tel: +41 22 7915987  
Fax: +41 22 791-1701  
E-mail: Etienne.Michaud@TheGlobalFund.org

WHO Secretariat

Dr Pierre-Yves Norval  
Tuberculosis Strategy and Health Systems  
Stop TB Department  
World Health Organization/Head Quarters  
20 Avenue Appia  
1211 Geneva 27  
Switzerland  
Tel: (00-41-22) 7911653  
Fax: (00-41-22) 791-3111  
Email: Norvalp@who.int

Dr Shiva Murugasampillay  
Technical Officer  
Global Malaria Control Programme  
World Health Organization/Head Quarters  
20 Avenue Appia  
1211 Geneva 27  
Switzerland  
Tel: (00-41-22) 7911019  
Fax: (00-41-22) 791-3111  
Email: shivam@who.int

Dr Sangay Thinley  
Coordinator  
HIV/AIDS, Tuberculosis and Malaria  
WHO Regional Office for South-East Asia  
World Health House  
Indraprastha Estate  
New Delhi-110 002, India  
Tel: (00-91-11) 23309114  
Fax: (00-91-11) 23378412  
Email: thinleys@searo.who.int