



Investing in our future

# The Global Fund

To Fight AIDS, Tuberculosis and Malaria

**Eighteenth Board Meeting  
New Delhi, India, 7 – 8 November 2008**

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**GF/B18/15  
Decision**

## **REPORT OF THE GLOBAL FUND BOARD RETREAT ON PARTNERSHIPS**

### **OUTLINE:**

1. This report, prepared by the Board Chair and Vice-Chair, summarizes the deliberations of the Global Fund Board at its retreat on 7 – 8 October 2008 in Glion, Switzerland. Recommendations contained in this report will, in instruction of the Board, be considered by the relevant Board Committee and should be taken into account in the preparation of the Partnership Strategy which will be reviewed by the Policy and Strategy Committee and then the Board at the 19<sup>th</sup> Board Meeting in May 2009.

### **Decision Point:**

***The Board takes note the Report of the Board Retreat (GF/B18/15) and requests the Chair and the Vice-Chair of each of the Policy and Strategy Committee and Portfolio Committee to consider the recommendations, if relevant, in developing their work-plans.***

**There are no material budgetary implications of this decision.**

## **PART 1: INTRODUCTION**

1. The retreat of the Board was convened by the Board Chair and Vice-Chair in Glion, Switzerland on 7 – 8 October to discuss issues pertaining to the Global Fund partnership environment. The retreat objectives included:

i) Build a common understanding amongst the Board of the key issues in the Global Fund partnership environment.

ii) Discuss and recommend solutions to address challenges in the five issue areas selected for discussion.

iii) Increase ownership and partnership amongst the Board and Secretariat in solution development.

2. The retreat focused on five theme areas: technical assistance, program oversight capacity, health systems strengthening, Country Coordinating Mechanisms (CCMs), and the Global Fund partnership model.

3. Background documents included: the 5-year Evaluation MACRO Study Area 2 Report; the Technical Evaluation Reference Group (TERG) Summary Paper on Study Area 2; the Partners' Consultation Report; the CCM Case Studies Report; and Secretariat discussion papers on working group themes.

4. Participants included: Board Members and Alternates, Chairs and Vice-Chairs of Board Committees, Chair and Vice-Chair of the TERG, Chair of the Technical Review Panel, the Executive Directors of the Roll Back Malaria and Stop TB Partnerships, Secretariat Executive Management and relevant staff. The attendance list is provided as Annex 1 to this document.

5. A working group methodology was used to discuss the theme areas. Each working group was jointly led by a Board Member/Alternate and a member of the Secretariat with the goal of building ownership in the process and moving towards solutions from both the Board and Secretariat, as well as towards improving Board/Secretariat relations.

6. Working groups were tasked with reviewing the recommendations from the relevant reports and brainstorming solutions to operationally address the issue areas. These ideas included:

i) how the business model and/or existing policies could change to address the issue area;

ii) how the Secretariat could do business differently to address the issue area; and

iii) what partners could do to address the issue area.

7. The outcomes of each working group were reviewed by the Chair and Vice-Chair and further developed into specific and actionable recommendations.

8. This report summarizes the issues discussed by each working group, presents the recommendations, and discusses next steps for taking these forward.

9. This report contains the following sections:

- Part 2: Technical Assistance
- Part 3: Program Oversight Capacity
- Part 4: Health Systems
- Part 5: Country Coordinating Mechanisms
- Part 6: Global Fund Partnership Model.

## PART 2: TECHNICAL ASSISTANCE

### Key Issues

1. The Global Fund's country-driven principle - as well as its role being defined as a financing mechanism - left the issue of the provision of technical assistance (TA) to implementers of Global Fund programs and the relationship between the Global Fund and its partners undefined. Over the years, the Global Fund has approached the issue of TA by providing implementers with the ability to fund TA through their grants.
2. However, over the last six years, it has become clear that many countries have not been able to properly identify their own TA needs in proposals. It has also become clear that there is confusion on the differences between technical, management, and capacity building assistance and short term versus longer term support needs demanded and required by countries.
3. TA is currently provided in an ad-hoc manner and has been seen to be "supply-driven" by country implementers. Management assistance (MA) and support for longer-term capacity building has been largely missing. In an attempt to address performance issues in grants, the Global Fund introduced the Early Alert and Response System (EARs). Slow- or under- performing grants were identified and linked with technical partners to provide the needed assistance. Global Fund partners providing TA to implementers have stated that this has led to an "unfunded mandate" for their organizations.
4. Partners have also started several initiatives such as the Global Implementation Support Team (GIST) and the UNAIDS Technical Support Facility, mechanisms which are not clearly understood by all countries.
5. The need for coordinated and harmonized TA is growing and becoming an urgent priority as the Global Fund moves into health systems strengthening, national strategies and doubles its size by 2010. A key question has become: *how much leverage does the Global Fund have in deciding on the TA needs of implementers and the appropriate TA providers?*
6. Countries have begun to demand the Global Fund take a more active role in the provision and financing of TA to help improve performance and quality of the TA provided. Some implementing countries have requested the Global Fund to play an oversight role to ensure partners provide high quality TA that improves grant performance.
7. The Five-Year Evaluation Study Area (SA) 2 confirmed that an efficient and effective system for the provision of technical support to Global Fund grants does not yet exist. The evaluation underlines that at the global level, the Global Fund has not sufficiently clarified and supported the coordination of responsibilities, roles, and financing sources of the different partners that support Global Fund grant implementers, although ad-hoc pieces have been put in place, and it is not at all clear if this is the role of Global Fund. At the country level, SA 2 found that the confusion regarding roles and responsibilities for TA needs identification and mobilization are even more pronounced.

8. The SA 2 report provides four recommendations regarding TA. The recommendations focus on the need for the Global Fund to clarify its policies and procedures related to accessing TA budgets and work on developing partnerships. The report does not reflect on the role of the Country Coordinating Mechanisms (CCM) and Principal Recipients (PR), nor the domestic partners, in defining needs and resources for TA. The recommendations are focused on the Global Fund itself and do not recommend reformulating the principles which define the boundaries of the Global Fund as a finance entity vis-à-vis other policy and development entities. There is a need for a clear assessment of partners' capacity to provide the assistance needed in a sustainable manner, as well as to provide mechanisms to foster the growth of untapped resources such as the local private sector.

## **Recommendations**

1. The TA Working Group requests the following changes to the business model and/or existing policies be considered:

i) Define the desired relationship between PRs and TA providers and provide as guidance to both.

ii) Conduct an analysis to develop an evidence-base of services demanded by Global Fund implementers in order to differentiate between technical, management, and capacity building assistance needs for countries.

iii) Invite partners to come to the Global Fund with a demonstrated list of demands from countries for technical assistance that could be financed from a separate financing window.

iv) The Global Fund should communicate better to countries what can be included under TA, and the Board should give the TRP guidance to be more accommodating to proposals with comprehensive and extensive TA plans. Providers should be able to compete for this service to ensure quality and to hold performance based principles.

v) Encourage operational research in grants to help build capacity of local academia and support learning/sustainability.

2. The TA Working Group recommends the following changes to how the Secretariat does business:

i) Share LFA non-confidential assessments with CCMs to help identify capacity gaps and allocate or reprogram grant resources accordingly.

ii) Develop a list of TA/MA providers at local, regional, and global level that have gone through a rigorous quality assurance process. This could be contracted out and developed as a portal linked to the Global Fund website and created as a market-based "E-Bay" model. This model would allow providers and consultants to post their work and contact information for to ensure quality control and transparency of TA.

iii) Introduce staff in the Secretariat (either from staff budget or independently funded) that are technical support liaisons to work with Fund Portfolio Managers (FPMs) and countries to identify high quality TA providers.

iv) Improve communication to the CCM about the possibility of reprogramming funds to finance TA/MA to improve performance, particularly during Phase 2 reviews.

3. The TA Working Group recommends that Partners consider the following ideas:

i) Bilateral partners in country sitting on CCMs should be encouraged to view their role as a TA liaison. Board Members from bilateral agencies should hold country colleagues accountable or develop systems to ensure coordination.

ii) Donors could earmark their contributions to UN agencies to provide TA to Global Fund implementers.

iii) Lead technical partners should provide an analysis to the Global Fund of the cost of services to provide TA that are outside of the normative mandate to inform the discussion on direct financing.

### **Next Steps**

1. Given the complexity of the issue and the wealth of ideas discussed in the working group, the Secretariat is requested to develop further options and recommend timing for Board decision in consultation with the PSC Chair.

2. The UN Partnership Working Group is requested to bring a Board-to-Board dialogue to address the financing issue.

3. Lead partners (WHO, UNAIDS, RBM, Stop TB) are requested to provide an analysis to the Global Fund of the services provided (and their cost) to Global Fund implementing countries that are outside of the normative mandate.

## **PART 3: PROGRAM OVERSIGHT CAPACITY**

### **Key Issues**

1. The Global Fund's country-driven model relies on a combination of country level systems and Secretariat-initiated mechanisms to oversee its investments. The central piece of its operational model is a grant oversight mechanism that is driven by performance. Country level oversight includes PR monitoring and evaluations systems, CCM oversight, and Local Fund Agent (LFA) verification of implementation. The Secretariat relies heavily on PR quarterly or semi-annual progress updates and disbursement requests, LFA verification of performance and review of reports, FPM visits, consultation with partners, Phase 2 review and Data Quality Audits.

2. Over the last six years, the Global Fund has introduced a number of tools to assist in grant oversight. Many of these tools have been revised frequently, posing major reporting challenges for countries. Countries are increasingly facing difficulty in meeting ever increasing Global Fund requirements and frequent changes in tools. Greater reporting requirements are not translating into greater oversight. Indeed, reducing requirements is now strongly linked to freeing energy for better oversight.

3. By design, the Global Fund has limited direct oversight over grant implementation and financial management practices of sub-recipients (SR) and 'sub-sub-recipients' (SSR). The Global Fund relies completely on PR management structure and systems to manage and monitor SRs and

SSRs. In limited situations, at the instruction of the FPM, the LFA may also verify the performance of some SRs.

4. The SA 2 report considers that the Global Fund faces major risks for not having a proper oversight system for SRs and SSRs because the bulk of the services are provided by and funds are channeled to SRs and SSRs. Significant amounts of health products are being procured, stored, and distributed at the SR and SSR levels. By not having an integrated tracking system, the Global Fund has difficulty understanding how its resources are spent, what capacity enhancements are required at the SR and SSR levels, what training or technical support is needed, and what efficiency gains can be made.

5. The TERG report provides four recommendations under grant oversight capacity. The report focuses on enhancing country level systems and processes, further streamlining of Global Fund policies, guidelines, and procedures, further clarifying funding of National Strategies, and improving Data Quality.

## **Recommendations**

1. The Program Oversight Capacity Working Group recommends the following changes to the business model and/or existing policies:

i. Create incentives for CCMs in exercising oversight

2. The Program Oversight Capacity Working Group recommends the following changes to how the Secretariat does business:

ii. Within 6 months, review all 38 reports and other communications required from the country level and reduce the number of hours of work per transaction by 50% for both PRs and the Secretariat — thus, improve performance — thus, improve performance management.

iii. Build a quality assurance framework at the country level by:

- Clarifying the roles and responsibilities of the PR, CCM and LFA
- Building capacity to strengthen local systems in partnership and harmonized with other oversight mechanisms;
- Encouraging self assessment for continuous improvement by PRs and CCMs;
- Encouraging and promoting CCM participation in joint review missions;
- Legitimizing and strengthening CCM oversight (*for example, by more strongly supporting self-assessment of oversight, site visits, information dissemination, and stronger secretariat capacities, sharing of the findings of LFA reports with the CCM, and extend the Conflict of Interest policy to all members*)

3. The Program Oversight Capacity Working Group recommends that Partners consider the following ideas:

i) Partners, particularly other major donors and key TA providers, commit to joint annual program reviews to include performance verifications of SR and SSRs, and assist with CCM oversight role.

## Next Steps

1. The Portfolio Committee is requested to consider CCM incentives for exercising oversight as part of their upcoming discussion on CCMs for report and decision to the Nineteenth Board meeting.
2. The Cluster Director for Country Programs and Operations is requested to update the Board on the status and implementation of introducing one unified PR reporting tool and of the quality assurance framework during the pre-Board meeting Operations Briefing to the Nineteenth Board meeting.
3. The Secretariat is requested to review including joint annual program reviews in the negotiations of current and future Memorandums of Understanding (MOUs) with partners.

## PART 4: HEALTH SYSTEMS STRENGTHENING

### Key Issues

1. In its decision made in November 2007 (GF/B16/DP10), the Board outlined the Global Fund's revised Strategic Approach to Health Systems Strengthening (HSS). It provides broad flexibility with HSS actions eligible for funding without budget ceilings to facilitate appropriately framed requests to address capacity constraints and bottlenecks which hinder effective delivery and scale-up of interventions to improve HIV/AIDS, tuberculosis and malaria outcomes. The decision reinforces the Global Fund's commitment to HSS articulated in its Framework Document, enabling applicants to integrate in their proposals requests for HSS within a disease component or, when more appropriate to do so, to request funding for cross-cutting HSS actions in addition to the disease component. The TRP is empowered to recommend for funding the disease component with the cross-cutting HSS part, the disease component excluding the HSS part, or the HSS part alone.
2. The decision to augment the Global Fund's contribution to HSS is very timely as it coincides with a range of internationally supported initiatives aimed at HSS. For example, each of International Health Partnership Plus (IHP+), the Catalytic Initiative, and the GAVI HSS Window are focused on enhancing international financing and programs targeting specific diseases. These initiatives have generated a healthy discourse on HSS pinpointing a range of issues relating to:
  - coordination and alignment of HSS efforts with country systems;
  - the best use of the Global Fund business model to catalyze HSS with clarity on the scope of activities it can finance especially with regard to the health workforce and TA;
  - involving stakeholders in decisions pertinent to HSS;
  - strengthening procurement and supply chain management systems;
  - and, weak M&E systems to measure HSS effects and impact.
4. The Global Fund has operationalized the strategic approach recommended in the Board Decision for Round 8 (R8). As such, early discussions with the TRP Chair identify a number of issues on HSS. These include: (i) a dominant (and disappointing) focus on 'inputs and service delivery' with limited evidence of innovative approaches aimed at improving outputs and outcomes; (ii) a lack of indicators to measure HSS and the linking of HSS to outcomes and impact; (iii) a relatively low identification of potential risks arising from significant proposed investments in, largely, salary support; and (iv) country difficulty in formulating integrated 'cross-cutting' HSS activities within the framework of the 'building block approach' to health systems. The TRP is also anticipated to comment on the variability of funding requests, including whether people correctly framed their requests as cross-

cutting. In that context, the role of TA providers in the preparation of proposals would be an appropriate area of further study and analysis post release of the TRP's funding recommendations.

6. SA 2 also identified issues with coordination, harmonization, TA and M&E. SA 2 acknowledged increased Global Fund investment in HSS, but recommended clearer definition of the scope of HSS activities the Global Fund could support with "operational global division of labor regarding the financing of and technical support to HSS". These coincide with the views emerging from the consultation with partners on the findings of SA 2.

## **Recommendations**

1. The Health Systems Working Group believes that no significant changes are currently required to the business model and/or existing policies for the following reasons:

i) Ongoing work on the architecture review and simplification of process will advance harmonization and alignment (offering NSAs etc),

ii) The Accra Accord confirms that the Global Fund's three key pillars of performance-based funding, country ownership, and civil society inclusion is now part of mainstream development thinking. The Global Fund can take the lead in furthering this agenda based on to its experience.

2. However, the working group does suggest that the proposal guidelines be enhanced so that CCMs are required to clearly explain why they are not requesting funding for HSS to support increased service delivery (e.g., for large purchases of pharmaceutical products, the CCM should explain if there is a logistics and supply management system in place or request support to ensure this is so). Similarly, justification is needed if support is not harmonized with existing plans and financing frameworks.

3. The Health Systems Working Group recommends the following changes to how the Secretariat does business:

i) During grant negotiations, FPMs should encourage countries to report in line with in-country financial cycles.

ii) Include in the LFA Terms of Reference (TORs) a request to provide recommendations on alignment and harmonization of reporting and disbursements in PR assessments.

ii) There should be systematic efforts by Partners and the Global Fund to ensure Global Fund representation at joint reviews on the performance of the health sector and the three diseases

iv) Explore (as part of the architecture review and NSA) alternative approaches to the rounds-based channel for HSS funding requests and the TRP to develop specific criteria to evaluate HSS proposals on the basis of their systemic contribution to achieving equitable, efficient, and effective outputs and outcomes.

4. The Health Systems Working Group recommends that Partners consider the following ideas:

i) Develop an enhanced M&E toolkit that facilitates measurement of performance to track improved outcomes rather than focusing on process and inputs.



## **Next Steps**

1. The Secretariat and Portfolio Committee are requested to consider enhancing the proposal guidelines for future rounds to require CCMs to justify not including requests for HSS.
2. The Secretariat is requested to amend the LFA TORs to include assessing existing in-country reporting and disbursement cycles and encourage countries to align during Round 8 negotiations.

## **PART 5: COUNTRY COORDINATING MECHANISMS**

### **Key Issues**

1. The CCM is a country-level mechanism that has many similarities to a corporate or non-governmental organization board of directors. As such, it has oversight responsibilities to keep the direction of the grants on track and monitor if key performance indicators are being met. The CCM's role is to focus on the 'big picture', ensure that its proposals reflect national strategies and that the overall performance of PRs is leading to impact on fighting the three diseases. It is not intended to set national policy or focus on day-to-day details of grant implementation.
2. To date, CCMs have focused more energy on raising funds than overseeing the implementation of the programs in-country. Oversight is critical to good governance and ensures that resources — financial and human — are being used efficiently and effectively for the benefit of the country. Oversight provides strategic direction to Principal Recipients (PRs), assisting them to solve problems beyond their authority; it ensures policies and procedures are met, institutes financial controls (e.g. audit reviews), and follows through on key recommendations. CCMs have the unique responsibility to orchestrate the overall country management of Global Fund grants. Unfortunately, many CCMs do not understand the importance of this role, nor do they have much experience with differentiating oversight from program monitoring and evaluation.
3. Both SA 2 and the CCM case studies identify a general lack of attention that CCMs have given to this essential oversight responsibility. Additionally, both reports highlight the challenges inherent in conflicts of interest among CCM members (as they are often both grant implementers and decision makers on the CCM.) Finally, both studies highlight the deficiencies of the CCM to undertake its oversight role sufficiently and the need to strengthen its capacities.
4. But the CCM is certainly not alone among many multi-stakeholder efforts to address the three diseases; it must find better ways to integrate with other national bodies with similar roles and responsibilities. However, in many countries, CCMs are currently still the only coordinating mechanism that supports meaningful multi-stakeholder engagement. The Global Fund Secretariat should explore various incentives that would encourage greater integration with other national bodies, whenever possible, while still maintaining the principle of meaningful inclusion of non-government actors including civil society and the private sector. Several countries are already demonstrating models for this integration. One challenge is reducing or eliminating redundancies in both governing processes and grant implementation, particularly in countries where Sector Wide Approaches (SWAs) or Common Funding Mechanisms (CFMs) are in place. Another challenge is to accommodate performance-based assessments within nationally aligned systems that address a different set of goals and objectives..

### **Recommendations**

1. The CCM Working Group recommends the following changes to the business model and/or existing policies:

i) It should be expected as common practice that all CCMs establish independent Secretariats to improve function, performance, and participation.

ii) The Global Fund should increase financing available for CCMs to develop independent Secretariats.

2. The CCM Working Group recommends the following changes to how the Secretariat does business:

- i. Assess functioning and performance of each CCM and act on the findings by using accountability tools through the following mechanisms:
  - a. Self assessment tool
  - b. Develop KPIs for CCMs, possibly tied to funding
  - c. FPMs/country teams should be expected to understand the strengths/weaknesses of the CCMs and be responsive to these.
- ii. Develop tools and training to set out minimum expectations around CCM oversight role.

3. The CCM Working Group recommends that Partners consider the following ideas:

- i. Increase capacity building and technical support around governance and oversight functions with a focus on local capacity and expertise.

### **Next Steps**

1. The PC is requested to consider the above listed recommendations as part of their upcoming discussions on CCMs for reporting and decision to the Nineteenth Board meeting.
2. The Secretariat is requested to provide an update on developing CCM accountability tools to the 11th PC Meeting.

## **PART 6: GLOBAL FUND PARTNERSHIP MODEL**

### **Key Issues**

1. The overall mandate of the new Partnership Unit at the Secretariat is to provide a strategic framework for partnerships and is part of the follow-up to a recommendation from Study Area 1 to explicitly define expectations for partnership arrangements clarifying roles and responsibilities with various partners. Three themes have emerged from the partner consultation process on SA 2 findings, which are (1) strengthening partnership agreements with various parties; (2) exploring MoUs and developing an accountability framework with partners; and (3) a Global Fund Partnership Framework and Communications Strategy.

2. Partners noted that the Global Fund cannot develop a Partnership Framework without a clearly articulated strategy with defined objectives for partnership. Partners expressed a willingness to negotiate clearer partnership agreements—whether formalized in MoUs or through more informal agreements—but noted that clear direction from the Global Fund on what is expected from these partnership arrangements must be outlined.

3. The majority of partners consulted to date have reacted favorably to the development of an accountability framework for partnership effectiveness at the country level. Most also note that such a framework cannot maintain the country-driven nature of the Global Fund model within a global, one size fits all partnership arrangement. This type of framework, when linked to “operationalized MoUs”, could strengthen the partnership environment required of Global Fund partners.

## **Recommendations**

1. The Partnership Model Working Group recommends the Board consider the following:
  - i. The Board Chair and Vice-Chair should have direct exchanges with the leadership of the governing bodies of major partners. Similarly, the Executive Director should have regular meetings with heads of bilateral agencies and other major partners.
2. The Partnership Model Working Group recommends the Secretariat initiate the following:
  - i. FPMs should meet more regularly with bilateral representatives and civil society partners in-country.
  - ii. To improve its relationship with partners, the Global Fund should demonstrate that it has taken into account the suggestions of its partners for improvements in its systems and modify its processes accordingly.
  - iii. The civil society officers that will be placed in country teams should engage with country-based civil society members as well as with relevant partners who work with civil society
  - iv. Secretariat should develop processes to support the delivery of “user-friendly” products (e.g. implementers’ manual and fact sheets) to communicate better with grassroots organizations who could become beneficiaries of Global Fund support
  - v. Global Fund should support CCM CSO members to reach constituencies and for CCMs to communicate between each other and outside stakeholders.
  - vi. Use local media and other ways to convey clear messages about the Global Fund as part of the aid architecture to reach and inform decision-makers.
  - vii. Provide a more clear definition of what constitutes the private sector in order to improve engagement at country level.
3. The Partnership Model Working Group requests Partners to consider the following ideas:
  - i. All partners should provide an enabling environment at country level for CSOs to participate in CCMs and implementation.
  - ii. the Global Fund should establish MoUs with significant partners, linked to workplans and budgets of organizations and consider co-financing specific activities within those MoUs. These MoUs then need to be operationalized at the local structures with country representatives and clear accountability for deliverables
  - iii. Board Members should ensure the consistency of their approach on the boards of different multilateral agencies to facilitate meaningful dialogue between governing bodies.

## **Next Steps**

1. Based on the partner consultation process of the last 6 months and input and guidance from the Board, the Partnership Unit will develop the framework for an integrated partnership strategy. The document will be presented to the PSC by March 2009 and for Board review and approval at the Nineteenth Board Meeting.

**LIST OF PARTICIPANTS:**

The below table details participants at the Board Retreat that took place in Glion, Switzerland on the 7-8 October, 2008.

<b>Constituency</b>	<b>Representatives</b>
European Commission	Mr. Luis Riera Figueras
	Mr. Frédéric Goyet
France and Spain	Amb. Louis-Charles Viossat
	Amb. Fidel Álvarez
Germany, Canada, Switzerland	Dr. Martina Metz
	Dr. Ernest Loevinsohn
Italy	Mr. Enrico Vicenti
Japan	Mr. Eiji Yamamoto
Point Seven	Amb. Sigrun Mögedal
	Dr. Marijke Wijnroks
Private Foundations	Dr. Regina Rabinovich
Private Sector	Mr. Rajat Gupta
	Dr. Brian Brink
UK and Australia	Mr. Simon Bland
	Mr. Neil McFarlane
USA	Ms. Michele Moloney-Kitts
Communities Communities	Mr. Javier Hourcade Bellocq
	Ms. Carol Nyirenda
Developed Country NGOs	Ms. Asia Russell
	Dr. Mohga Kamal-Yanni
Developing Country NGOs	Ms. Elizabeth Mataka
	Mr. Karlo Boras
Eastern Europe	Dr. Murat Ussatayev
Eastern Mediterranean Region	HE. Abdallah Abdillahi Miguil
Eastern and Southern Africa	Ms. Spéciose Baransata
	HE. Dhoinine Ikililou
Latin America and the Caribbean	HE. Leslie Ramsammy
West and Central Africa	Mr. Luc Daniel Adamo Mateta
Western Pacific Region	Dr. Ren Minghui
UNAIDS	Mr. Tim Martineau
WHO	Dr. Hiroki Nakatani
	Dr. Winnie Mpanju-Shumbusho
World Bank	Mr. Armin Fidler
	Dr. Debrework Zewdie

### Other Participants:

<b>Role</b>	<b>Representative</b>
Chair Policy and Strategy Committee	Amb. Lennarth Hjelmåker
Vice-Chair Policy and Strategy Committee	Dr. Paulo Teixeira
Chair Portfolio Committee	Dr. Joseph André Tiendrebeogo
Chair AMFm Ad Hoc Committee	Mr. Todd Summers
Chair Partnership Forum Steering Committee	Mr. Shaun Mellors
Chair TRP	Prof. Peter Godfrey-Faussett
Chair TERG	Prof. Rolf Korte
Representative of TERG	Dr. Lola Dare
Executive Director Roll Back Malaria	Dr. Awa Coll-Seck
Executive Director Stop TB	Dr. Marcos Espinal
Office of Chair	Ms. Naina Dhingra
Office of Vice-Chair	Ms. Tal Sagorsky

### Secretariat:

Executive Director	Prof. Michel Kazatchkine
Deputy Executive Director	Ms. Helen Evans
Chief Financial Officer	Mr. Barry Greene
Director PCRM Cluster	Dr. Christoph Benn
Director of Country Programmes Cluster	Mr. Bill Paton
Director, Strategy Policy Performance Cluster	Dr. Rifat Atun
Director, Corporate Service Cluster	Ms. Heather Allan
Legal Counsel	Mr. Bartolomeo Migone
Senior Advisor and Acting Manager, Board Relations	Ms. Dianne Stewart
Director EECA/LAC/MENA Cluster	Ms. Hind Othman
Manager, Bilateral and Multilaterals Team	Ms. Sandii Lwin
CCM Manager	Mr. David Winters
Inspector General	Mr. John Parsons
Team Leader, South Africa Cluster	Mr. Linden Morrison
Team Leader, South Asia Cluster	Mr. Taufiqur Rahman
Fund Portfolio Manager	Mr. Victor Bampoe
Manager, Country Proposals	Ms. Karmen Bennett
Senior Operational Policy Officer	Ms. Paula Hacopian
Manager, Strategy	Mr. David Salinas
Chief of Staff	Mr. Enrico Mollica
Board Relations Assistant	Ms. Silvia Decourt