

NOTES FOR THE RECORD
28th GIST meeting, Washington March 5-6 2009

Attendance:

Chair: Steve Kraus (UNFPA); **Vice Chair:** Elmar Vinh –Thomas; Sandii Lwin (Global Fund); Tim Martineau, Pradeep Kakkattil; Aina Helen Saetre (UNAIDS); Elizabeth Benomar (UNFPA); Nadia Fuleihan (UNDP); Ambassador Jimmy Kolker; Thilly De Bodt (UNICEF); Brad Hersh; Gottfried Hirnschall (WHO); Anthony Thompson (World Bank); Peter Weiss (GTZ); Colin McIff; Winnie Roberts; (OGAC); Jason Wright (USAID); Lynette Lowndes; Paul McCarrick (International AIDS Alliance); Evan Collins (Ontario HIV Treatment Network) Natalia Ciausova (ICASO) and Carlos Passarelli (ICTC)

Observers: Catherine Severo (Project Director, GMS) and Patricia Paredes (Deputy Director/Technical, GMS); Karl_Lorenz Dehne

Co-ordinator: Shona Wynd (UNAIDS)

Day 1:

Item 1: Welcome by GIST Chair

Timely meeting to conclude the review of 2008 work plan and develop the work plan for 2009. Welcomed four new member of GIST: Evan Collins (Ontario HIV Treatment Network); Tim Martineau (Director of Technical and Operational Support Department, UNAIDS); Tony Thompson (Operations Advisor, Global HIV/AIDS Program, World Bank); Peter Weiss (Head of Programme BACK UP Initiative)

Introduction

Decision:

Agenda approved.

Item 2: Items for information Global Fund National Strategy Application (NSA) validation and UNAIDS Sec Technical Support (TS) planning (presentations attached)

Brief presentation of NSA validation:

- Ongoing discussion of NSA validation. TRP will play a role in the validation, as will technical partners.
- Link between disease strategies and HSS: At this stage NSAs are disease specific, and HSS can be added to an NSA. NSA will later move towards health system strategies.
- If not accepted for the NSA, deadline for Round 9 submission extended to facilitate Round 9 submission.
- Countries were selected for the FLW of the NSA based on several soft and hard criteria: internal evaluation, successful implementation, national strategy ending

no sooner than 2012, country capacity, discussion with countries, unsuccessful Round 8.

- The following countries have been invited to participate in the first learning wave of the National Strategy Application by Global Fund: Kenya, Malawi, Nigeria, Rwanda, Swaziland, Cuba, Djibouti, Algeria and Cambodia
- Pilot will be evaluated to determine further roll out.

Discussion:

- Important to link attributes for sound national strategies developed by the International Health Partnership (IHP) working group on national strategies, and GF validation processes in the FLW.
- Need to look at implementation of validation attributes and partners' role in this, as well as the importance of distinguishing between partners' role in development and review of NSA.
- Important questions: (1) What other documentation will need to be submitted to support the NSA? (2) How will CS groups be involved in the NSA?

Brief presentation of TS strategy:

- The development of a TS strategy emerges from a recommendation from the discussion in the PCB on TS and GF.
- GIST will be important in giving steer to the development of the strategy.

Decision: GIST to be consulted in the development of the TS strategy.

Item 3: GIST 2008 review (review attached)

Decision: Review finalized and approved.

Work plan 2009 discussion:

- 2009 work plan will build on achievement and work started in 2008.
- GIST must be informed by lessons learnt at country and regional levels, but stay at global level. GIST should “give away” agenda to the appropriate level, and support. Let initiatives go down to countries, don't hold on to it – e.g. CoATS.
- GIST has an important role in producing best practice, accountability mechanism, and in looking at higher level systemic issues
- Voice of more end users needed in GIST, i.e. programming countries.
- Membership expansion strategy discussed
- Improve communication: “tell the story” about GIST? Case studies that highlight bottleneck that GIST resolved or examples where TS needs became more visible because of GIST.

Action: include concrete examples of achievements/experiences in GIST 2008 review and distribute to PCB and other relevant partners.

Item 4: Global harmonisation Agenda (H8 and IHP)

Brief presentation of:

Global harmonization initiatives: H8; IHP; Country compact around health strategies and NSA

Discussion:

- Questions raised regarding whether these initiatives necessarily provide more effective arrangements at country level, as well as about effective participation from CS (e.g. in NSA and policy development).
- It was agreed that it is difficult to promote a standardized tool for validating national strategies e.g. IHP tool, since the context for the AIDS response is very varied
- Noted that CS has not received much information about the above initiatives, need for more information to be shared.
- It was informed that a tool for CS engagement related to Three Ones, is published by ICASO and UNAIDS
- TS related to the IHP agenda was discussed, and also how TS principles relate to this area. How can both the AIDS agenda and areas outside this context be strengthened?
- It was noted that there are a number of examples where there have been synergies between programmes, e.g. case study from UNICEF's work in Rwanda; Cambodia in the area of PMTCT; Zambia where testing and counseling improved birth support; Malawi in a project related to workers on treatment; in Kenya in relation to maternal health and AIDS and UNFPA's work in Haiti showed synergies between SRH and AIDS.

Action:

- Documents to be circulated: (1) Working group around MDG 6, costing etc (2) Paris agenda and Accra – pioneer new work around coordination and alignment – review the Three Ones
- Need for feedback on the following areas:
 1. AIDS and its position in relation to HSS and MDG 4 and 5
 2. AID effectiveness agenda, especially looking at TS. Where to take this?
 3. IHP and Three Ones – relationship
- Desk based study of skill set of technical support providers, including looking at background of consultant, what is the scope and opportunities they have in delivering the harmonization agenda's outcomes.

Item 5: UN coordination at country level

Brief presentation of the background for and development of joint teams at country level:

- At the time there was need for a renewed structure because of lack of accountability in the theme working group.
- System of accountability developed, UN heads in the country designate a member to the joint team, two set s of accountability:
 1. Individual accountability: Official designated, and evaluated (appraisal)
 2. Collective accountability: Regional directors team

- Established based on GTT recommendations and in December 2005 a letter from SG sent to RC to establish a joint team as well as guidance sent to countries.
- 89 teams are functioning today and work in the following areas: advocacy issues, TS plans, GF prop dev, partnership (CS, government etc), single M and E framework

Discussion:

- It was noted that there are challenges in transferring global agreements to country level. Would GIST members' involvement in joint teams improve this?
- Different ways of improving the functioning of the joint team were discussed, this included the following: communication defining areas of collaboration from cosponsors to respective country offices, ensure that joint teams are institutionalized and constantly evaluate the joint teams
- Areas where the joint team could play an important role were discussed and included the following:
 1. Coordination of TS, e.g. review shows that TS plans are developed in countries with joint teams, because they already have a structure for joint work.
 2. Supporting ASAP in identifying country partners
 3. Supporting CS. UCO has partnership staff for this.
- UCCs play an important role in the joint teams, and UCCS will need support from other UN organizations in carrying out their responsibilities. It was also agreed that an outside view can help UNAIDS/joint teams to ask the right questions.

Item 6: TS strategy

PCB has asked that UNAIDS produces a TS strategy to be presented to next PCB. GIST members will be consulted in this process, this was the initial step in the consultation process.

The group broke into two and participated in a moderated discussion around the following questions:

1. What elements do we want to see in the UNAIDS TS strategy?
2. What are the key questions on TS the strategy should address?
3. Which stakeholders need to be engaged in the development of the strategy?
4. Specific developments and opportunities
5. How GIST members can facilitate consultation and feedback on process?

The discussion was reported back and will feed into the development of the TS strategy, see Annex 1.

Decision:

The TS strategy will be taken back to the global coordinators

Item 7: Grant management solutions (presentation attached)

GMS provided an update of experiences to date.

The following areas were discussed:

Important that TS providers learn from each others, share tools, and not duplicate. The importance of thinking beyond direct support, and around capacity building was stressed. In relation to this GMS raised the question; who will be relevant partners to hand over to at the end of a project.

GMS informed that webpage and tools developed are linked from the GF website.

Day 2

Item 1: Recap of day one

Item 2: Updates – Global Fund and UNAIDS MoU (presentation attached)

The presentation on defining Global Fund partnerships was followed by a discussion around the following issues:

- What are good indicators for measuring partnership effectiveness, especially at outcome and impact level? And the following was mentioned: study of partnership often not very productive as well as the number of MoUs signed not very useful
- GMS technical support process indicators; number of TS assignments and approval to first visit: reaction time. How useful are these indicators? Agreed that we must remain outcome focused, but not forget process
- GIST involvement in MoU operationalization? Today this is taken forward by a HQ level MOU Working Group with co-sponsors. GIST could be involved here. Working group to take it back to the senior management to decide how this should be taken forward. MoU needs strong involvement from all in consultation and finalization.
- Suggested that when the MoU is operationalized/populated it could as part of feedback from global level be brought to the GIST for feedback. At country level it should result in more concrete actions
- Regional joint plan between RST AP and GF which results in:
 - ➔ RST AP opportunity to give TRP region specific briefing
 - ➔ Joint GF and UNAIDS accountability mechanism at regional level
 - ➔ LFA and UCC monthly teleconferences
- Involvement of interagency partners in the development of regional work plans discussed and agreed that there is need for better communication and inclusion of stakeholders, including CS. Discuss with RST how to take this further.
- Gender is included in the MoU and work ongoing to strengthen in close collaboration with GCW. GF has also hired a gender adviser to take this forward. Need more focus in implementation.
- Limited number of MoU and partnerships envisaged from GF side, as well as now MoU at regional and country level.

Action:

Share regional joint work plan between RST AP and GF

Discuss with RST directors CSATs participation RMM

Item 3 CSAT – Update (presentation attached)

Brief presentation by CSAT on progress to date.

- CS networks often involved in regional applications (not multi country proposal), and it is important to focus on how to strengthen these proposals.
- Conflict between advocacy role and the responsible role (implementer/PR etc)?
- Regional initiatives: easier to stay neutral, invested interest
- WHO: recruited a CS adviser
- Alliance: shared experience as PR, pro and cons

Item 5: Finalize GIST 2009 Workplan

The group broke into two working groups. See annex 2 for feedback from group work on activities in 2009 work plan.

Action:

- Working group to finalize result based work plan in 2-3 weeks.
Working group members: Jason, Brad, Paul.
- GIST input into external evaluation of UNAIDS
Important dates: May/June: review of key findings, August: draft report available
- UNAIDS to share schedule for evaluation
- Work plan made available to the evaluation team.
- Secretariat to take the expanded participation forward, come back to the GIST.
Things to take into account: invite two new members (Asia, Africa), make sure that the GF NGO is a southern NGO, DFID to be invited
- Ideas about representation to be sent to Shona
- Review GIST staffing – who represent the organizations?
- Agree on studies to be taken forward: GISTs “clients”, de-stigmatizing TA and GIST relation with other levels, regional and local?

Decisions:

Name change: Coalition on AIDS Technical Support (CoATS)

Announce name change together with the workplan and communication strategy.

Chair rotation: Agree that rotation should take place in June 2009.

Next meeting: Brighton 18 and 19 June, International HIV and AIDS Alliance to host.

Summary of Action Items from 28th GIST meeting

Item	Subject	Action Item	Status	Notes
Item 2: Items for information Global Fund National Strategy Application (NSA) validation and UNAIDS Sec Technical Support (TS) planning	Brief presentation of NSA validation	<ol style="list-style-type: none"> 1. Important to link attributes for sound national strategies developed by the International Health Partnership (IHP) working group on national strategies, and GF validation processes in the FLW 2. Need to look at implementation of validation attributes and partners' role in this, as well as the importance of distinguishing between partners' role in development and review of NSA. 		
Item 3: GIST 2008 review	Work plan 2009 discussion	<ol style="list-style-type: none"> 1. Include concrete examples of achievements/ experiences in GIST 2008 review and distribute to PCB and other relevant partners. 		
Item 4: Global harmonisation Agenda (H8 and IHP)	Global harmonization initiatives: H8; IHP; Country compact around health strategies and NSA	<ol style="list-style-type: none"> 1. Documents to be circulated: (1) Working group around MDG 6, costing etc (2) Paris agenda and Accra – pioneer new work around coordination and alignment – review the Three Ones 2. Need for feedback on the following areas: <ol style="list-style-type: none"> a. AIDS and its position in relation to HSS and MDG 4 and 5 b. AID effectiveness agenda, especially looking at TS. Where to take this? c. IHP and Three Ones – relationship 3. Desk based study of skill set of technical support providers, including looking at background of consultant, what is the scope and opportunities they have in delivering the harmonization agenda's outcomes. 		

Item	Subject	Action Item	Status	Notes
Item 2: Updates – Global Fund and UNAIDS MoU (presentation attached)	Brief presentation of NSA validation	<ol style="list-style-type: none"> 1. Share regional joint work plan between RST AP and GF 2. Discuss with RST directors CSATs participation RMM 		
Item 5: Finalize GIST 2009 Workplan	Brief presentation of the background for and development of joint teams at country level:	<ol style="list-style-type: none"> 1. Working group to finalize result based work plan in 2-3 weeks. 2. Working group members: Jason, Brad, Paul. 3. GIST input into external evaluation of UNAIDS 4. Important dates: May/June: review of key findings, August: draft report available 5. UNAIDS to share schedule for evaluation 6. Work plan made available to the evaluation team. 7. Secretariat to take the expanded participation forward, come back to the GIST. 8. Things to take into account: invite two new members (Asia, Africa), make sure that the GF NGO is a southern NGO, DFID to be invited 9. Ideas about representation to be sent to Shona 10. Review GIST staffing – who represent the organizations? 11. Agree on studies to be taken forward: GISTs “clients”, de-stigmatizing TA and GIST relation with other levels, regional and local? 		

Investing in our future
The Global Fund
 To Fight AIDS, Tuberculosis and Malaria

28th GIST Meeting

Update from the Global Fund

5-6 MAR 2009
 Washington

NSA Update

1. Background
2. Latest Happenings
3. Countries in "First Learning Wave"
4. Timeline
5. Q&A

Background: A new way of applying for Global Fund financing

- Many countries have made significant efforts to develop national disease and broader health strategies.
- Global Fund will allow submitting a national strategy itself rather than a Global Fund-specific proposal form – as the primary basis of the application for Global Fund financing.
- The anticipated benefits of NSAs are:
 - Improved alignment of Global Fund financing with country priorities, national programmatic and budgetary timeframes
 - Reduced transaction costs and paperwork for countries
 - Improved harmonization with other donors that have agreed to use the same criteria for reviewing national strategies
 - A focus on managing for results and accountability within national strategies
 - In the longer term, improved quality, consistency and credibility of national strategic frameworks
- NSAs will be an alternative approach to access resources from the Global Fund and countries will still have the opportunity to apply through the regular round-based system if they so wish.

An Ongoing Process

- UNAIDS PCB and IHP+ Partners continue to be closely involved, as do RBM and STB and many more
- Call for expression of interest and information package went out to FLW countries on 13 February

Time Line

13 March: Latest date for CCMs to express interest to participate in FLW

03 April: Latest date for CCMs to submit NS documentation to GF

04 May:

- GF sends NS review materials to CCMs
- Feedback to CCMs whether they are invited to submit an NSA
- Those invited to submit an NSA will receive application materials
- Those not invited to submit an NSA will be granted extended Round 9 submission deadline (8 July)

25 May to 4 July: One week between CCM preparation of NSA and TRIP review of NSA

31 August: Latest date for CCMs to submit NSA to GF for review

November 09: Board funding decision for NSAs

Legend:
 Step done by CCM (light blue)
 Step for review/decision (dark blue)

First Learning Wave

	Africa	LME	Asia
HIV (10 candidates)	<ul style="list-style-type: none"> • Malawi* • Nigeria* (IHP) • Rwanda* • Swaziland* 	<ul style="list-style-type: none"> • Cuba • Djibouti • Niger (IHP) • Haiti • Algeria 	<ul style="list-style-type: none"> • Cambodia* • (IHP)
TB (6 candidates)	<ul style="list-style-type: none"> • Rwanda* • Ghana (IHP) • Mozambique (IHP) 	<ul style="list-style-type: none"> • El Salvador • Morocco 	<ul style="list-style-type: none"> • Nepal* (IHP)
Malaria (10 candidates)	<ul style="list-style-type: none"> • Madagascar (IHP)* • The Gambia • Sierra Leone • Liberia 	<ul style="list-style-type: none"> • Guyana • Azerbaijan 	<ul style="list-style-type: none"> • Vietnam • China • Bhutan • Nepal* (IHP)

26 candidates

LEGEND:
 (IHP) = Signatory of IHP Global Compact
 * = Potential issue with language
 * = Country does not have disease strategy up until 2012, some chance that update could be available by time of submission
 x = Country will be invited to express interest for only one component

Cat. 1 candidates:

- Meet all "FLW eligibility criteria" (1st filter)
- Strongly meet 2nd filter criteria, e.g.:
 - robust strategy and strong implementation history
 - recent strategy review
 - strong in-country partner support
 - interest expressed in FLW
- Are recommended by Country Programs and/or partners
- → Are **recommended** by NSA Project Team to be invited to participate in FLW



UNAIDS MOU

- Moving ahead with operationalizing this at the regional level between RSTs and GF teams
- Global Fund meeting with the UNAIDS *Technical and Operational Support Department*, including each UNAIDS Regional Director
- Commitment from all regions to work together more closely
- This ranges from greater communication to concrete funded operational workplans

Example: Asia Pacific

- Joint planning meetings Bangkok RST and Asia Pacific Unit (December GVA, February BKK)
- Funded operational workplan
 - Generate strategic information for national strategies and TRP background briefings
 - Greater implementation and grant management support
 - Greater UNAIDS/GF collaboration, joint monitoring, etc.
- GF participation in RMM March
- Increased accountability

GIST 2008 End of year review

5 March 2009

Gist Objectives

1. Establish a forum for: Sharing real time information on major TA providers; Identifying gaps in TA provision; Responding collaboratively to TA needs; and Advocating for consistency on approaches and tools
2. Ensure the provision of periodic expert analysis in the provision and coordination of technical support to countries for development of GF proposals and program implementation
3. Serve as an interface to bring information of systemic country implementation bottlenecks and TA issues to the attention of constituent members.

Achievement against indicators

Indicator	Target	Progress to-date
# of TA providers available on web-based database	June 2008, 15 TS providers invited, members of and actively entering data in the database.	<ul style="list-style-type: none"> • Sixteen providers (including GIST members and TSF invited to provide data. • Inputs received from 12 entities encompassing both direct provision of TA and funding support for provision of TA (e.g. consultants).
# of TA requests from country partners available on web-based database	100 requests, in addition to existing historical data (1 year) entered, by December 2008	<ul style="list-style-type: none"> • As of 31 December 2008 the database included 255 entries.

Achievement against indicators

Indicator	Target	Progress to-date
Minimum standards in provision of technical support available, signed off by GIST member institutions and disseminated.	April 2008, Minimum Standards agreed and signed off by GIST member institutions; Published in 3 languages; June 2008, Officially launched at AIDS event (eg. Implementers meeting).	<ul style="list-style-type: none"> • Principles of Technical Support completed in three languages (English, French, Spanish) • Principles have been widely distributed by GIST members (websites; list serves; IAC Mexico, December 2008 PCB).

Achievement against indicators

Indicator	Target	Progress to-date
Country studies/analytical pieces result in improved coordination on provision of technical assistance	April 2008, ToRS for max 3 studies presented to GIST, Dec 2008, studies completed and presented to GIST;	<ul style="list-style-type: none"> • 2 studies commissioned: <ul style="list-style-type: none"> • <i>A Rapid Review of the Available Literature of Studies of Technical Support for AIDS Programs</i> completed. • <i>Study on Technical Assistance and Technical Support to Global Fund Grant Implementation at Country Level</i> initial finding presented to the GIST in November 2008. Final edits completed in Q1 of 2009.

Achievement against indicators

Indicator	Target	Progress to-date
Report finalized, presented to PCB and disseminated	Dec 2008, report finalised.	<ul style="list-style-type: none"> • First draft of the report was made available to the PCB. Further work to finalise the document is being undertaken.
	June 2008, Mid-term Review of Progress; and December 2008, End of Year Review	<ul style="list-style-type: none"> • Mid-term Review completed. • 2008 end of year review completed.
# of countries where national technical support plans are developed	By December 08, at least 10 countries have developed national technical support plans	<ul style="list-style-type: none"> • 10 countries have developed multi-stakeholder national TS plans

Achievement against indicators

Indicator	Target	Progress to-date
# meetings held annually, with quorum attendance.	Quarterly meetings	<ul style="list-style-type: none"> First quarter meeting deferred; Remaining meetings held in April, September and December 2008. Quorum achieved at each meeting.
# of Southern participants attending GIST Meetings	GIST members identify 3 new organizations and invite them to join the GIST.	<ul style="list-style-type: none"> Addition of International Centre for Technical Cooperation on HIV/AIDS Action on further expansion membership held pending PCB decision on continuation of GIST. Interim decision to invite participant(s) from the South to individual meetings.

Implications for 2009 Workplan

- Finalize studies and assess implications of findings to the work of GIST
- Further translation of Principles
- Decide on level of support for establishment of national TS plans
- Expand membership
- Survey to inform technical support strategy
- Continue to support population of CoATS
- Development of CoATS 2

Defining Global Fund Partnerships

Global Implementation Support Team Meeting
 6 March 2009

Partnership Unit Work Streams

1. Preparation of Framework for Partnership Strategy (to PSC Meeting March 2009)
2. Development of Partnership Strategy Document (to GF Board November 2009)
3. Global Level TA Coordination
4. Partnership Agreements: (e.g. AfDB, RBM, World Bank)
3. Operationalization of MOUs (including monitoring and implementation)

Agreements with Partners

Letters of Agreement	Memoranda of Understanding	Collaboration Agreement
UNDP 2003	UNAIDS Revised/ Signed 2008	World Bank Under Development
UNICEF 2004	Stop TB Revised/ Signed 2009	AfDB Initial dialogue
ILO 2003	RBM Revised, pending PSC Review	WHO Initial dialogue
	IDB Signed 2009	
	OIC Pending PSC review	

Global Framework for Partnerships

1. Two guiding principles for partnerships:
 - performance-based
 - country-focused
2. Key Performance Indicator for GF: *Number of global partnership agreements with time-bound indicators of performance and a mechanism for reviewing progress on a periodic basis*
3. Options for country level monitoring: Standard indicators (1-3 for each SDA)
 - Agreement specific indicators following standard service delivery areas
 - Ad hoc

UNAIDS MOU Background

- The development of the agreement, which has been revised and approved by the UNAIDS PCB and the Board of The Global Fund, is based on an analysis of the current situation and a clear definition of the complementary roles of UNAIDS and The Global Fund.
- Through this MOU, the Global Fund and UNAIDS will collaborate to strengthen the global response to the AIDS epidemic and to accelerate progress towards universal access and the Millennium Development Goals (MDGs).

Objectives of UNAIDS MOU

- To move towards achieving universal access to HIV prevention, treatment, care and support by 2010
- Empowering inclusive national leadership and ownership
- Improving aid effectiveness through financing national plans, consolidating grants, and defining shared monitoring indicators with major partners
- Increase advocacy and partnerships to ensure high level political support and a multi-sectoral approach for a comprehensive response to AIDS.

Core Activity Areas in MOU

The current agreement focuses on three core activity areas:

- 1.- Strategic analysis and policy advice
- 2.- Provision of technical support
- 3.- Monitoring and evaluation.

Therefore, by signing this agreement, they intend to improve national AIDS responses by financing evidence-based country proposals, providing technical support to countries, support development of National Strategic Plans, improve M&E systems or build capacity of national stakeholders



Strategic Analysis and Policy Advice

- Participate in joint advocacy for sufficient resource mobilization;
- Provide funds to programs that are evidence-based & focus on MARPs;
- Support identifying members of TRP;
- Support development and validation of NSPs;
- Work to generate high quality proposals from as many countries as possible;
- Support multi-stakeholder and representative CCMs;
- UCC will represent UNAIDS and co-sponsors;
- Share data with GF and in-country partners and support harmonization;
- Host joint meetings whenever possible;



Provision of Technical Support

- Build capacity of partners, esp CSO/community sectors, particularly for CCM participation;
- Encourage national ownership of implementation and support adequate TA plans and support are available;
- Act as steward for NSPs and grant life cycle support;
- Identify early technical support needs at country/regional levels with partners;
- Recognize role of Division of Labor on HIV for TA;
- Use existing mechanisms and resources and avoid duplication (ie GIST, ASAP)
- Jointly foster coordination between HSS and HIV response to achieve UA targets



Monitoring and Evaluation

- M/E of response needs to be further defined over next 6 months by UNAIDS and GF;
- Participate in MERG and GAMET for M/E expertise;
- RST to support regional data analysis to monitor and evaluate GF activities;
- Support countries to strengthen national M/E systems to support PBF, gender and indicator alignment;
- Share data on resource flows and achievements of results in fight against AIDS;
- Support CCMs and PRs to fulfill their roles;
- Share reports from LFA and from UNAIDS;



Operationalizing MOUs: UNAIDS

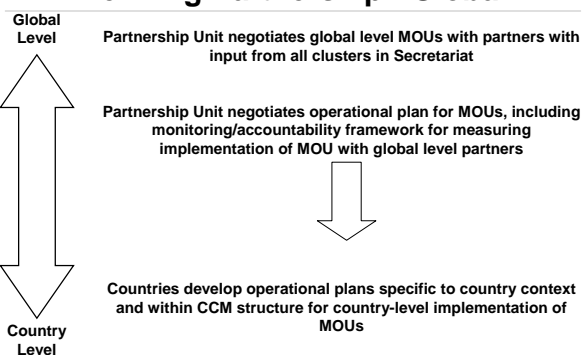
- Process began in Maputo meeting with 7 East & Southern Africa cosponsors
- Current HQ level MOU Working Group with co-sponsors
- Operational Plan discussions between UNAIDS RST Bangkok and Global Fund (Asia Unit & Partnership Unit)

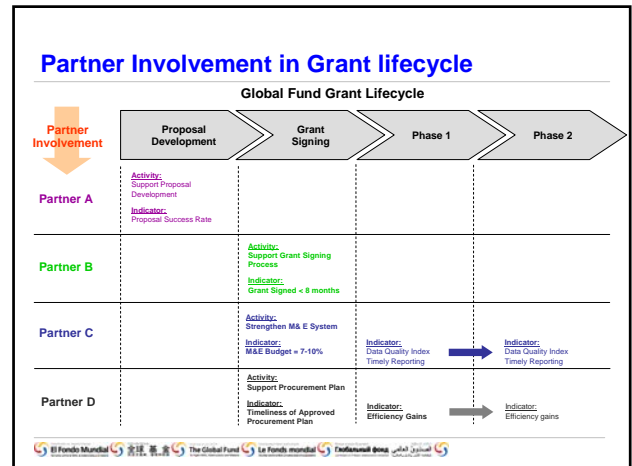
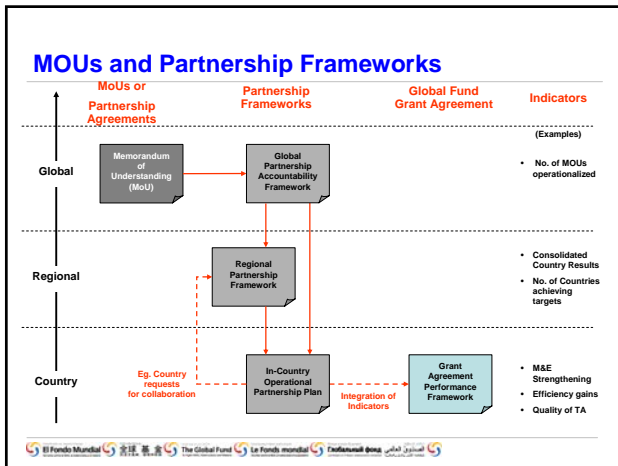
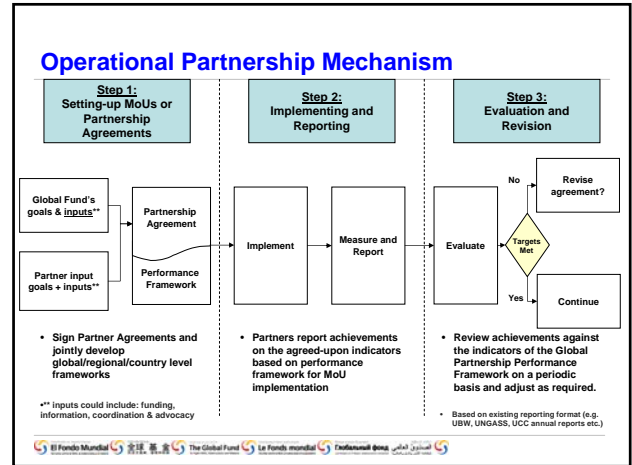
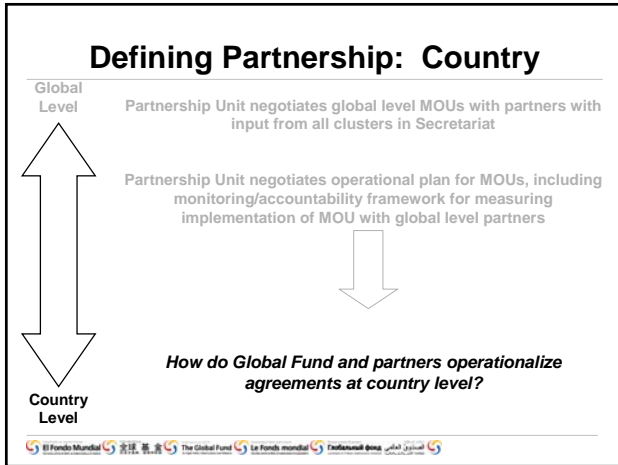
Ongoing:

- Development of Performance Framework for Partnership including defining indicators for partnership effectiveness
- Communication strategy for in-country partners on MOU operationalization process and plan
- Regional Management Meeting (18 March 09) for discussion with UCCs to define priorities and country selection process



Defining Partnership: Global





- ## UNAIDS MOU
- Early moves towards operationalizing part of this at the regional level between RSTs and GF teams
 - Global Fund meeting with the UNAIDS *Technical and Operational Support Department*, including each UNAIDS Regional Director
 - Commitment from all regions to work together more closely
 - This ranges from greater communication to concrete funded operational workplans
-

- ## Example: Asia Pacific
- Joint planning meetings Bangkok RST and Asia Pacific Unit (December GVA, February BKK)
 - Funded operational workplan
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 - GF participation in RMM March
 - Increased accountability
-

For discussion

- Indicators for measuring partnership effectiveness (esp. outcome/impact level)
- GMS technical support indicators—are they useful for this
- GIST involvement in MOU operationalization (including MOU working group)



GRANT MANAGEMENT SOLUTIONS

Short-term technical support to Global Fund activities



Project Director: Catherine Severo
Deputy Director/Technical: Dr. Patricia Paredes




FROM THE AMERICAN PEOPLE

This project is funded by the U.S. Government through the U.S. President's Emergency Plan for AIDS Relief.



Project Overview: Grant Management Solutions (GMS)

- GMS is funded from the USG contribution to the Global Fund (5% withholding for technical support)
- GMS is a USG contract signed on 8 August, 2007, running until September 2010 with option for two extensions of one year
- Managed by the Office of the Global AIDS Coordinator, overseen by Jason Wright, USAID Global Fund Liaison, OHA/USAID
- GMS Partners: Management Sciences for Health, Abt Associates, Futures Group, IPA, MIDEGO with a network of 200 consultants worldwide




Purpose

- GMS provides short-term technical support to Country Coordinating Mechanisms and Principal Recipients of grants from the Global Fund to address urgent problems and systemic bottlenecks blocking grant performance.
- 4 technical areas:
 - governance
 - grants & financial management
 - procurement & supply management
 - monitoring, evaluation, reporting
- GMS project can intervene in any of the 140 Global Fund countries (except the "state sponsors of terrorism").



Short-term but substantial!

- Up to 90 days of in-country technical support by regional or international team
- Up to 50 days of support from a local consultant (national expert)
- Out-of-country work pre-inter-post visits
- Follow up six months after the last visit to monitor outcomes
- Average LOE per assignment = 184 days**



GMS Intervention Countries – (62 assignments to date)

LAC	E. Europe & Middle East	Anglophone Africa	Franco/Luso Africa	Asia, SW Asia
Honduras (3) Peru	Albania (2) Ukraine Morocco (2) Jordan	Southern Sudan Nigeria (4) Sierra Leone (2) Swaziland (4) West Africa Corridor (5 countries) Zimbabwe Ghana Namibia	Guinea Rep of Congo Central African Republic (5) Angola Sao Tome y Principe Comores (2) Mali Madagascar Togo	Indonesia (3) Philippines (5) Pakistan (4) Afghanistan (2) Nepal (2) Laos PDR Cambodia Papua New Guinea Mongolia East Timor India (2)
68 grants worth \$2.6 billion (approved value)				

Performance-based TS: GMS results

Performance Indicators	Year 1 results	Year 3 targets
Increase local ownership and sustainability		
# of local consultants engaged/mentored	35	150
# of CSOs/NGOs strengthened	2	30
Promote multisectoral involvement in CCMs and grant implementation		
# of CCMs meeting GF requirements after TS	5	30
# of grants with greater m-sectoral involvement	6	45
Ensure performance-based management		
PRs/SRs with functional management skills/tools	13	50
# of grants with functional PSM systems	10	30
# of grants meeting CPs or approved Ph. 2, RCC	13	75
Ensure rapid investment of resources		
# of grants with timely access to funds	17	30
Approved value of new grants, Ph. 2, RCCs	\$73.6 Millions	(no target set)
TS Process indicators	Year 1	Year 2 to date
Technical support assignments (target)	47 (50)	11 (41)
Approval to first visit: reaction time (first 18 months of project)	Average = 2 months	Quickest: 2 wks Slowest: 5 mths



Major Challenges and Red Flags

- Few established practices for successful scaling up
- Cannot predict the timing or location of assignments
- Functions within an LOE threshold for consultants and project staff
- Only very experienced consultants can cope with the complexity of the work & highly politicized environment
- Few consultants worldwide with Global Fund experience
- Unexpected increases in airfares, per diems, petrol, falling value of the USD have increased costs

Therefore →

- Requires ongoing innovation to diagnose & solve new problems
- Highly volatile project requiring intensive logistical juggling
- Very difficult to find enough qualified consultants & staff
- Requires intensive technical oversight of TS teams



GMS Tools and Lessons Learned

- Generic grant dashboard for CCM oversight (7 country pilot launched 16 February)
- CCM oversight rapid assessment matrix
- CCM performance self assessment checklist (updated)
- Functional analysis methodology for CCMs & SRs
- Funds flow analysis methodology

Technical support documentation under development:

- Enhanced financial reporting methodology
- Procurement unit assessment methodology
- CCM orientation package, PSM orientation package
- Generic grant operations manual
- Subgranting templates, SR selection procedures



Dashboards for CCM



Examples of GMS products



GRANT MANAGEMENT SOLUTIONS



A U.S. Government-funded partnership consisting of MSH, Abt Associates, Futures Group Int., IPA, and MIDEGO committed to strengthening the performance of Global Fund grants.



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CSAT
Civil Society Action Team

Civil Society Action Team

Supporting civil society engagement in Global Fund grants



International Council of AIDS Service Organizations

CSAT TS for civil society
Civil Society Action Team

TS for civil society

Strong partnership in TS provision

- ★ UNAIDS RST
- ★ TSFs
- ★ GTZ Backup Initiative
- ★ GMS/USAID
- ★ International NGOs: HIV/AIDS Alliance, PSI, Global AIDS Alliance, OSI

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CSAT TS for civil society
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TS for civil society

Exploring new opportunities

- ★ Other UN Agencies
- ★ WHO
- ★ World Bank
- ★ Bi-lateral agencies
- ★ National NGOs (peer training and mentorship)

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CSAT Achievements in 2008
Civil Society Action Team

Achievements in 2008

- ★ **ROUND 8**
Indonesia, Ghana, Nicaragua (proposals approved)
Rwanda, Namibia, Bolivia (support in re-submission)
- ★ **ROUND 9**
Cambodia, Vietnam, Philippines, India, China, Malaysia, Uzbekistan, Kyrgyzstan, Guinea Bissau, Egypt, Kenya, Ethiopia, Uganda, and Ecuador
- ★ **Regional proposals for Round 9**
AfriCASO - 6 countries in WCA
MSM proposal in Asia Pacific
- ★ **CCMs**
Participation of community groups representing key affected populations (Indonesia, Malaysia, Bolivia, Nicaragua)
- ★ **Civil society as PRs and SRs:** Regional workshop for 23 countries in WCA supported by GMS and UNAIDS, November 2008

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CSAT New initiatives
Civil Society Action Team

New initiatives

- ★ Funding for regional CS initiatives: support to marginalized groups and mobile populations
- ★ Representation of key populations on CCMs: survey of civil society participation in CCMs in 18 countries
- ★ Mentorship program: MentorPro for long-term capacity building of civil society organizations as PRs and SRs
- ★ Recommendations on implementing GIPA principle at all stages of HIV response

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CSAT How to make TS more effective
Civil Society Action Team

How to make TS more effective

- ★ All proposals should include costed plans for TS
- ★ Based on plans, TS providers to proactively approach implementers for needs assessment and capacity building
- ★ Grant agreement to include responsibility of PR to build capacity of SRs through TS plans
- ★ Criteria of SR selection should be developed
- ★ PRs, key SRs and TS providers should build on-going partnerships at all stages of proposal preparation and grant implementation (implementing team)

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- ★ External TS providers should build local capacity for on-going TS provision
- ★ Continued coordination and division of labour between TS providers (GIST, 70% Coalition)
- ★ Broader inclusion of NGOs in landscape of TS providers



Thank you!

