

South-East Asia Region Country  
Experiences in Global Fund  
Implementation and Impact of  
WHO Support: A Review  
and Assessment



**World Health  
Organization**

Regional Office for South-East Asia



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New Delhi, April 2008

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## List of abbreviations

AIDS	acquired immunodeficiency syndrome
ARV	anti-retroviral
BAN	Bangladesh
BHU	Bhutan
CBO	community-based organization
CDC	Centre for Disease Control
CCM	Country Coordinating Mechanism
DPRK	Democratic People's Republic of Korea
FBO	faith-based organization
FHI	Family Health International
FPM	fund portfolio manager
GDF	Global Drug Facility
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV/H	Human Immunodeficiency Virus
HSS	health systems strengthening
IND	India
INO	Indonesia
IUATB	International Union against Tuberculosis
KNCV	Royal Dutch Chemical Association (Tuberculosis Foundation)
LFA	Local Fund Agent
LLIN	long-lasting insecticide-treated nets
M	malaria
MAL	Maldives
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals

MOH	Ministry of Health
NEP	Nepal
NGO	non-governmental organization
OGA	Office of the Global Fund Grant Administration
PR	principal recipient
PMU	Programme Management Unit
PSM	procurement and supply management
RCC	rolling continuation channel
SEA	South-East Asia
SEAR	South-East Asia Region
SEARO	(WHO) South East Asia Regional Office
SSR	sub sub-recipient
SR	sub-Recipient
SRL	Sri Lanka
TA	technical assistance
TB/T	tuberculosis
THA	Thailand
TLS	Timor-Leste
TRP	Technical Review Panel
WR	WHO Representative

## Executive summary

The Global Fund (GF) is an increasingly important source of funding for national responses against AIDS, Tuberculosis (TB) and malaria in the South-East Asia (SEA) Region. Ten of the 11 countries in the Region have thus far secured 55 GF grants with lifetime budgets totaling US\$ 1.69 billion. Since the Global Fund's establishment in 2002, WHO has been providing its Member countries with a range of assistance throughout the grant cycle, from proposal writing and grant negotiation support to ongoing technical assistance for implementation and reporting.

SEARO has invested more than US\$ 3 million in the provision of this assistance and has undertaken a review and assessment of the impact of its support. Each country in the Region was asked to fill out a brief questionnaire, designed to assess the extent and impact of WHO support. The results show that WHO's efforts in this regard have had a positive impact and are greatly appreciated by Member countries.

However, the survey also clearly indicates that countries continue to face a range of significant challenges throughout the grant cycle. Some of these, such as those due to overly complex reporting forms, originate principally from GF processes and systems. Others, such as lack of human resource capacity to perform many of the required functions, emanate largely from the country context. With a range of partners, WHO will continue to provide support to its Member countries to address these challenges.

To this point, the generation of financial resources for WHO's support to GF implementation in the Region has been *ad hoc* and largely through WHO's own budget. As the need for this assistance continues to grow, this situation will become increasingly unsustainable. Thus there is a need to secure and manage adequate resources for this work.



## Introduction

Countries of the South-East Asia Region have gained valuable experience in applying and implementing Global Fund grants in recent years. The experiences need to be documented and shared so that countries can learn from each other and utilize the valuable resources of the Global Fund effectively to fight HIV, TB and malaria and build health systems.

WHO has been involved with Global Fund right from its establishment in 2002. So far, WHO has helped countries in not only developing proposals but also in resolving problems in implementation. Further, WHO has been assisting countries in reviewing and preparing phase 2 grant renewals and in the regional technical and constituency meetings. WHO has made substantial investments of staff time and financial resources in doing this.

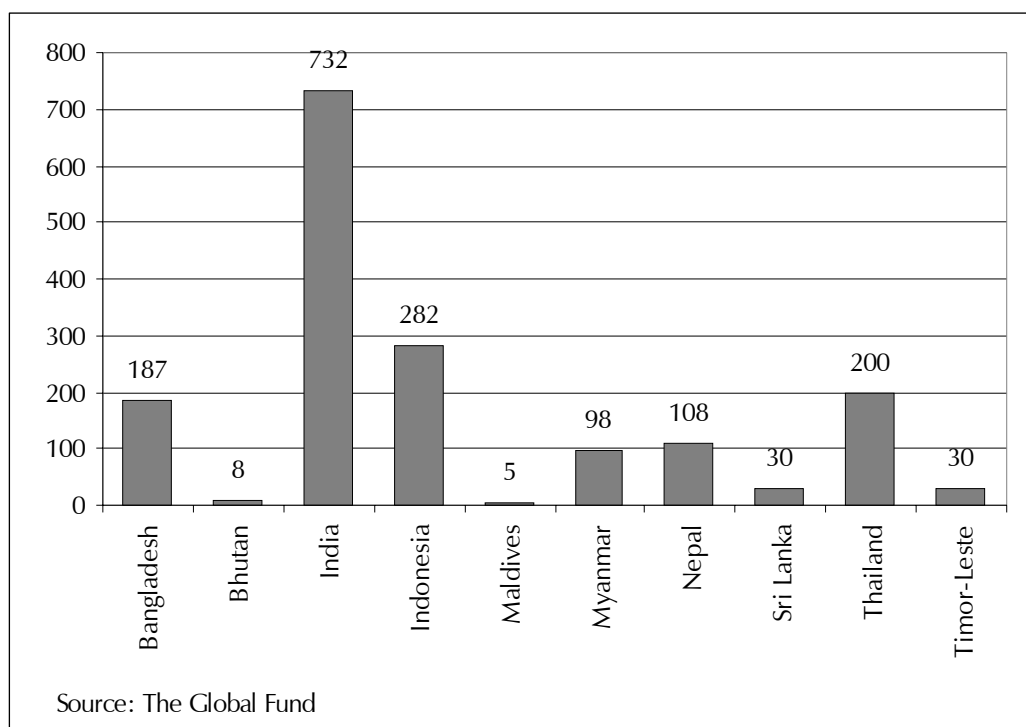
WHO/SEARO therefore undertook a review and assessment of SEA country experiences in GF implementation and the impact of WHO support through a questionnaire distributed to countries participating in the SEA constituency meeting in October 2007. The objective of the exercise was to document country experiences in implementation of Global Fund grants and assess the usefulness of WHO support for GF-related activities (proposal development, implementation, etc.).

The questionnaire (Annex: F) consisted of three parts. The participants, i.e. Country Coordinating Mechanism (CCM) chairs, country GF focal points or Ministry of Health (MoH) GF focal points, were requested to complete Part II and III of the questionnaire in association with the Principal Recipient (PR), if necessary. Part I of the questionnaire was to be filled up by the WHO Country Offices. Because DPR Korea does not have a GF grant and Myanmar is not currently implementing any grants, responses from them were not solicited. Additional necessary information for this report was collected by reviewing the GF website and available records in WHO.

## 1. Global Fund in the South-East Asia Region

The Global Fund to fight AIDS, Tuberculosis and Malaria (GF) has emerged as one of the most important sources of funds to combat these three diseases. At the sixteenth board meeting recently held in China, the Global Fund board approved 73 new grants worth more than US\$ 1.1 billion over two years, bringing the total value of all grants approved since the mechanism's creation to US\$10 billion. As a result, the GF has become the dominant financier of programmes to fight tuberculosis and malaria, providing two-thirds of global financing for these diseases. While it is less dominant in the

Figure 1: **Total lifetime value of GF grants to SEAR countries (US\$ million)**



area of HIV/AIDS due to the existence of entities such as the US President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund provides well over 20 per cent of all international finance against AIDS.

In the SEA Region, the Global Fund has become one of the primary sources of funding for national responses to the three diseases. Since 2002, 10 of 11 SEA countries have had 55 GF grants approved, with lifetime budgets totaling \$1.69 billion (including approximately \$208 million approved for Round 7 grants).

As Figure 1 indicates, Bangladesh, India, Indonesia and Thailand have received the most GF funding in the Region with lifetime budgets totaling \$187 million, \$732 million, \$282 million and \$200 million, respectively. Annex A provides a summary of all GF grants in the Region from rounds 1 through 7.

As the result (donors pledged an additional \$9.7 billion over three years) of the recent Second Voluntary Replenishment meeting of the GF indicates, the importance of the Global Fund will only grow in coming years, both globally and in the SEA Region.

Though the impact is difficult to gauge at this point of time, most countries in the Region indicate a positive effect on building health systems in the countries and enhancing progress towards the achievement of the HIV-, TB- and malaria-related MDG goals.

## **2. National coordination and management structures for GF**

The Global Fund has specified that any country seeking funding must establish a Country Coordinating Mechanism (CCM) that is responsible for developing and submitting grant proposals and for implementation oversight. However, as only broad requirements but no precise "regulations" are laid down in this regard, national management and coordination structures vary from country to country. The national coordination and management structures in existence in the SEA Region are summarized below.

### **2.1 Function and structure of CCM**

While the Global Fund requires that CCMs take responsibility for proposal development and grant oversight, they do not prescribe the exact functions

of the group. The roles therefore vary slightly from country to country. Indonesia's CCM, for example, has the following roles and responsibilities:

- To prepare, discuss, approve and submit proposals to the Global Fund, or to other funding sources approved by the CCM;
- to organize and coordinate the participatory development of proposals and integrate them into a single national CCM proposal, and to submit them to the Global Fund in a timely manner;
- to monitor, guide and support the implementation of the projects funded as the result of proposals from the CCM;
- to ensure the efficient and effective implementation of said projects; and
- to ensure a strong linkage between GF grants and the national policies on tackling AIDS, TB and malaria, as well as other national policies related to poverty reduction and MDGs, and to encourage the sustainability of national programmes.

CCMs usually comprise one large committee with subcommittees designated for specific tasks. For example, in Thailand the CCM functions through three technical committees, which meet regularly to prepare progress reports as well as to flag issues of concern for CCM guidance. The technical committees play a critical role in convening relevant players during the proposal development process and building consensus in the design of the proposals.

The work of the CCM in Thailand is supported by a secretariat, located within the Office of the Permanent Secretary of Health. The office is headed by the CCM Secretary and CCM Assistant Secretary and includes four full-time staff (one for each disease component, plus one financial officer).

## **2.2 CCM composition**

The Global Fund requires that CCMs include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases. The following table

illustrates the sectoral composition of CCMs in the countries where this review and assessment were undertaken.

**Table 2: Current CCM composition in the SEA Region**  
(number of representatives by sector)

Sector	BAN	BHU	IND	INO	MAL	NEP	SRL	THA	TLS
Government	17	5	13	15	11	12	10	12	8
Multi- / bilateral		4	5	7	4	3	2	3	7
NGOs, FBOs, CBOs	21	4	8	16	4	10	13	7	11
Academia		1	5					3	1
People affected by the diseases		3	1		1				
Private sector		1	5		1			2	2
<b>Total members</b>	<b>38</b>	<b>18</b>	<b>37</b>	<b>38</b>	<b>21</b>	<b>25</b>	<b>25</b>	<b>28</b>	<b>29</b>

As the table indicates, the government is often the most represented sector within the CCM, with nongovernmental actors also being strongly represented.

### 2.3 Principal Recipient (PR)

For each grant, the CCM is required to nominate one or a few public or private organizations to serve as principal recipient (PR). The PRs receive funding allocations from the Global Fund, implement programmes and distribute funds to sub-recipients according to the grant agreement. PRs are legally responsible for the funds and for implementation. They are also responsible for submitting periodic reports to the Global Fund Secretariat and for requesting additional disbursements.

Often the principal recipient is an office within the Ministry of Health or the Ministry of Finance; in other cases, civil society organizations or multilateral institutions (usually the United National Development Programme) are serving in this capacity. Within the SEA Region, the Ministry of Health acts as the PR in 50% of grants (22 of 44 grants from rounds 1 to 6). National ministries of finance act as PR in 14 grants in the

Region (Bangladesh and India). The Planning Commission plays this role in Bhutan's four grants. NGOs act as PR in 13 grants in the Region, often as a co-PR with a government ministry. Finally, UNDP acts or has acted as PR in three grants: in Maldives, Myanmar and Nepal.

## **2.4 Project Management Unit (PMU)**

Many Global Fund recipient countries have established permanent project management units (PMU), which provide dedicated resources for grant implementation. For example, the Thai Ministry of Health, which is the PR for five current grants, has established the Office of the Global Fund Grant Administration (OGA) to "provide strategic coordination, administrative support, and project monitoring". OGA is comprised of 21 full-time staff and is organized into four functional teams:

- **Programme/process and PR relationship (PP)**, responsible for grant processes and programme management, including partnership building.
- **Financial and accounting management (FSM)**, responsible for fund management including disbursement requests, risk analysis and financial reporting.
- **Procurement and supply chain management (PSM)**, responsible for coordination and planning of procurement including inventory and supply chain management, tax exemption issues and quality management.
- **M&E**, responsible for monitoring and evaluation, including development of key indicators, database management and report preparation.

In addition there are 11 government staff (4 full-time and 7 part-time) supporting Global Fund implementation (Annex D). This structure has served Thailand well, providing dedicated and specialized human resources to support Global Fund implementation. Staff whose focus is solely on Global Fund implementation are able to develop expertise and capacity in the ever-changing and somewhat complex GF procedures and processes. The fact that Thailand's Round 1 HIV grant is eligible for the Rolling Continuation Channel (continuation of an existing grant through an eligibility and application process) could be because of this strong management structure.

### **3. WHO support to Global Fund processes in the SEA Region**

GF does not provide recipient countries with technical support during project development and implementation as it is a funding mechanism only. Therefore, as the United Nations specialized agency for health, WHO has been providing ongoing assistance to its Member countries to secure and effectively implement GF resources.

The scope of WHO's role with regard to the Global Fund is spelt out in a guidance paper (March 2005), which contains guidance on WHO's role and issues in relation to the CCM, principal recipients, local fund agents, monitoring & evaluation and procurement. The guiding principle of the document is "WHO's primary responsibility is to Member States and as a specialized health agency should help Member States access and utilize external finances – from sources including, but not limited to GF – in ways that address priority health needs". The document also stipulates the following:

- WHO will be active in all aspects of CCM work as long as the integrity of WHO mandate and role are not compromised;
- WHO will ensure that WHO technical guidance is adhered to in country proposals;
- WHO country offices should not accept the role of PR, except under very exceptional circumstances, and only after discussion with the Regional Office and WHO headquarters;
- WHO can be a subrecipient and contractor, but this must be within the broader WHO country and regional office expected results;
- WHO does not submit to tenders organized by the CCM or PR, but can enter into agreements with countries;
- WHO should assist countries to monitor and evaluate their GF-related grants; and
- WHO will provide assistance for proposal development at the request of the CCM or governments.

In the SEA Region, this broad framework has been translated into a range of assistance throughout the grant cycle, from proposal writing and

grant negotiation support to ongoing technical assistance for implementation and reporting.

### 3.1 Proposal development

In the SEA Region, WHO provides support for Global Fund proposal development in a number of ways.

First, regional and country office staff provide direct technical support during the proposal writing process, often spending a few weeks of their time working with the respective national programmes and the CCM. Table 3 shows WHO support to countries in proposal development from Round 2 to 7. WHO staff have been mobilized from country offices, the regional office, and headquarters level (Annex C). For instance, of the eight SEA countries that applied for Round 7 funding, WHO provided assistance to six. Similarly, during Round 7 proposal development in Thailand, WHO provided technical writers for each of the three disease components (a technical writer was provided by WHO for 30 working days for the malaria component). This direct and intensive support improves the chances of success and ensures that proposed interventions adhere to WHO standards.

**Table 3:** WHO technical support to countries for Global Fund proposal development, (Round 2-7)

Country	Round 2			Round 3			Round 4			Round 5			Round 6			Round 7		
	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M
Bangladesh	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓	☐	✓			
Bhutan	✓	☐	✓	✓	☐	✓		✓	✓				✓	✓	✓	☐	☐	✓
India	✓	✓	✓			✓	✓		✓	✓	✓		✓	✓	✓	✓	☐	☐
Indonesia	✓		✓				✓				✓			☐	✓	✓	☐	
Maldives	✓	☐	☐	✓			✓			✓			✓	☐	☐	☐	☐	☐
Nepal	✓		✓						✓				✓	✓	✓	✓	✓	✓
Sri Lanka	✓			✓									☐	✓				
Thailand			✓	✓									✓	✓	✓		✓	✓
Timor-Leste				✓	✓					✓			☐	☐	☐		✓	✓

✓ WHO support; ☐ Did not apply;  No request/did not provide

Second, SEARO has provided a peer review process (or mock TRP) to closely scrutinize draft proposals and provide the CCM with feedback prior to submission to the Global Fund.

Third, WHO has provided countries with capacity development in proposal writing. For instance, prior to Round 7 WHO co-hosted the Round 7 proposal development workshop in Kathmandu from 20 to 23 March 2007 and facilitated the Asian Action Alliance on Human Resources for Health workshop on developing Health System Strengthening proposals in Bangkok, 9-11 May 2007.

### **3.2 Grant negotiation and renewal**

The Global Fund grant negotiation and renewal process is somewhat complicated and time-consuming. Recipient countries, especially those negotiating their first Global Fund grant, often face significant challenges during the process. To help address this situation, WHO provides advice and support during the negotiation process and technical assistance during the development of phase 2 work plans. For instance, during the preparation of phase 2 work plans in Bhutan, SEARO sent a technical officer to work with the CCM for 10 days.

### **3.3 Project implementation**

WHO has played a crucial role in supporting GF grant implementation in the SEA Region by providing a range of technical assistance (TA) from the global, regional and country levels. This support is sometimes delivered in the context of a memorandum of understanding (MOU) with the principle recipient, as in the case of Indonesia where WHO provides ongoing support for TB grant implementation and has engaged short-term professionals to support HIV grant implementation. MOUs exist in Bangladesh and Nepal too. Implementation support varies based on needs.

WHO provides procurement support for antiretrovirals (ARVs) in Bangladesh and malaria supplies in Nepal. In the area of grant monitoring and evaluation, WHO facilitated M & E workshops in Bhutan and Nepal, where WHO staff/experts assisted participants to design and develop monitoring and evaluation systems and plans.

SEARO has been active in organizing and delivering technical capacity building workshops. For instance, SEARO organized a “Global Fund Grant Negotiation and Implementation Workshop” recently to familiarise successful Round 7 PRs on grant negotiation and implementation procedures, share country experiences and develop capacity in this regard.

While global and regional staff play an important role in the provision of technical assistance through remote contact and missions, WHO country staff form the backbone of WHO's assistance during grant implementation. Working closely with the CCM, PR and implementing agencies, WHO country staff provide ongoing and direct assistance during all phases of the grant cycle.

### **3.4 Governance and coordination**

WHO plays an active role in GF governance and coordination structures at the global, regional and country levels. At the global level, WHO is an active (non-voting) member of the GF Board. At the regional level, WHO facilitates constituency meetings and participation of regional delegates in global board meetings.

SEARO has also helped facilitate regular regional constituency meetings, which provide an opportunity for country staff from CCMs and PRs to exchange best practices and take collective decisions. At the recent Regional Constituency Meeting in Bali, participants requested that WHO establish and host a regional constituency communication and coordination secretariat. The secretariat is to be responsible for ensuring the timely flow of information from the GF to the country and vice-versa, and in supporting the regional board members, among other things.

At the country level, WHO plays an active role in 80% of CCMs in the Region. For example, Medical Officer(TB) in Indonesia, and WR Bhutan are vice-chairs of the country's CCMs, while WRs are members of the CCMs in other countries.

#### ***Impact/result of WHO support***

WHO has invested a considerable amount of resources in its efforts to support countries in securing and implementing Global Fund grants. In fact,

within the Region, WHO has spent more than US\$ 3 million in this area. This review and assessment of the impact show that WHO's efforts have had a positive impact and are greatly appreciated by Member countries (Annex B). The table below summarizes WHO support in the various phases of the grant cycle and countries' perception of the usefulness of the support.

**Table 4:** WHO involvement and usefulness by areas of assistance in countries\*

Area of assistance	WHO involvement in countries (n=9)	Usefulness (n=number of countries reflected in the previous column)
Capacity development in proposal writing	7 (78%)	Useful (71%) Very useful (29%)
Proposal writing	8 (89%)	Useful (12%) Very useful (88%)
Mock review of proposals	5 (56%)	Useful (60%) Very useful (40%)
Preparation for phase 2 renewal	8 (89%)	Useful (25%) Very useful (75%)
Advocacy and negotiation	8 (89%)	Useful (62%) Very useful (38%)
Technical assistance for implementation	9 (100%)	Useful (44%) Very useful (56%)
Monitoring and evaluation	9 (100%)	Useful (45%) Very useful (45%)*
Implementing as Sub-PR	4 (44%)	Useful (50%) Very useful (25%)*
Supporting meetings	9 (100%)	Useful (56%) Very useful (44%)
Supporting communications	9 (100%)	Useful (56%) Very useful (33%)*

\*Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, Timor-Leste.  
Figures do not tally to 100% as one country indicated as Not Applicable (NA).

*(i) Proposal development*

Seven of the nine countries (78%) who provided an answer on their assessment of WHO support for proposal development reported that WHO assistance had been "very useful", with six (Bangladesh, Indonesia, Nepal,

Sri Lanka, Thailand and Timor-Leste receiving extensive support and two (India and Bhutan) receiving "moderate" support. With regard to the mock TRP, Bhutan reported that it was "very useful as it gives room for the refinement of the proposals before final submission to the GFATM Secretariat". While Indonesia thought that the concept of a mock TRP was useful, it has not able to utilize the service due to time constraints. The mock review process, however, needs to be made a bit more explicit as three countries had not used the facility so far.

*(ii) Grant negotiation and renewal*

The questionnaire asked whether or not the country had received support during "preparation for phase 2 renewal" and "advocacy and negotiation". Eight of the nine countries (89%) received moderate to extensive assistance from WHO in these areas and four found them very useful and the other four useful. Both India and Indonesia stated that they had received either "moderate" or "extensive" levels of support, which had been "very useful".

*(iii) Project implementation*

All countries received WHO's support during grant implementation in the form of technical assistance. Five received moderate support and four extensive, and the support was indicated to be "very useful" in five countries.

Monitoring and evaluation was one area where assistance was commonly sought by all countries and the assistance was found very useful. For instance, Bhutan reported that the five-day "M&E workshop did help in coming up with an M&E plan which was lacking before."

*(iv) Governance and coordination*

All countries reported that WHO's role in governance and coordination had been useful to very useful. For instance, Bhutan reported that the regional constituency meetings "have been useful to address a lot of common issues for the Region." India similarly stated that the meetings were "very useful", providing "an opportunity to share best practices, develop concept papers and draft work plans and to draft/ discuss regional proposals."

### ***Other agencies/partners in the Region***

As described above, WHO is providing extensive and effective technical assistance to countries for Global Fund implementation in the SEA Region. However, WHO is not the only actor providing this type of assistance. As indicated in Table 5 and Annex D, there are a range of multilateral, bilateral and nongovernmental agencies (NGOs) actively engaged in the area.

There are also a number of other mechanisms for the provision of technical assistance, including the Global Implementation Support Team (GIST), GTZ BACKUP Initiative, USAID and UNAIDS' Technical Support Facility (TSF).

**Table 5:** Agencies currently providing GF-related technical support in SEAR

<b>Multilateral agencies</b>	<b>Bilateral agencies</b>	<b>Nongovernmental organizations</b>
WHO, UNAIDS, UNDP, UNFPA, UNICEF	AusAID, CDC, GTZ, USAID, Euro Health	FHI, KNCV, Management Sciences for Health (MSH), IUATB, GDF, Academic Institutes

Many of these agencies are active in the same country, on the same grants, often at the same time. For instance, when planning for technical assistance for Round 7 grants, Nepal reported that they had been assisted by WHO and GTZ during proposal development, will be assisted by UNDP and UNAIDS during workplan costing, USAID for CCM reform, and AusAID, WHO, UNDP and UNAIDS for implementation support. Similarly, during Round 7 proposal development, the Thai CCM was assisted by CDC, UNFPA, UNAIDS, USAID and WHO. A key issue in this regard is to plan and coordinate assistance to prevent overlap and duplication.

WHO must also ensure that it is providing timely and effective TA. Unless WHO is able to do so, countries will turn to other agencies for their support needs.

### ***Ongoing challenges faced by countries***

The questionnaire asked countries about the challenges that they face in applying for and implementing Global Fund grants. The message that

strongly and clearly emerges is that despite the best efforts of recipient countries and partners such as WHO, countries continue to face a range of challenges throughout the grant cycle. Some of these challenges, such as those faced during reporting, originate principally from GF processes and systems. Others, such as lack of human resource capacity to perform many of the required functions, emanate largely from the country context.

*(i) Challenges that originate from GF processes and systems*

Countries in the Region have been clear that they see the Global Fund as a very positive mechanism which they want to continue to engage. In the East Asia and Pacific Cluster meeting of the GF in Bali in September 2007, countries, while expressing the difficulties with the GF processes, thanked the overwhelming support from GF for the fight against AIDS, TB and malaria. SEA countries have also been clear that they continue to face considerable challenges in accessing and implementing grants, at least partly due to GF processes and systems. Though one country felt that the formats were clear and easy to fill in, seven of the nine countries had problems (one did not respond).

One of the primary complaints aired by SEA countries is that GF forms and requirements are overly complex and are constantly changing. For instance, one country reported that the proposal format was "very complicated, labour intensive and needs a lot of reference to guidelines". Another stated that while Round 6 and 7 formats have been the most clear to date, "the formats are complex and are not easy to fill". The need for clear guidelines and simplification of the formats was raised. With regard to grant negotiations, one of the countries reported that "the process is lengthy and time-consuming, especially for first-time PRs".

Countries report similar challenges with regard to workplan development, reporting requirements and grant renewal (phase 2) procedures. One country reported that while the workplan formats were clear, "they are not easy to fill out as GF requires a quarterly breakdown of budget, while the country follows an annual budgeting cycle with biannual disbursements". Reporting formats were described by one country as "complicated, labour-intensive and lengthy", making the renewal of grants, in the words of another country, "complex and time consuming".

One of the other key challenges that countries face revolves around interactions and communications with the local fund agents (LFAs). LFAs are independent organizations contracted by the GF Secretariat to assess a PR's capacity to administer funds and provide ongoing oversight and verification of grantee-reported data on financial and programmatic progress. Countries have reported that communication and collaboration with LFA have been difficult, due to their limited understanding of programmatic realities and their emphasis on finance. Many of the LFAs are large multinational auditing firms, which do not have extensive expertise in public health interventions. Some countries face additional challenges. For instance, in Bhutan the LFA is located outside the country and has very limited interaction with the PR. The current LFA re-tendering process could change this situation.

Countries felt that close interaction and coordination between the PR, LFA and Fund Portfolio Manager (FPM) with assistance from technical partners will be helpful, particularly in the grant negotiation process.

*(ii) Challenges that originate in-country*

Countries in the SEA Region also face a range of challenges during proposal development, grant negotiation and implementation that originate in the country context. Perhaps the most urgent challenge faced by most recipient countries is a lack of capacity in a variety of project management areas such as proposal and workplan development, oversight of sub-recipients, financial administrative capacity, procurement and supply management, monitoring and evaluation, and reporting. All countries indicated that they would require external assistance and training for proposal development. Similarly, all countries need training in workplan development, recording and reporting, data analysis and management. Monitoring and evaluation workshops in some countries have helped the relevant countries come up with M&E plans. The other important challenge most countries are facing is a lack of sufficient dedicated human resources for grant implementation. In most countries, grants are being implemented with existing management structures, with little or no additional manpower or capacity. This presents serious and unsustainable workload issues for those responsible for grant implementation and reporting.

The realities of a strict results-based management project structure with complex and detailed reporting and accountability requirements simply exaggerates these challenges. For instance, while PRs will be familiar with basic financial and accountability principles and regulations, they may not have experience providing the level of detail demanded by an international auditing agency.

A further major challenge is the lack of technical expertise within PRs, sub-recipients (SRs) and Sub sub-recipients (SSRs). For instance, PRs and SRs often lack technical expertise in key technical areas such as procurement and supply management, treatment guideline development and human resources training. As a funding mechanism, the Global Fund does not provide technical knowledge and assistance required to implement the grants. While partners such as WHO, UNICEF and the US Centers for Disease Control are often ready and willing to help bridge this gap, to this point they have had to do so through their own budgets, which have been stretched to help accommodate this “unfunded mandate”.

The result of the challenges described above is delayed implementation. This, in turn, negatively effects future disbursements, the likelihood of success for subsequent proposals and, most importantly, means that people affected by the three diseases are not receiving services as quickly and effectively as they could.

### ***The way forward for WHO***

It is clear that WHO's Global Fund-related assistance has had a positive impact on Member countries ability to access and implement grants in the SEA Region and that countries want this support to continue. For instance, with regard to proposal development, Indonesia states that while "substantial capacity has been developed in the past seven rounds of proposal writing, external TA is still required". Bhutan similarly reports that "technical assistance during the proposal development will be very necessary in order to come up with sound and technically qualified proposals". Thailand provided the same message: "technical and financial support from WHO would contribute greatly to proposal development".

When asked if training in workplan development and management would be useful, all countries responded that it would be "very useful".

Bhutan reported that "capacity development workshops/seminars on planning would be of immense help to have a sound plan". India stated that "continuous capacity building is needed in developing all the three disease component work plans. Similarly, the civil society sector requires capacity building for developing work plans for all the disease components".

Almost all countries are utilising WHO assistance in implementing GF grants either through HIV, TB and malaria programmes or through memorandum of understandings for technical assistance and for procurement of laboratory consumables, drugs, equipment and mosquito nets. Almost all availing of these facilities found the mechanism useful. However, one country indicated some problems in delayed expenditure statements and implementation.

On the whole, Member countries have made it clear that they would like WHO to expand its role in Global Fund-related support. For instance, some countries identified the need for improvement in the information and communication between the GF and CCMs and coordination within the Region. This appears to echo the request to WHO of the SEAR Constituency Meeting in Bali in October 2007 to establish a SEAR Constituency Communication and Coordination Secretariat to provide timely information and support, encourage the sharing of best-practices and facilitate communication with the GF.

WHO may consider expanding its role further, taking a more proactive in all aspects of Global Fund processes. This might include a range of options. For instance, while many WRs in the Region take an active role in Global Fund-related processes (such as sitting on the CCM), there is uneven engagement across the Region. Increased high-level engagement in all GF processes would help WHO take a proactive role in grant implementation.

Second, the regional and country offices could be more proactive in planning and coordinating TA with technical and financial partners through existing national, regional and global partnerships and MOHs. This would help avoid overlap and duplication, would allow for better resource planning and management and would provide countries with improved technical assistance.

Third, the regional and country offices could proactively monitoring grant implementation to help ensure efficient results-based disbursements and provide “early warning” on low implementation. This would help resolve implementation bottlenecks early before they have a chance to seriously impact implementation and future disbursements.

Fourth, WHO can play an important role by proactively supporting and encouraging countries to build programme management capacity. WHO efforts in capacity building in proposal development, grant implementation and monitoring needs to be sustained. Further, WHO may even have to advocate for establishment of dedicated programme management units for GF grant implementation in the countries.

Fifth, WHO may have to continue supporting countries in grant implementation wherever requested, particularly for technical assistance and capacity development and use its procurement services wherever advantageous.

Lastly, whatever level of engagement WHO chooses to follow, the generation of resources for its Global Fund-related work will continue to be an issue. To this point, the mobilization of financial resources for WHO's support to GF implementation in the Region has been *ad hoc* and largely through WHO's own budget. As the demand for assistance continues to grow, this situation will become increasingly unsustainable. There is a need to secure and manage adequate resources for this work. There are a number of options in this regard, including the possibility of securing funding directly from the GF, including funds for TA in country proposals and seeking funding from other external donor agencies.

*(i) Securing funds directly from the Global Fund*

The Global Fund Secretariat and Board have highlighted the important role that WHO and other technical agencies play in supporting grant implementation and have acknowledged that adequate funding for this work must be secured. However, high-level negotiation and consultation has determined that direct GF support for technical assistance is not a viable option at this time.

*(ii) Including funds for TA in country proposals*

The Global Fund has indicated that it is perfectly acceptable, and indeed encouraged, for recipient countries to make budget provision in their proposals for external technical assistance. In fact, section 4.11 of the Round 7 proposal template (technical and management assistance and capacity-building), requests that the proposal "outline the current gaps as well as the strategies that will be used to overcome these to further strengthen national capacity, capacity of Principal Recipients and sub-recipients, as well as any target group" and to make explicit budget provision for such assistance. However, to this point there has been reluctance on the part of those drafting proposals to include budget provisions for technical assistance from WHO and other agencies.

*(iii) Seeking funding from external agencies*

A number of donor countries have made the successful implementation of Global Fund grants a priority and may be willing to provide WHO with dedicated funding for implementation support. In fact, a few countries, including Germany, Sweden and the United Kingdom, have already provided WHO with such support and should be encouraged to continue to do so.

## **Conclusion**

Over the past seven years WHO has invested substantial staff time and resources to support Member States in applying for Global Fund resources and implementing them. This support, consisting of proposal development, assistance in implementation, monitoring and evaluation, and capacity building, has been deemed very useful by the Member States as per this review and assessment. This review and assessment also reveals the challenges countries face in accessing and implementing GF grants. While country capacities to deal with these are improving rapidly the demand for technical assistance from agencies like WHO has also grown due to the significant volume of GF resources that are becoming available. Member States, partners and WHO, therefore, need to find sustainable ways for effective utilization of these resources to combat the pernicious scourge of HIV/AIDS, TB and malaria in the South-East Asia Region.

## Annex A

### Global Fund grant budgets in the SEA Region (by disease) – Round 1-7

Country	Disease			Total (in US\$)
	HIV	TB	Malaria	
Bangladesh	19 711 030 (2) <sup>1</sup> 40 002 451 (6)	42 466 601 (3) 45 637 671 (5)	39 062 586 (6)	186 880 339
Bhutan	3 540 415 (6)	994 298 (4) 1 419 135 (6)	1 737 190 (4) 2 932 772 (7)	10 623 810
DPR Korea				
India	92 702 000 (2) 14 819 772 (3) 140 878 119 (4) 259 211 574 (6) 88 173 118 (7)	8 655 033 (1) 29 100 000 (2) 25 823 483 (4) 24 271 555 (6)	63 544 954 (4)	732 359 836
Indonesia	7 829 764 (1) 54 841 403 (4)	68 769 224 (1) 69 161 970 (5)	23 704 947 (1) 57 965 100 (6)	282 272 408
Maldives	4 865 956 (6)			4 865 956
Myanmar	54 300 034 (3)	17 121 370 (2)	27 050 046 (3)	98 471 450
Nepal	10 365 995 (2) 36 620 119 (7)	10 126 706 (4) 15 506 566 (7)	7 424 607 (2) 25 757 233 (7)	77 883 918
Sri Lanka	1 844 360 (6)	6 160 000 (1) 11 414 471 (6)	7 253 635 (1) 3 697 315 (4)	30 409 781
Thailand	109 353 700 (1) 28 163 806 (2) 1 275 292 (3)	11 455 207 (1) 19 626 999 (6)	5 282 000 (2) 24 689 670 (7)	199 846 674
Timor-Leste	8 487 561 (5)	967 650 (3) 7 011 931 (7)	2 876 903 (3) 10 328 742 (7)	29 672 787
<b>Total</b>	<b>976 986 469</b>	<b>415 689 870</b>	<b>303 307 700</b>	<b>1 695 984 039</b>

<sup>1</sup> Bracketed number indicates Round in which grant was approved.

## Annex B

## Summary of countries' perception of the usefulness of WHO support

Area	WHO involvement: Yes/No	Extent: little, moderately, extensively	Usefulness: not useful, useful, very useful
Capacity development in proposal writing	Yes: 7 No: 1 NA: 1	Little: 0 Moderately: 5 Extensively: 2	Not useful: 0 Useful: 5 Very useful: 2
Proposal writing	Yes: 8 No: 0 NA: 1	Little: 0 Moderately: 3 Extensively: 5	Not useful: 0 Useful: 1 Very useful: 7
Mock review of proposals	Yes: 5 No: 2 NA/No response: 2	Little: 1 Moderately: 4 Extensively: 0	Not useful: 0 Useful: 3 Very useful: 2
Preparation for phase 2 renewal	Yes: 8 No: 0 NA: 1	Little: 0 Moderately: 3 Extensively: 5	Not useful: 0 Useful: 3 Very useful: 6
Advocacy and negotiation	Yes: 8 No: 1 NA: 0	Little: 0 Moderately: 5 Extensively: 3	Not useful: 0 Useful: 5 Very useful: 3
Provision of TAs for implementation	Yes: 9 No: 0 NA: 0	Little: 0 Moderately: 5 Extensively: 4	Not useful: 0 Useful: 4 Very useful: 5
Monitoring and evaluation	Yes: 9 No: 0 NA: 0	Little: 0 Moderately: 5 Extensively: 4	Not useful/NA: 1 Useful: 4 Very useful: 4
Implementing as Sub- PR	Yes: 4 No: 5 NA: 0	Little: 0 Moderately: 3 Extensively: 1	Not useful/NA: 1 Useful: 2 Very useful: 1
Supporting meetings	Yes: 9 No: 0 NA: 0	Little: 0 Moderately: 6 Extensively: 3	Not useful: 0 Useful: 5 Very useful: 4
Supporting communications	Yes: 9 No: 0 NA: 0	Little: 0 Moderately: 5 Extensively: 3	Not useful: 0 Useful: 5 Very useful: 3

### Annex C

## WHO technical support to countries for Global Fund proposal development, (Round 2-7) by involvement of WHO offices

Country	Round 2			Round 3			Round 4			Round 5			Round 6			Round 7		
	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M	H	T	M
Bangladesh	✓	✓	+		+	✓	✓			✓	*	*	✓	NA	* ✓ +	×	×	×
Bhutan	✓	NA	✓	✓	NA	✓		✓	✓				✓	✓	✓	NA	NA	✓
India	* ✓	* ✓	* ✓	×		* ✓	* ✓ +	×	✓	* ✓	* ✓		*	*	*	*	NA	NA
Indonesia	✓		✓				* ✓ +				*		×	NA	✓	+	NA	×
Maldives	✓	NA	NA	✓			* ✓			✓			✓	NA	NA	NA	NA	NA
Nepal	✓		✓					×	✓				*	*	*	* ✓	* ✓	* ✓
Sri Lanka	✓			✓									NA	✓	×	×	×	×
Thailand	×		✓	✓									*	✓ +	*	×	* ✓	* ✓
Timor-Leste				✓	✓	×				✓			NA	NA	NA		✓	✓

- \* Country Office support;
- ✓ Regional Office support;
- + HQ support;
- NA Did not apply;
- × No request/did not provide

## Annex D

## Global Fund-related technical assistance to SEA countries

Area of technical assistance	Recipient Country	Duration of TA (average per round)	Agency providing TA	Budget source for TA
<b>Proposal writing</b>	Bangladesh	2-3 weeks in relevant rounds	WHO	WHO SEARO
	Bhutan	10 days	WHO	WHO SEARO
	India	2 months	WHO, UNAIDS, USAID	WHO, UNAIDS, USAID
	Indonesia	4-6 weeks	WHO, KNCV, UNAIDS	Not provided
	Maldives	4-6 weeks	WHO	WHO SEARO
	Nepal	1 month	WHO, UNAIDS, USAID	WHO, UNAIDS, USAID
	Sri Lanka	3-4 weeks	WHO, UNAIDS	WHO, UNAIDS
	Thailand	1 week to 1 month	CDC, WHO, UNAIDS USAID, UNFPA	CDC, WHO, UNAIDS USAID, UNFPA
	Timor-Leste	2-3 weeks	WHO	WHO
<b>Mock TRP</b>	Bangladesh	2-3 days per proposal	WHO SEARO	
	Bhutan	N/A		
	India	1 week	WHO SEARO	WHO
	Indonesia	N/A		
	Maldives		WHO SEARO	
	Nepal	2 weeks	WHO, UNAIDS, Experts, USAID	Individual organizations
	Sri Lanka	-		
	Thailand	N/A		
	Timor-Leste	N/A		

Area of technical assistance	Recipient Country	Duration of TA (average per round)	Agency providing TA	Budget source for TA
<b>Grant negotiation</b>	Bangladesh	Not known or N/A		
	Bhutan	N/A		
	India	1-2 months (TB and malaria)	WHO	WHO
	Indonesia	Not provided	WHO, KNCV, UNAIDS	Not provided
	Maldives		WHO	
	Nepal	Integrated in meetings	WHO & Programmes	
	Sri lanka	-		
	Thailand	N/A		
	Timor-Leste	N/A		
<b>Workplan development</b>	Bangladesh	N/A		
	Bhutan	N/A		
	India	15 days - 2 months	WHO, UNAIDS	WHO, UNAIDS
	Indonesia	Not provided	WHO, KNCV, UNAIDS	Not provided
	Maldives	Through grant	GF TA	GF
	Nepal	2 weeks	WHO, UNAIDS, USAID	Grant budget
	Sri Lanka	2-3 weeks	WHO	WHO
	Thailand	No		
	Timor-Leste	2-4 weeks	WHO	WHO
<b>Grant implementation</b>				
<b>PSM</b>	Bangladesh	Not provided		
	Bhutan	N/A		
	India	1-2 months for preparation of plan; year round for TB	WHO	WHO

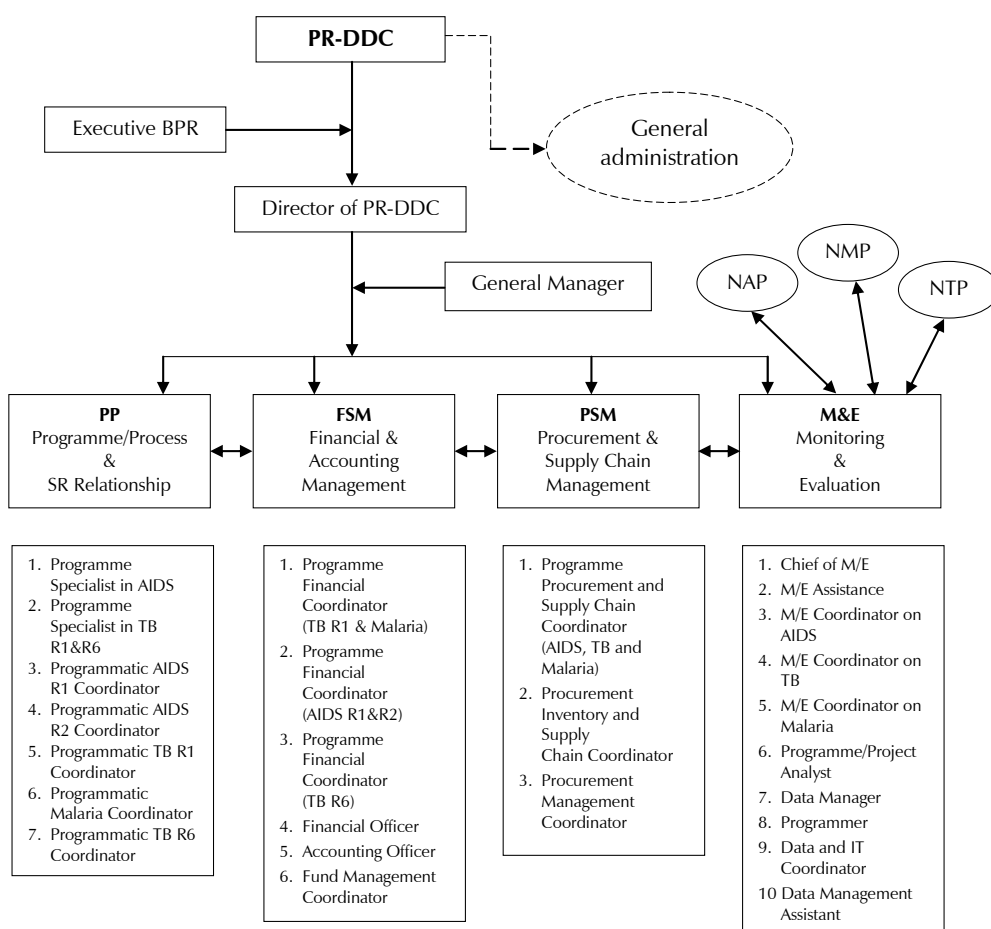
Area of technical assistance	Recipient Country	Duration of TA (average per round)	Agency providing TA	Budget source for TA
	Indonesia	Not provided	MSH, UNDP, UNICEF	Not provided
	Maldives		GF TA, WHO	
	Nepal	-		
	Sri Lanka	-		
	Thailand	LLIN purchase for Mal	WHO	
	Timor-Leste	2 weeks – 4 months	GF, WHO	GF, WHO
<b>Global Drug Facility</b>	Bangladesh	No	GDF Mission	
	Bhutan	N/A		
	India	Not provided	WHO	WHO
	Indonesia	Periodic missions plus annual reviews	WHO, MSH, KNCV	
	Maldives	N/A		
	Nepal	-		
	Sri Lanka	-		
	Thailand	No		
	Timor-Leste	2-3 weeks	GDF	GDF
<b>Other specific TA area</b>	Bangladesh	No		
	Bhutan	N/A		
	India	TB: Development of DOTS plus and EQA guidelines; Monitoring strategy document; DATA management, impact evaluation, MIS software	WHO	WHO
	Indonesia	N/A		
	Maldives	VCT & blood safety	WHO, GF	WHO, GF
	Nepal	Regularly, as required in VCT, ART & monitoring	WHO, UNDP, National Program	Govt (but difficult); sometimes shared

Area of technical assistance	Recipient Country	Duration of TA (average per round)	Agency providing TA	Budget source for TA
	Sri Lanka	-		
	Thailand	No		
	Timor-Leste	6-12 months for CDP/GRM	Aus Aid	Aus Aid
<b>Evaluation/ reporting</b>	Bangladesh	No		
	Bhutan	N/A		
	India	Year round (TB and malaria)	WHO	WHO
	Indonesia	Occasional missions	Stop TB partners, HIV partners	Not provided
	Maldives			
	Nepal	-		
	Sri Lanka	2 weeks	WHO, EURO Health	WHO
	Thailand	No		
<b>Monitoring and Evaluation of Phase 1 and 2</b>	Timor-Leste	-		
	Bangladesh	In Rd 2 HIV		
	Bhutan	N/A		
	India	Year round (TB and malaria)	WHO	WHO
	Indonesia	Not provided	In country partners	Not provided
	Maldives	Surveillance, 2 months	UNICEF, WHO, TSF?	
	Nepal	-		
	Sri Lanka	2 weeks	WHO, TB Union	GF
	Thailand	No		
<b>Grant renewal and preparation of workplans for phase 2</b>	Timor-Leste	3 weeks	GF, GDF	GF, GDF
	Bangladesh	No		
	Bhutan	10 days	WHO	WHO
	India	Year round (TB)	WHO	WHO
	Indonesia	Not provided	In country partners and USAID	Not provided
	Maldives	N/A		
Nepal	One week	WHO SEARO and UNDP	WHO, UNDP	

Area of technical assistance	Recipient Country	Duration of TA (average per round)	Agency providing TA	Budget source for TA
	Sri Lanka	2-3 weeks	WHO	WHO
	Thailand	No		
	Timor-Leste	2-3 weeks	WHO	WHO
<b>Evaluation</b>	Bangladesh	No		
	Bhutan	7 days	WHO	WHO
	India	6 months	WHO	WHO
	Indonesia	Occasional missions	Stop TB & HIV partners	Not provided
	Maldives			
	Nepal	N/A		
	Sri Lanka	2 weeks	Local academic institutions	GF
	Thailand	No		
	Timor-Leste	3 weeks	GF TA	GF
<b>Information/ communication</b>	Bangladesh	10 days in TB	WHO	WHO
	Bhutan	N/A		
	India	Year round (TB); Support for publication of manuals (HIV)	WHO	WHO
	Indonesia	Not provided	In country partners	Not provided
	Maldives	Behavior change communication TA	GF TA	GF
	Nepal	Launch of website	UNDP	UNDP
	Sri Lanka	-		
	Thailand	No		
	Timor-Leste	6-12 months (BCC, HP)	AusAid	AusAid

## Annex E

# Organizational Chart of Thai Principal Recipient



**Annex F**

**SEA country experiences in Global Fund implementation and impact of WHO support: A review and assessment (Questionnaire)**

Annexure: A

Country: .....

Part I: General questions (to be filled by WHO Country Office):

- (1) CCM – PR
  - CCM structure and functions (terms of reference, organogram, schedule of meetings, functioning of the secretariat)
  - CCM members (Chair and Vice-chair)
  - PRs and Subrecipients
  - PMU and technical subcommittees (terms of reference, organogram)
- (2) GF grants – by round, by component
  - title,
  - PR, Subrecipients
  - disbursement by phase,
  - current status
- (3) Technical and financial support by WHO/SEARO and COs - By round/ by components (Table)

(a) Proposal Development: Country ....

	HIV	TB	Mal	Budget
	Technical assistance			
R 1				
R 2				
R 3				
R 4				
R 5				
R 6				
R 7				

(b) Mock TRP

	HIV	TB	Mal	Budget	
	<b>Technical assistance</b>				
R 1					
R 2					
R 3					
R 4					
R 5					
R 6					
R 7					

(c) Regional meetings/ Constituency meetings/Participation in Board Meetings

(d) Participation of WHO staff in GF-related meetings

Part II: Technical assistance to countries related to Global Fund  
(to be filled by CCM/PR/FP)

Sl. No.	Issues	Technical Assistance	Rounds 1 – 6	Round 7	Remarks
1.	Proposal writing	Duration of TA: (average per round) Which technical agencies: Budget source for TA:			
2.	Mock TRP	Duration of TA: Which technical agency: Budget source for TA:			
3.	Grant negotiation	Duration of TA: Which technical agency: Budget source for TA:			
4.	Workplan development	Duration of TA: Which technical agency: Budget source for TA:			
5.	Monitoring & evaluation workshop	Duration of TA: Which technical agency: Budget source for TA:			

Sl. No.	Issues	Technical Assistance	Rounds 1 – 6	Round 7	Remarks
6.	Grant implementation				
	<ul style="list-style-type: none"> <li>In-country TA</li> </ul>	Duration of TA: Which technical agency: Budget source for TA:			
	<ul style="list-style-type: none"> <li>PSM</li> </ul>	Duration of TA: Which technical agency: Budget source for TA:			
	<ul style="list-style-type: none"> <li>GDF</li> </ul>	Duration of TA: Which technical agency: Budget source for TA:			
	<ul style="list-style-type: none"> <li>Specific topic area TA</li> </ul>	Duration of TA: Which technical agency: Budget source for TA:			
	<ul style="list-style-type: none"> <li>Evaluations/reporting</li> </ul>	Duration of TA: Which technical agency: Budget source for TA:			
7.	Monitoring & Evaluation of Phase I/II	Duration of TA: Which technical agency: Budget source for TA:			
8.	Grant renewal and preparation of workplans for Phase 2	Duration of TA: Which technical agency: Budget source for TA:			
9.	Evaluation	Duration of TA: Which technical agency: Budget source for TA:			
10.	Information/ communication	Duration of TA: Which technical agencies Budget source for TA:			
11.	Regional constituency & board meetings	Duration of TA: Which technical agency: Budget source for TA:			

Part III: Qualitative questions (to be filled by CCM/PR/FP)

**A. Development of proposals (Applicable to Rounds 1 to 7)**

- (1) How many proposals has your CCM submitted till Round 7?
- (2) Of these, how many were successful?
- (3) Was the format provided clear and easy to fill?
- (4) What was the average time taken to write and finalize the proposal?
- (5) What would be the ideal timeframe for proposal development?
- (6) Will external technical assistance be required for future proposals?
- (7) Is there adequate capacity by now to develop own proposals? Would training on proposal writing be helpful?
- (8) Do you find the practice of a mock review of the proposal prior to submission useful?
- (9) Could you please provide suggestions for further improvements in the process of developing a proposal?

**B. Grant negotiation**

- (1) Is the process for grant negotiation to be followed clear?
- (2) Are the indicators and targets predefined or do these require review and revision with each successive round?
- (3) Has it always been possible to complete this within a reasonable time period?
- (4) What would help in your view to streamline grant negotiations?

**C. Workplan development (including the Monitoring and Evaluation plan)**

- (1) Is the process to be followed clear?
- (2) Were the formats provided clear and easy to fill?
- (3) What was the average time taken to prepare and finalize the workplan?

- (4) What would be the ideal timeframe for workplan development?
- (5) Is there adequate capacity by now to develop these workplans?  
Would training on planning be helpful?
- (6) What would help in your view to streamline work planning?

**D. Grant implementation**

- (1) How many months per year is technical assistance provided on an average for each disease component?
  - (a) HIV/AIDS
  - (b) TB
  - (c) Malaria

**E. Procurement**

- (1) Is any assistance received from technical partners for procurements under the GF?
- (2) If yes, for which disease components and for what procurements?  
Please circle and tick.

Disease Component	HIV/AIDS	TB	Malaria
Equipment			
Drugs			
Consumables			

**F. Funding**

- (1) Are there technical agencies through which funding is disbursed for specific activities/procurements?
- (2) If so, which technical agencies?
- (3) Have these mechanisms been useful on the whole? If not, please mention the major constraints.

**G. Monitoring and Evaluation (M and E)**

- (1) Are reporting formats and requirements acceptable? If not, could you please provide some comments on why?

- (2) Were M & E workshops held useful to complete the national M & E plans?
- (3) Is additional training required to build capacity for M & E?
- (4) If so in which specific areas (i.e. in developing the national plan, in data recording and reporting systems, data management and analysis etc)?

#### **H. Renewal of grants**

- (1) Was the process for renewal of grants easy? If not, what were the main difficulties?

#### **I. Local Fund Agent (LFA)**

- (1) Is the collaboration between PR/CCM and LFA satisfactory?
- (2) If the collaboration is not satisfactory please comment on the difficulties or constraints faced.

#### **J. Information and communication**

- (1) Are communications between the GF secretariat and the CCM adequate and timely, e.g., regarding new requirements, early-warning mechanism?
- (2) What would help in your view to improve the communication between the GF, PR and CCM?
- (3) Have the regional constituency meetings been useful?
- (4) If yes, in what way? (name three major useful inputs in the recent past)
- (5) If not, what would you like to have included in the agenda for these meetings?

#### **K. Impact**

- (1) How has the GF facilitated the overall health systems strengthening in your country?
- (2) How has the GF facilitated in reaching global targets and goals like the MDGs in your country?

## Annexure: B

**WHO role/engagement in countries in relation to Global Fund**

Area	WHO involvement: Yes/No	Extent: little, moderately, extensively	Usefulness: not useful, useful, very useful
Capacity development in proposal writing			
Proposal writing			
Mock review of proposals			
Preparation for phase 2 renewal			
Advocacy and negotiation			
Provision of TAs for implementation			
Monitoring and evaluation			
Implementing as Sub- PR			
Supporting meetings			
Supporting communications			
Other			

