

Report of the Global Fund Partnership Forum: 2006

“Celebrating Successes & Overcoming Challenges”

**1st – 3rd July, 2006
Durban, South Africa**

Acronyms

1. CBO: Community based organisation
2. CCM: Country co-ordinating mechanism
3. eForum: Electronic virtual discussion forum
4. FBO: Faith based organisation
5. GIST: Joint Global Problem Solving and Implementation Support Team
6. GTT: Global Task Team
7. IDPF: International Drug Purchase Facility
8. IFF: International Finance Facility
9. IMF: International Monetary Fund
10. LFA: Local Fund Agent
11. MDGs: Millennium Development Goals
12. NACs: National AIDS Councils
13. NGO: Non-governmental organisation
14. PFSC: Partnership Forum Steering Committee
15. PSC: Policy and Strategy Committee
16. PR: Principal Recipient
17. RCM: Regional Co-ordinating Mechanism
18. SR: Sub-recipient
19. SWAP: Sector wide approaches
20. TA: Technical assistance
21. TERG: Technical Evaluation Reference Group
22. TRP: Technical Review Panel
23. UN: United Nations
24. UNAIDS: Joint United Nations Programme on HIV/AIDS
25. UNDP: United Nations Development Programme
26. WHO: World Health Organisation

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****All presentations and background documents are available on the Partnership Forum**

website at <http://www.theglobalfund.org/en/about/forum/2006/>

Introduction

This section discusses the background, objectives and process of the 2nd Partnership Forum

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) convened its second Partnership Forum in Durban on the 1 - 3 July 2006 in Durban, South Africa. The Partnership Forum meets every two years to give a broad range of global stakeholders, some of whom may not be represented in the structure of the Global Fund, to provide feedback about the Global Fund's performance and to make recommendations to improve effectiveness and inform strategy. The Partnership Forum is a unique governance structure which contributes to the Global Fund's ethos of being a flexible, responsive and results oriented organization which promotes a culture of learning. While the Partnership Forum is mandated by the Global Fund's constitution, it has no legal decision-making role. Instead, its power lies in the moral and democratic authority associated with strong recommendations that emerge from a large, diverse and representative cross-section of stakeholders.¹

Four and half years since its inception, the Global Fund has approved a total of US\$ 5.17 billion to nearly 359 grants in 131 countries. Of the US\$ 5.17 billion approved, US\$ 2.5 billion has been disbursed to public and private recipients in 128 countries.^{2 3} A five-year evaluation of the Global Fund is now underway. This evaluation is looking at the Global Fund's organizational efficiency, partner environment and impact. A 360 Degree Stakeholder Survey has been conducted to help further define the evaluation questions. The Global Fund is also in the process of developing its long-term strategy, which will set its direction for the next few years. Thus, this Partnership Forum represented a critical opportunity to: (a) reflect on and learn from successes and challenges (b) consider and debate future strategy (c) contribute to the 5 year evaluation of the Global Fund and (d) develop recommendations on key issues of governance, operations and strategy.

Along with a series of regional meetings, an electronic virtual discussion forum (eForum) was conducted over five months leading up to the Partnership Forum. The eForum was a key alternative channel for stakeholders to participate in dialogue and debate about the Global Fund's performance and to influence the Partnership Forum. Based on experience from the first Partnership Forum, the eForum was expanded and efforts were made to make it more accessible to a wider range of global stakeholders. 1350 people from 100 countries participated in moderated discussions on the following four themes: (1) the Global Fund's strategic positioning (2) ensuring impact (3) working more effectively with local and global partners and (4) ensuring Global Fund financial sustainability. Discussions were conducted in English, French, Spanish and Russian and the eForum report was also published in the four languages. eForum findings informed the programme design and participants at the Partnership Forum itself built on the ideas and recommendations from the eForum. **This report aims to reflect the conclusions of the Partnership Forum meeting itself.**

The **objectives** of the Partnership Forum were to:

- Review the Global Fund's progress and to develop specific recommendations to strengthen the Fund's⁴ strategy, policy, and practice **in line with its vision and principles**
- Provide an **open and visible platform** for debate, advocacy, fundraising, and inclusion of new partners
- Mobilize and sustain **coordination, political commitment and momentum** to achieve the Global Fund's objectives
- Provide a communication channel for **stakeholders who are not formally represented elsewhere** in the governance structure

¹ GFATM: First Biennial Partnership Forum Report. 2004. Please see <http://www.theglobalfund.org/en/about/forum/2004/report/>

² Please see http://www.theglobalfund.org/en/files/publications/basics/progress_update/progressupdate.pdf

³ Please see www.theglobalfund.org/en/.

⁴ This includes the following Global Fund structures and processes: Board, Secretariat, Technical Review Panel (TRP), Policy and Strategy Committee (PSC), Replenishment Meeting.

The Partnership Forum **programme** was designed to provide sufficient space to discuss and learn from country and stakeholder experience. Based on learning from the first Partnership Forum, skills building clinics were added to the programme. The aim of the skills building clinics was to share knowledge about the Global Fund; ten presentations, representing the Global Fund's diverse constituencies and programmes, guided the discussions of key operational issues during the skills building clinics.⁵ The skills building were particularly well attended by civil society participants. Building on the experience shared in the skills building clinics, the second day was structured to facilitate in-depth analysis of key operational issues; eight country presentations guided these discussions. The final day of the programme was dedicated to two inter-linked areas: Global Fund strategy (i.e.: the twelve strategic issues being considered by the Policy and Strategy Committee (PSC)) and the Global Fund's five-year evaluation were discussed. Making the leap from the operational level to strategic issues proved challenging. This was primarily because a majority of the participants were quite focused on day to day operations and this tended to bias the discussions and recommendations towards operational issues. Structured networking space was provided where participants defined their own networking issues; several groups (e.g.: gender and youth, malaria, private sector, Round 6) developed recommendations on key operational and strategic issues. (see Annex 1)

Based on learning from the first Partnership Forum, the **facilitation** team was comprised to represent the range of the Global Fund's constituencies. (see Annex 4) Because of the short timelines, it was challenging to get government and private sector representation on the facilitation team. The facilitation team had varied experience of the Global Fund. Those who were less familiar with Global Fund found the facilitation of the strategic discussions quite challenging. The highly technical nature of the strategy background documents made it difficult to grasp the more nuanced aspects of the strategy discussions. Based on feedback from the first Partnership Forum, the facilitation team aimed to (1) provide adequate time for discussion and (2) guide participants in identifying a few compelling recommendations. The process of prioritizing recommendations was quite time consuming and some participants felt that the process was rushed and didn't do justice to the discussions. Interpretation was provided in plenary sessions and in several breakout sessions. Secretariat staff attended many of the group discussions and assisted facilitators with points of clarification. More thought needs to be given to how Secretariat staff can contribute more effectively to Partnership Forum discussions. Prior to the Durban meeting, the following documents were made available on the Partnership Forum website and provided to participants for background reading: (1) provisional Partnership Forum programme (2) eForum Report: A Summary of the Online Discussions Leading Up to the 2006 Partnership Forum (3) Progress Report: Investing in Impact – Mid-Year Results Report 2006 and (4) Strategy Situation Assessment Papers.⁶

414 **participants** from 118 countries participated in the Partnership Forum. Participants came from a variety of sectors. Participants included representatives of affected communities, civil society, nongovernmental (NGO) and community based organizations (CBO), faith based organisations (FBOs), donors, multilateral development cooperation agencies, developed and developing countries, technical and research agencies, foundations, and the private sector. There was a fairly balanced representation across regions, with the exception of Southern Africa which had a significantly higher number of participants. This reflected the extraordinary burden of HIV/AIDS, TB and malaria in Southern Africa and the weight of the Global Fund's programming in this region. Based on the experience of the first Partnership Forum, significant efforts were made to increase participation of government and private sectors. As was the case in the first Partnership Forum, virtually all of the Global Fund's constituencies were well represented except Local Fund Agents (LFAs). Some participants commented that they would have liked to see more visible participation from Global Fund Board members. Significant effort will have to be made in future partnership fora to increase representatives from the TB and malaria sectors. (see Annex 2: Figures 1- 3) The networking and learning opportunities within and across constituencies and regions were appreciated by many participants. Among participants, there was a diverse knowledge and experience of the Global Fund. There were a significant number of participants who were new to the Global Fund and less familiar with strategic issues. This had a definitive impact on the content and quality of the strategic discussions. For

⁵ Please see <http://www.theglobalfund.org/en/about/forum/2006/>

⁶ Please see <http://www.theglobalfund.org/en/about/forum/2006/>

example, in the case of several of the recommendations, the Board/ Secretariat were already in the process of taking the recommended steps. In future Partnership Fora, due consideration will have to be given to designing a programme that effectively engages participants who have different knowledge and experiences of the Global Fund.

As in the first Partnership Forum, most of the **recommendations** that emerged from the Forum were directed to the Board and Global Fund Secretariat for their consideration and response. In addition, some recommendations emerged that are relevant for consideration and action by other bodies, such as the PSC and the TRP. Major outcomes and recommendations were presented to the Mid-Term Replenishment Meeting on July 4 2006 and key strategic recommendations were submitted to the PSC meeting held on July 5 – 6, 2006. A communication plan for this Partnership Forum report will be essential for sharing the results more broadly. Several suggestions in this regard are made in the final section of this report.

Based on the learning from the first Partnership Forum, an independent **evaluation** of the Partnership Forum was carried out. The evaluation methodology included interviews with key informants and participants and a comprehensive participant survey. The aim of the evaluation was to assess the Partnership Forum in terms of the following: (1) accessibility, (2) participation, (3) communication effectiveness, (4) cost effectiveness, and (5) attainment of key outcomes such as quality and content of recommendations, new partnerships, expanding knowledge and understanding about the Global Fund. The findings of the independent evaluation will be presented to the Partnership Forum Steering Committee (PFSC), the PSC and the Global Fund Board. Preliminary evaluation results indicate that the Partnership Forum is seen as a valuable mechanism which has clear knowledge, partnership and networking benefits.

Reviewing Progress

This section discusses results from the following sessions: Sharing Results of the 1st Partnership Forum, Sharing Findings of 360 Degree Stakeholder Survey, Skills Building Clinics, Learning From What has Worked and What Not Worked, and The Global Fund: How Can We Make Sure It Is On Course?

The **first Partnership Forum**, held in July 2004 in Bangkok Thailand, yielded many recommendations which have shaped the Global Fund's work over the last two years.⁷ A vast majority of the recommendations have been taken up by the Global Fund Board and the Secretariat. Some recommendations have been addressed completely and action on others is on-going. When the Partnership Forum took place in 2004 there was uncertainty about whether there would be sufficient resources available to launch a Round 5. Participants at the first Partnership Forum unequivocally recommended that Round 5 should be launched as soon as possible and the Global Fund Board approved the launch of Round 5 in November 2004. Sufficient resources were made available to fully fund all approved Round 5 proposals. In Bangkok, participants also made a series of recommendations about addressing the shortcomings in the functioning of many Country Co-ordinating Mechanisms (CCMs). Most of the recommendations from the first Partnership Forum were included in the revised guidelines for CCMs; these were adopted by the Global Fund Board in June, 2005. The new guidelines require the participation of people living with the diseases and participation of NGOs, FBOs and the private sector. Conflict of interest policies were mandated and measures to ensure transparency were enhanced. These conditions now apply to all new grants and to grant renewals. In the Round 6 call for proposals, it was made clear that if the CCM requirements were not met, the grants would not be approved. In Bangkok, participants also made several recommendations about the performance of the LFAs. Review of the role and function of LFAs is being undertaken, LFA manager was hired at the Secretariat and new guidance is being prepared. LFAs are also being reviewed as part of the strategic planning processes and some innovative LFA models have been suggested. It is clear that the first partnership Forum has had considerable influence and impact on the structure and operations of the Global Fund.

The Technical Evaluation Reference Group (TERG) presented the results of the **360 Degree Stakeholder Assessment** to participants for discussion and feedback.⁸ The 360 Degree Stakeholder Assessment, the first product of the Global Fund's five-year evaluation, consulted a broad range of stakeholders from a diverse range of constituencies and regions. 900 people responded to the on-line survey, which was conducted in four languages. There was good response from developing countries, especially Sub-Saharan Africa. Civil society respondents accounted for 40% of the responses. According to all sectors, the most important of the Global Fund's principles is the one of reaching people affected by the three diseases with Global Fund supported programmes. Other principles were prioritized in order of importance as follows: (1) transparent sharing of information (2) efficacy in disbursing funds (3) prioritization of most affected/at risk communities and (4) focus on funding proven and effective interventions. The following table summarizes key findings and the feedback that participants provided:

Summary Findings from 360 Degree Stakeholder Assessment	Partnership Forum Participant Feedback
<p><i>Recipients consistently rated the Global Fund performance most favorably, while Multilaterals were less positive.</i></p>	<p>The Global Fund is also a multilateral mechanism and multilaterals are very involved in the Global Fund. For example, UNAIDS and WHO are providing support for proposal development and UNDP is a key PR. At headquarters level, multilaterals work closely with the Global Fund; at country level, co-operation, co-ordination and communication is not effective and this should be substantially improved. The Global Fund strategy development process offers an opportunity to remedy this.</p>

⁷ GFATM: First Biennial Partnership Forum Report. 2004. Please see <http://www.theglobalfund.org/en/about/forum/2004/report/>

⁸ Please see http://www.theglobalfund.org/en/files/forum/2006/presentations/pf2006_day2_stakeholder_assessment.ppt

Summary Findings from 360 Degree Stakeholder Assessment	Partnership Forum Participant Feedback
<p><i>All stakeholders agree that private sector funding has not been effectively raised, but most gave this lesser importance.</i></p>	<p>Though the Global Fund is currently more reliant on public funds, the private sector and its resources are important for its future. The Global Fund has to find ways to improve its partnership with the private sector. For example, the Global Fund needs to review its in-kind donation policy and possibly develop a strategy for optimizing private sector engagement. The private sector should also take greater initiative to increase its engagement.</p>
<p><i>Recipient governments feel that they have meaningful partnerships with civil society, civil society is less positive.</i></p>	<p>It is very positive that the Global Fund is trying to foster government-civil society partnership and much progress has been made. Often there is a mutual distrust between government and civil society and civil society feels that they are involved in a tokenistic manner or not treated as an equal partner. Governments feel that the Global Fund should support civil society in a way which is sustainable and in line with national plans. Civil society doesn't feel that having one CCM was necessarily the best way to optimize civil society engagement. Perhaps more non-CCM proposals could be considered. More needs to be done to effectively involve FBOs, who provide 50% of healthcare in most developing countries.</p>
<p><i>Major concerns were raised regarding technical assistance (TA).</i></p>	<p>Effectiveness of TA depends on building country capacity for TA, improved co-ordination between TA providers and ensuring more resources for TA. Civil societies are both recipients and providers of TA. Global Task Team⁹ recommendations on TA not necessarily relevant to civil society; there is a need for an alternate model for civil society. There is need to develop mechanisms for improving access to good quality TA.</p>
<p><i>The most positive ratings were given by respondents who are closely involved with the Global Fund.</i></p>	<p>There is a need for better communication about the Global Fund's work, especially with people from developed countries who seem to have lost interest; this is important for building solidarity among taxpayers in donor countries. Many know about the Global Fund but have found it challenging to become more involved, for example, FBOs.</p>

Sessions on skills building and learning from what has worked and has not worked offered a unique opportunity to **share good practice as well as key implementation challenges**.¹⁰ Sessions on CCMs, PRs, LFAs and procurement were particularly well attended. Key lessons included the following:

CCMs:

- ✓ CCMs inclusive of key populations & with inclusive processes for selection are more successful and sustainable. Legal constraints affecting key populations can be a barrier to CCM supported

⁹ UNAIDS, Global Task Team (GTT) on Improving AIDS Co-ordination Among Multilateral Institutions and International Donors. 14 June 2005.

¹⁰ Please see presentations at http://www.theglobalfund.org/EN/about/forum/2006/skills_clinic/ and <http://www.theglobalfund.org/EN/about/forum/2006/day1/>

proposals – alternative approaches such as submission of non-CCM proposals or challenging laws and policies which impede meaningful key population involvement are important.

- ✓ Regional Co-ordinating Mechanisms (RCMs) require clear guidelines, separate and apart from those provided from CCMs.

PRs:

- ✓ The multiple PRs model facilitates programmes reaching affected communities more efficiently and effectively.¹¹
- ✓ In order to effectively manage multiple PRs, government should encourage public-private partnership and create an environment of trust between stakeholders.
- ✓ Clear and consistent communication between PRs and participation of SRs are both essential for the multiple PR model to work effectively.
- ✓ Strong, impartial PRs are crucial for making money work in fragile states.
- ✓ Performance based funding helps NGO PRs to achieve results.

LFAs:

- ✓ The relationships between LFAs and other country stakeholders should be improved.
- ✓ Communications between LFAs, PRs, Sub-recipients (SRs), CCMs and the Secretariat needs to improve. In particular, clearer communication is needed to clarify roles and responsibilities of each.
- ✓ The LFA model should be reviewed in line with the evolution of the Global Fund.

Private Sector:

- ✓ Applying business thinking and management principles under private sector leadership and enabling private sector contribution to CCM functions can strengthen CCMs.
- ✓ Private sector organisations with strong management expertise can be effective PRs and leaders of CCMs.
- ✓ Co-investment is an important way of increasing private sector engagement. This can include private sector engagement in technical assistance, CCMs, service delivery, and cash contributions.

Civil Society:

- ✓ Effective civil society representation on the CCM is essential. Civil society also has a key role to play in implementation. Civil society can be involved in a variety of ways. For example, civil society can be involved in procurement committees, budget planning and feedback meetings with PRs.
- ✓ A formal framework for civil society participation can guide more effective civil society engagement.
- ✓ On-going technical assistance is key for effective civil society engagement.
- ✓ History of government and civil society collaboration facilitates more effective grant implementation.
- ✓ Government and civil society must work together to resolve implementation bottlenecks.
- ✓ Transparency of procedures and allocations critical to successful civil society involvement.
- ✓ Participation of organizations of affected communities, including key populations is important for success.

Service Delivery:

- ✓ Leveraging programmes on established programmes with the same target population is a good way of scaling up service delivery and avoiding parallel systems. For example, a malaria control programme can be successfully leveraged on an immunization programme.
- ✓ Decentralizing implementation gets essential services closer to affected communities
- ✓ Partnering with private sector can help to scale up services and ensure their sustainability.

¹¹ Please see presentation on Managing Multiple PRs at http://www.theglobalfund.org/EN/about/forum/2006/skills_clinic/

Technical Assistance:

- ✓ Identification of TA requirements should be integrated into every stage of the grant process. Accordingly, an appropriate and flexible budget for technical assistance should be built into the entire grant cycle.
- ✓ TA needs to be country driven and part of the CCM process. In order for TA to be sustainable, there must be medium and longer-term plans to build national and/or regional capacity for providing technical assistance.
- ✓ TA requirements can be broad and varied, thus there should be an open market for the provision of technical assistance.
- ✓ TA should co-ordinated with technical and financial partners and through national, regional and global partnerships.
- ✓ Funding should be provided to resolve basic implementation bottlenecks.

Alignment and Harmonisation:

- ✓ Alignment and harmonisation of well defined programmes within costed, coherent national strategic plans has worked well. Where national strategic frameworks are complex, alignment and harmonization have proved difficult.
- ✓ Joint planning and co-ordination of monitoring and evaluation has worked fairly well as has the joint planning and co-ordination of TA through the Joint Global Problem Solving and Implementation Support Team (GIST).¹² This needs to be scaled up.

Resource Mobilisation:

- ✓ The flexible Global Fund Model lends itself to innovative financing. Innovative financing is urgently required.
- ✓ The resource mobilization strategy should include cash contributions, co-investment contributions, innovative financing mechanisms, increased contributions from governments.

Common **challenges** included procurement and supply management, weak health systems, technical assistance, resource mobilisation and communications between the Secretariat, CCMs, LFAs, PRs, and SRs. The aforementioned challenges were also discussed in the eForum and technical assistance and communication were also identified as key challenges by participants in the first Partnership Forum in 2004.

In spite of these challenges, there was a general consensus that the Global Fund is on course and that it has made a significant contribution to mitigating the burden of HIV/AIDS, TB and malaria in numerous countries. The following were cited as essential actions for ensuring that the Global Fund remains on course:

- 1. The Global Fund should continue with its country driven approach.**
- 2. The Global Fund should focus on funding, sustainability and health systems strengthening.**
- 3. The Global Fund is having impact, the funding gap for Round 6 and beyond must be met. The aim should be to work towards long-term predictable financing.**
- 4. The funding gap for technical assistance must be met and support for technical agencies should be scaled up. The Consolidated United Nations (UN) Technical Support plan should be fully funded.¹³**

¹² From UNAIDS, Global Task Team on Improving AIDS Co-ordination Among Multilateral Institutions and International Donors. 14 June 2005.

¹³ UNAIDS. Making The Money Work Through Greater UN Support for AIDS Responses. The 2006 – 2007 Consolidated Technical Support Plan for AIDS. August 2005.

- 5. Performance based funding is proving to be positive tool which is improving grant implementation.**
- 6. Monitoring and reporting must be streamlined.**
- 7. The Global Fund should map out its correct place in health financing architecture viz. in terms of how it works with other actors on health systems strengthening.**
- 8. In line with its principles and approach, the Global Fund should increase and optimise private sector engagement.**

Recommendations

This section discusses results from the following sessions: Learning From What Has Worked And What Has Not Worked and Strategic Solutions: Shaping the Future of the Global Fund.

The recommendations listed in this section of the report reflect the opinions of participants. In some cases, exact wording has been edited to allow for merging of overlapping discussions and recommendations. The character of the recommendations range from being issues requiring further consideration to specific, actionable suggestions. Country presentations from key stakeholders and the strategy papers being considered by the PSC were used as facilitation tools to guide discussions.

In terms of process, not all participants discussed and endorsed each and every one of the recommendations. However, the majority of recommendations were presented to the participants in the closing plenary and participants, through the Partnership Forum website, had the opportunity to respond to the recommendations. The recommendations are listed by topic and under each topic, the recommendations are further organised in two categories: (1) operational and (2) strategic (where available).

1. Global Fund Strategic Positioning

Participants generally agreed that the Global Fund had excelled in terms of its flexibility and its ability to raise and move resources for HIV/AIDS, TB and malaria. The major concerns raised by participants were that partnerships at country level weren't working at optimal efficiency and effectiveness. Participants generally agreed that the Global Fund needed to take a more substantive role in ensuring complementarity, additionality, and better division of labour and partnerships. Issues of the Global Fund's role in capacity building were also mentioned but no clear recommendations emerged in this regard.

Strategic Recommendations

A. The Global Fund should facilitate partnerships at country, bi- and multilateral levels along the lines of the Paris Declaration on Aid Effectiveness: Ownership, Harmonisation, Alignment, Results and Mutual Accountability.¹⁴

2. Global Fund Size

Participants considered the following question: should the Global Fund develop an aspirational size (and trajectory) for itself and if so what is the appropriate target size that will enable it to obtain its purpose? Participants agreed that the Global Fund had proved itself successful in terms of efficiency of disbursement and impact on reducing the burden of HIV/AIDS, TB and malaria. As a result size should be determined in terms of how it fits in with the other actors in the global health financing architecture and overall need. Several participants stated that given global public health need, the Global Fund should aim for being at a size of USD \$ 8 – 11 billion.

Strategic Recommendations

A. The Global Fund should engage in discussions with other funding mechanisms regarding global funding levels and division of labor among partners to reach the Millennium Development Goals (MDGs).

B. The size of the fund should be based on the needs as reflected in the MDGs and take into account the roles that other funders and funding mechanisms play.

¹⁴ Please see <http://www.oecd.org/dataoecd/11/41/34428351.pdf>

3. Optimising Grant Performance

Participants discussed and agreed the following as key needs in the area of optimizing grant performance: (1) speedy and accurate information flows from SRs all the way up to the Global Fund, and back, (2) speedy and predictable money flows from the Global Fund all the way down to SRs, (3) speedy and preferably local or South-South/East-East provision of required TA which is inclusive in its consideration of TA providers (e.g.: civil society and private sector provision of TA) and (4) the courage within the CCMs and the PRs to discuss and confront key problems, without conflict of interest -- particularly the problems that are political and can't be addressed by TA. Several participants mentioned the need for appropriate guidelines for procuring TA and the need for competitive bidding for TA provision.

Strategic Recommendations

A. The Board should request the Secretariat to design a more efficient and effective form of information sharing between the Secretariat, PRs, CCMs and LFAs.

B. The Board should require that technical assistance is provided in a more streamlined and planned manner, covering each stage of proposal preparation and programme implementation.

C. The Board should conduct an in-depth analysis of the supply and demand situation of technical assistance.

D. The Global Fund should recommend a range of sources of technical assistance – not just UN technical assistance.

4. Funding the right things

Participants generally agreed that Global Fund programmes for key populations (e.g.: injection drug users, sex workers, men who have sex with men, and people with HIV) needed to be scaled up and that more effort was required to address issues such as gender, reaching rural populations, children and linking prevention with treatment. Many participants stated that current frameworks (e.g.: Universal Access, Stop TB and Roll Back Malaria) for the three diseases needed to be harmonised to maximize synergy. It was generally agreed that based on the success of the multiple PR model, the Global Fund should encourage multiple avenues for the implementation of grants, recognizing that different and multiple PRs and SRs can move funds faster and to more sectors of the country.

Operational Recommendations

A. The TRP needs to routinely consider issues such as stigma, discrimination, gender inequality, poverty, long-term sustainability and capacity building within all proposals.

Strategic Recommendations

B. UNAIDS and WHO, as technical partners on the Board, should develop a definition/ menu for a 'comprehensive' plan to guide proposal development and TRP review.

C. The Board should encourage global actors (WHO, UNAIDS, World Bank, private sector and civil society) to agree on common tools for assessing country systems and resource gaps for scaling up to universal access.

D. The Board should continue to ensure that programmes are funded to achieve maximum health impact, including through poverty reduction and addressing the underlying determinants of health such as stigma, discrimination and gender inequality.

E. The Board should encourage the multiple PR model.

5. Beyond Phase 2

Participants discussed the need for an appropriate exit strategy which included commitments from key stakeholders such as government and civil society. Participants highlighted the need to support continuity of services and exit strategies which are tailored to the each of the three diseases and varying country contexts. There was general consensus that, based on the principles of performance based funding, well-performing grants, which were completed or nearing completions, should be given extensions and that they should not have to reapply in new rounds. Participants specified that the extensions of such grants should be for exactly the same activities. In addition, there was discussion about extending grant cycles, which again highlighted the need for longer-term, predictable financing and financial planning.

Strategic Recommendations

A. The Board should ensure that the continuity of services policy is continued.

B. The Board should consider some form of exit or sustainability strategy in the grants process.

C. The Board should develop policy to ensure that high performing grants which have been completed should qualify for extensions instead of new rounds. Consolidation of grants should be encouraged.

D. The Board should explore the need for longer term grants for 8 – 10 years, taking into account role of the TRP, performance based funding requirements and evaluation.

6. Health Systems Strengthening

All participants agreed that the Global Fund needs to articulate clear commitments in the area of health systems strengthening. There were strong endorsements from the participants for increasing funding to health systems strengthening commitments which support; (1) longer-term initiatives, (2) paying community caregivers, (2) strengthening essential infrastructure, (3) innovative financing, (4) Sector Wide Approaches (SWAPS), (5) integrating sexual and reproductive health and child health services, (6) local government initiatives and (7) harmonizing efforts at the district, national, regional and global levels. Many participants observed that there had been little discussion on analysis that was done at Board level about how the Global Fund should work with the World Bank on health system strengthening; the majority of participants felt it was critical to follow this up as health systems strengthening was essential for scaling up HIV/AIDS, TB and malaria programmes. A significant number of participants raised concerns about the negative impact of the International Monetary Fund's (IMF) fiscal policies on health system strengthening efforts. Participants generally agreed that the Global Fund should scale up health systems strengthening and that it should remain flexible to respond to future health systems strengthening needs.

Strategic Recommendations

A. The Board should have a strong, clearly articulated mandate for ongoing investments into a broad range of health system strengthening interventions.

B. The Board should establish longer funding cycles for health systems strengthening.

C. The Board should follow up with the World Bank regarding the recommendations of the Shakow report pertaining to harmonization in health system strengthening.¹⁵

D. The Board should ensure that the Fund works more effectively with a broader range of development funders and strengthen partnerships for health system strengthening.

¹⁵ Please see <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/GFWBReportFinalVersion.pdf>. January 2006.

E. The Board should prioritise funding systems strengthening for integrated primary health care delivery within universal access goals. This should include expanding the scope of funding to include sexual reproductive health and basic primary health care.

F. The Board should use its influence and explore specific mechanisms to bring about the necessary changes in IMF fiscal policies.

7. Leveraging Civil Society

Many participants emphasised the key role that civil society has played in promoting and supporting the Global Fund. They also recognised that civil society is involved in many parts of the Global Fund – e.g.: Board, Secretariat etc. Many participants discussed the need to have appropriate mechanisms to effectively engage civil society in all levels of the Global Fund. For example, the need to appropriately involve civil society in CCMs was seen as crucial to optimising civil society contributions. Participants stated that often CCMs were dominated by government and didn't meaningfully involve civil society. The tensions within different civil society groups were also cited as a barrier to effective civil society engagement. The engagement of FBOs was seen as being particularly problematic, especially in terms of having appropriate and accessible mechanisms to increase their involvement. Participants discussed the need for the Global Fund to recognise that FBOs are a distinctive part of civil society and in many contexts FBOs have a unique capacity and reach in service delivery. The multiple PR model was discussed as an important way of increasing FBO engagement. Several participants suggested that more non-CCM proposals should be accepted, particularly in the case of proposals for key population programmes. The need for information sharing and capacity building were highlighted as was the need for transparency and accountability within civil society constituencies.

Operational Recommendations

A. The Secretariat should improve information sharing and communication: (1) among countries (civil society and government) and (2) between the Secretariat and civil society.

Strategic Recommendations

B. The current Additional Safeguards Policy is more stringent for civil society organizations than for PRs and government. The Board should review this to encourage more civil society participation.

C. The Board should commission an external evaluation of civil society participation, especially affected communities, in all levels of Global Fund.¹⁶

D. The Board should modify the grant proposal process and create separate streams for government and civil society (including FBOs) funding.

8. Leveraging Private Sector

In general participants agreed that private sector engagement needed to be scaled up. Many participants observed that the private sector works differently to the public sector and thus the Global Fund would need to develop appropriate methods of engaging the private sector. Several participants mentioned that in spite of several successful co-investment programmes, current Global Fund grant proposal processes did not work for co-investment initiatives. Participants generally agreed that the resource mobilisation potential of the private sector has not been fully realised. Participants generally agreed that it was especially important to capitalise on private sector potential for generating cash contributions. The issue of in-kind product or service donations was also discussed. Several participants expressed concerns about the potential negative consequences of in-kind donations of medicines.

¹⁶The Global Fund has already undertaken this exercise. The Global Fund is in the process of developing a framework for effective civil society engagement.

Operational Recommendations

A. The Secretariat should benchmark current processes with those used by other funding mechanisms (i.e. PEPFAR) in order to appropriately modify or develop an innovative, streamlined process for directly funding co-investment opportunities.

B. The Secretariat should identify co-investment programmes already active in countries in order to define the processes in which private sector can work in co-investment initiatives with the Global Fund through the PRs (in the implementation phase of grants).

C. The Secretariat should conduct a study on country level private sector contributions and also look at other funding models and how they work with the private sector.

Strategic Recommendations

D. The Board should commission an external evaluation of private sector participation in all levels of Global Fund. Based on this, the Secretariat should develop a framework for effective private sector engagement.

E. The Global Fund should revisit its current position on in-kind product and service contributions.¹⁷

F. The Global Fund should commit adequate resources to fully realise cash fundraising potential from individuals and businesses through existing and new campaigns.

G. The Global Fund should consider working with countries to explore if tax rebates would leverage additional private sector participation.

H. The Global Fund should develop a marketing strategy aimed at corporations and their corporate social responsibility programmes.

I. The Board should modify the grant proposal process and create a separate stream for co-investment programmes.

9. Procurement and Supply Management (PSM)

49% of Global Fund expenditure is spent on commodities and procurement problems are a significant factor that slows programme implementation. Participants agreed that the Global Fund needed to take a more active role in influencing market dynamics. Participants reaffirmed the Global Fund's principles and policies of promoting competition (e.g.: Price Reporting Mechanism). The conflict between strengthening global or multilateral procurement mechanisms and building capacity at national and regional levels was highlighted in several discussions. Participants identified the urgent need to leverage the Global Fund's comparative advantages in promoting competition at a global level; this was seen as crucial for securing the best price commodities. In general, participants agreed that more effort needed to be made to secure all available price reductions by: (1) encouraging the greater use of TRIPS and its flexibilities,¹⁸ (2) streamlining or fast-tracking regulatory and registration processes, (3) reducing tariffs and taxes, and (4) amending policies and contract conditions.

Operational Recommendations

A. The Secretariat should encourage use of the direct payment mechanism, which is an under-utilised but very efficient option.

¹⁷The Global Fund is revisiting its In-Kind Donations Policy.

¹⁸Agreement on Trade-Related Aspects of Intellectual Property Rights. Please see http://www.wto.org/english/tratop_e/trips_e/t_agm0_e.htm

B. The Secretariat should evaluate the performance of procurement agents and consider using international public procurement agents in order to reduce opportunities for conflict of interest and cost.

C. Wherever possible, PRs should use multiple suppliers to secure sustainability, avoid shortages and promote competition.

Strategic Recommendations

D. The Board should urgently commission participatory research of the entire procurement chain (from producer to patient) to identify the root causes of procurement and supply management problems. This could then form the basis of the Global Fund procurement strategy.

E. The Global Fund should develop a comprehensive procurement strategy that aims to get the largest number of products to greatest number of people in the shortest possible time at the lowest possible cost at an assured quality.

F. The Global Fund should continue to develop and strengthen a flexible portfolio of options that responds to variable procurement needs to secure timely and cost effective delivery.

G. The Board along with Roll Back Malaria partners should commission an expert panel to develop recommendations for pooled procurement of malaria commodities.

H. The Board should consider integrating/developing explicit partnership with the International Drug Purchase Facility (IDPF).

10. Alignment and Harmonization

Participants debated whether programme-based funding was better than the round-based approach. Some participants suggested that the Global Fund Board consider shifting from a rounds-based to programme-based funding approach. Some participants suggested that for the countries which would not opt for the programme based-funding, setting fixed annual round dates could improve predictability and planning. Many participants raised a concern that for countries receiving funding from different rounds for same components, the current policy does not allow for consolidated management. Most participants agreed that harmonization of monitoring and evaluation was difficult because of the high density of donors/partners, all with different frameworks and requirements. There were significant differences of opinion on two key issues: (1) merging of CCMs with National AIDS Councils (NACs) and (2) the Global Fund having a regional presence to ensure better alignment and harmonization. On the issue of merging CCMs and NACs, major concerns were about scope, effectiveness and the potential exclusion of TB and malaria. On the issue of increasing the Global Fund's regional presence, many participants felt that instead of expanding its own presence at regional level, the Global Fund should optimize existing partnerships at country, regional and global levels.

Strategic Recommendations

A. The Board should approve optional programmatic funding for eligible countries.

B. The Board should set fixed annual round dates for countries not eligible for programmatic funding.

C. The Board should confer upon the Secretariat the strategic flexibility required to enable comprehensive grant consolidation.

D. The Board together with UNAIDS and Global Fund recipients at country level should convene all donors to agree to a single reporting methodology and consolidated country report.¹⁹

E. The Global Fund and other partners should use costed, prioritized and inclusive national plans that address obstacles such as health systems and capacity development as a basis of funding.

11. Resource Mobilisation

There was general agreement that the review of the Comprehensive Funding Policy had achieved positive results. Participants generally agreed that one of the key principles of resource mobilization should be long-term predictable financing and multi-year applicability. Participants suggested modifying the resource mobilization strategy to a 'business model', which would require addressing issues such as the skill set of the Executive Director, the staff and the Board. Many participants suggested the need for an effective public and private sector communication and advocacy strategy that addressed additionality at local and global levels as well as results and impact; this was seen as being crucial for leveraging more sustainable investment from recipient countries. Several participants suggested that the Global Fund might consider working much more closely with parliamentarians in donor and recipient countries. There was general agreement for the need to scale up resource mobilization through the private sector (see leveraging private sector) and engagement with innovative financing approaches such as the International Finance Facility and the IDPF.

Operational Recommendations

A. The Secretariat should develop a clearer advocacy and communication strategy to enhance its catalytic role around its fundraising function.

Strategic Recommendations

B. The Board should further explore the possibilities for increasing the return on investment of the Trustee Account.

C. The Global Fund should explore modifying its resource mobilization response to a 'business model'.

D. The Global Fund should consider regular review of its Comprehensive Funding Policy to optimize flexibility of the Secretariat response.

E. The Board should consider moving the Global Fund from a low level to a high level of engagement around innovative financing. The Board should ensure appropriate flexibility in order to accommodate the differences between innovative financing mechanisms and the Global Fund model.

12. Measuring Impact & Ensuring Accountability

Participants focused their discussions on streamlining and simplifying monitoring and evaluation requirements, so as to reduce burden on PR and SR staff time. In terms of measuring impact, participants agreed that along with the impact on disease burden, the Global Fund should measure coverage, access, equity and quality of services supported.

Operational Recommendations

A. For stable grants, grant reporting should not be required more often than every six or twelve months. Attempts should be made to find indicators that are of value to multiple donors.

¹⁹The Global Fund, along with key partners such as UNAIDS, is addressing this.

B. When a project is supported by multiple donors, each significant donor should be given credit for having helped, without disaggregating between donors the impact on disease burden.

Strategic Recommendations

C. The Global Fund should measure its impact on disease burden, and also on strengthening health and other systems.

D. The Global Fund should, as much as possible, permit countries to report using indicators and systems that are already used at the country level.

13. Architecture: CCMs, LFAs, PRs, TRP

It was noted that 3 important parts of the architecture were not considered: Board, Secretariat and SRs. Many of the issues discussed about PRs reflected a lack of clarity about the mandates of PRs and CCMs. In particular, the delineation between management and governance roles needs to be clarified. There was general agreement that poor communication between CCMs, PRs and LFAs led to mistrust and suspicion. This highlighted again the need for more open and effective communication between the various parts of the Global Fund architecture. Discussion about CCMs focused on improving the balance of representation - i.e.: more civil society and private sector representatives. Key questions about the role of the CCM were discussed, namely (1) should the CCM be a legal entity or purely a policy body? (2) should the CCM have a stronger role vis-à-vis the PR? (3) what management role should the CCM play? Several participants concluded that CCMs should take on a managerial role with a distinct group/committee for each disease in the second tier of the CCM. Several participants suggested that CCMs should encourage and consider more civil society proposals in order to strengthen participation of civil society. As in the 360 Degree Stakeholder Assessment, participants were quite critical about LFAs. In terms of the TRP, there was a general sense that people had little awareness of it. The Secretariat representative explained that there were 26-30 members, with a mix of backgrounds in HIV/AIDS, TB, Malaria and cross-cutting issues. There were several concerns raised about the skill set and mix of the TRP in terms of it being too bio-medically dominated. Additionally, people queried whether the TRP had sufficient time to thoroughly review proposals. Many participants agreed that those submitting proposals should be given the opportunity to address TRP comments and queries prior to Board approval.

Operational Recommendations

A. The Global Fund should communicate more clearly their expectations on the role of the CCM and its responsibility for monitoring.

B. Additional effort is required to ensure that CCMs are structured as public-private partnerships which maximise potential of private sector involvement. (e.g.: assisting with improving management and operational processes)

C. The guidelines for representation on CCMs should be viewed as essential criteria.

D. The Secretariat should perform regular reviews of LFAs, which include formal involvement of CCMs and PRs.

E. The Secretariat should update LFA TOR as follows: (1) country presence should be required as well as regular public reports that address procurement bottlenecks and delays and (2) expertise of the LFA should match the TOR and expected role.

F. The Secretariat should clarify the communication requirements between the LFA – PR – CCM and communicate these to all parties.

G. The Secretariat should establish an appeal/mediation mechanism for PR – LFA relationships.

H. The Secretariat should develop clear guidelines for Regional Co-ordinating Mechanisms (RCMs).

Strategic Recommendations

I. The Portfolio Committee should ensure that the TRP includes representation/expertise on gender and rights and health system strengthening.

J. The Secretariat, with Board guidance, should develop specific guidance for the TRP to differentiate different approaches for different diseases, contexts and countries.

K. Based on the current funding round model, the TRP process should be undertaken over a longer time than the current two weeks.

L. The TRP should review all components of all proposals to consider those components which should be funded, even if the overall country proposal does not merit full funding.

Next Steps

In keeping with its objectives the 2nd Partnership Forum brought together a broad range of global stakeholders and provided them a visible and open platform for learning, sharing and networking. Based on the preliminary evaluation results, it can be said that this was done with some measure of success. A diverse range of lessons and recommendations have emerged and these will be given due consideration by the Global Fund Board, the Secretariat and other key structures. As previously mentioned, the outcomes have already been presented to the Mid-Term Replenishment and PSC meetings held in early July 2006 directly after the Partnership Forum.

The rich discussions and outcomes of the 2nd Partnership Forum will be taken forward in several ways:

- ✓ The Partnership Forum report, along with the results of the independent evaluation will be presented to the Policy and Strategy Committee meeting in September 2006
- ✓ The Partnership Forum report, along with the results of the independent evaluation will be presented to the 14th meeting of the Global Fund Board in November 2006.
- ✓ A communication strategy for the Partnership Forum report will include formal publication of the report and dissemination as follows: (1) to Partnership Forum participants, (2) to Board members, alternates and other members of Board delegations²⁰, (4) to CCMs, PRs and LFAs, (5) to members of the TRP and (6) through the Global Fund website.

Both the Board and Secretariat will issue their formal responses to the recommendations by the end of 2006. It will be important to follow up in mid-2007 on the progress being made on the recommendations from the second Partnership Forum.

²⁰ Board delegations should take responsibility for disseminating the report through their networks.

Annex 1: Partnership Forum Programme

Saturday 1st July, 2006

10.00 – 17.00	Registration
14.00 – 15.30	Skills Building Clinics: Sharing Experience and Good Practice <ul style="list-style-type: none">✓ <i>Breakout Group 1: Innovative Country Coordinating Mechanisms</i>✓ <i>Breakout Group 2: Effective Planning and Management of Grants</i>✓ <i>Breakout Group 3: Programmes for key populations</i>✓ <i>Breakout Group 4: Scaling up access to malaria control*</i>✓ <i>Breakout Group 5: Involvement of private sector in co-investment/service delivery</i>
15.30 – 16.00	Coffee Break
16.00 – 17.30	Skills Building Clinics: Sharing Experience and Good Practice (continued) <ul style="list-style-type: none">✓ <i>Breakout Group 1: Making money work in fragile states*</i>✓ <i>Breakout Group 2: Civil Society Involvement</i>✓ <i>Breakout Group 3: Managing multiple Principal Recipients</i>✓ <i>Breakout Group 4: Technical support</i>✓ <i>Breakout Group 5: Resource mobilisation</i>
18.30 – 19.30	Cocktails
19.30 – 21.30	Opening Ceremony

Sunday 2nd July, 2006

8.00 – 8.40	Introduction of 2nd Partnership Forum Chair: Lieve Fransen, Vice-Chair, The Global Fund Board
8.00 – 8.10	Welcome <ul style="list-style-type: none">✓ <i>Mantombazana Tshabalala-Msimang, Minister of Health, South Africa</i>
8.10 – 8.25	Introductory Remarks <ul style="list-style-type: none">✓ <i>Richard Feachem, Executive Director, The Global Fund</i>
8.25 – 8.40	Introduction of Programme <ul style="list-style-type: none">✓ <i>Mandeep Dhaliwal, Lead Facilitator</i>

- 8.40 – 9.00** **Plenary Presentation: Sharing Results of 1st Partnership Forum**
 Chairs: Brian Brink & Elizabeth Mataka, Chair & Vice-Chair Partnership Forum Committee
 ✓ *Michael O'Connor, Interagency Coalition on AIDS & Development; Member, Partnership Forum Committee*
- 9.00 – 10.00** **Plenary Debate: The Global Fund – How can we make sure it is on course?**
 Moderator: Hilde Johnson, Advisor, African Development Bank
 ✓ *Ali As'Ad, Recipient Country*
 ✓ *Richard Burzynski, Civil Society*
 ✓ *Omololu Falobi, Developing Country Civil Society*
 ✓ *Michel Kazatchkine, Donor Government*
 ✓ *Robin Gorna, Donor Government*
 ✓ *Brian Brink, Private Sector*
- 10.00 – 10.30** **Coffee Break**
- 10.30 – 12.30** **Learning From What Has Worked & What Has Not Worked**
 Chair: Mandeep Dhaliwal, Lead Facilitator
- 10.30 – 10.50 Plenary presentation: Synthesis of good practice - Skills Buildings Clinics
 ✓ *Dr Simon Mphuka & Dr Cynthia Bowa, Facilitation Team*
- 10.50 – 13.00 Group Work: Learning From What Has Worked & What Has Not Worked
 ✓ *Breakout Group 1: Supply Management & Procurement*
 ✓ *Breakout Group 2: Local Fund Agents*
 ✓ *Breakout Group 3: Country Coordinating Mechanisms*
 ✓ *Breakout Group 4: Principal Recipients*
 ✓ *Breakout Group 5: Private sector involvement*
 ✓ *Breakout Group 6: Civil society involvement**
 ✓ *Breakout Group 7: Technical assistance and Harmonisation**
 ✓ *Breakout Group 8: Multi-country projects*
- 13.00 – 14.30** **Lunch**
- 14.30 – 16.30 Feedback: Group Work: Learning from What Has Worked & What Has Not Worked
 Chairs: David Parirenyatwa, Minister of Health, Zimbabwe & Shaun Mellors, International HIV/AIDS Alliance; Member, Partnership Forum Committee
 ✓ Feedback from Breakout Groups 1 through 8 (10 minutes each)
- 16.30 – 18.00** **Coffee & Networking Space**
 ✓ Opportunities for participants to network in a structured space
 ✓ Opportunities for regional/constituency meetings
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Monday 3rd July 2006

9.00 – 12.30

Strategic Solutions: Shaping the Future of the Fund

Chairs: Jairo Pedraza, Vice-Chair Policy & Strategy Committee & Mandeep Dhaliwal, Lead Facilitator

9.00 – 9.15

Plenary Presentation: Introducing the 5 Year Evaluation of The Global Fund

✓ *Bernhard Schwartlander, The Global Fund*

9.15 – 9.45

Plenary Presentation: Fund's Strategy Development

✓ *Asia Russell, Health Gap, Member of Policy & Strategy Committee*

9.45 – 10.00

Plenary Presentation: E-Forum Findings

✓ *Christoph Benn, The Global Fund*

10.00 – 10.30

Coffee Break

10.30 – 12.30

Group Work: Developing Strategic Solutions

✓ *Breakout Group 1: Global Fund strategic positioning*

✓ *Breakout Group 2: Global Fund size**

✓ *Breakout Group 3: Optimising grant performance*

✓ *Breakout Group 4: Funding the right things**

✓ *Breakout Group 5: Beyond Phase 2*

✓ *Breakout Group 6: Health systems*

12.30 – 13.30

Lunch

13.30 – 16.00

Group Work: Developing Strategic Solutions

✓ *Breakout Group 1: Civil society and private sector*

✓ *Breakout Group 2: Influencing Market Dynamics**

✓ *Breakout Group 3: Alignment and harmonisation*

✓ *Breakout Group 4: Optimising Global Fund resource mobilisation**

✓ *Breakout Group 5: Fund's architecture: Local Fund Agents, Country Coordinating Mechanisms, Principal Recipients, Technical Review Panel*

✓ *Breakout Group 6: Measuring impact and ensuring accountability*

16.00 – 16.30

Coffee

16.30 – 17.40

Sharing Findings of 360 Degree Stakeholder Assessment

Chair: Prof. Rolfe Korte, Chair Technical Evaluation Reference Group (TERG)

16.30 – 17.00

Plenary presentation of findings of 360 Degree Stakeholder Assessment

✓ *Rose Leke, Vice-Chair TERG*

- 17.00 – 17.40 Interactive dialogue on findings
- ✓ *Facilitated by Brian Brink, Anglo American & Bernhard Schwartlander and Daniel Low-Beer, The Global Fund*
 - *Panelists:*
 - *Jeff Sturchio, Private Sector*
 - *Luis Loures, UN Agency*
 - *Geoff Adelide, Donor Government*
 - *Dr Partha Mandal, PR, TB programme*
 - *Peter van Roojen, NGO Board Member*
- 17.40 – 18.30 Closing Plenary**
Chairs: Brian Brink & Elizabeth Mataka, Chair & Vice-Chair Partnership Forum
- 17.40 – 18.10 Plenary presentation of recommendations developed during Partnership Forum
- ✓ *Mandeep Dhaliwal, Lead Facilitator*
- 18.10 – 18.20 Comment on Next Steps
- ✓ *Richard Feachem, Executive Director, The Global Fund*
- 18.20 – 18.30 Closing Comments
- ✓ *Lieve Fransen, Vice-Chair of Board*
 - ✓ *Javier Hourcade Bellocq, International HIV/AIDS Alliance, Board Member, Affected Communities*

Annex 2: Participants

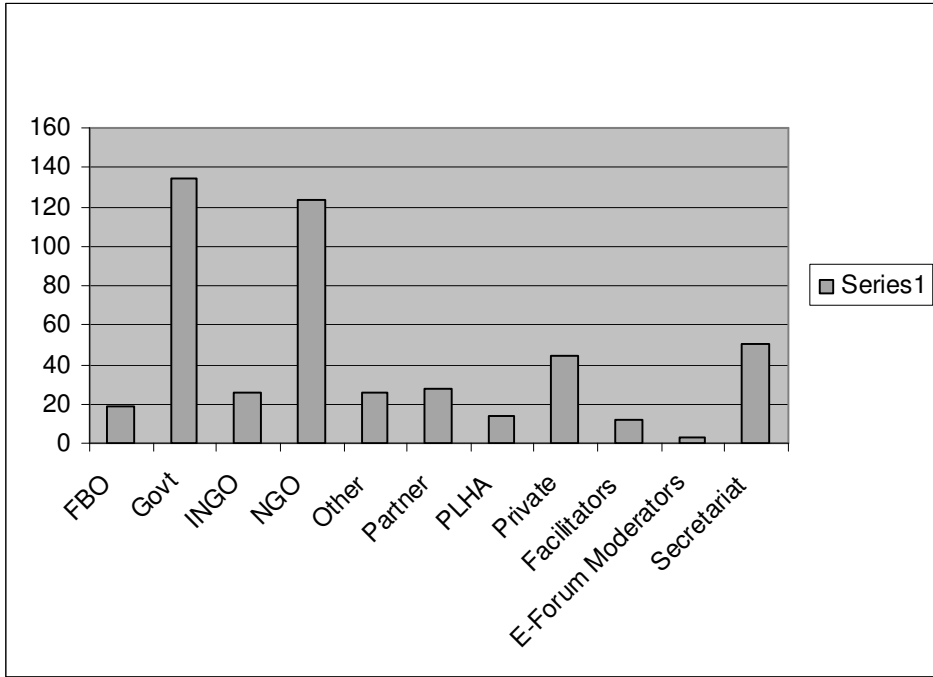


Figure 1: Constituency Breakdown

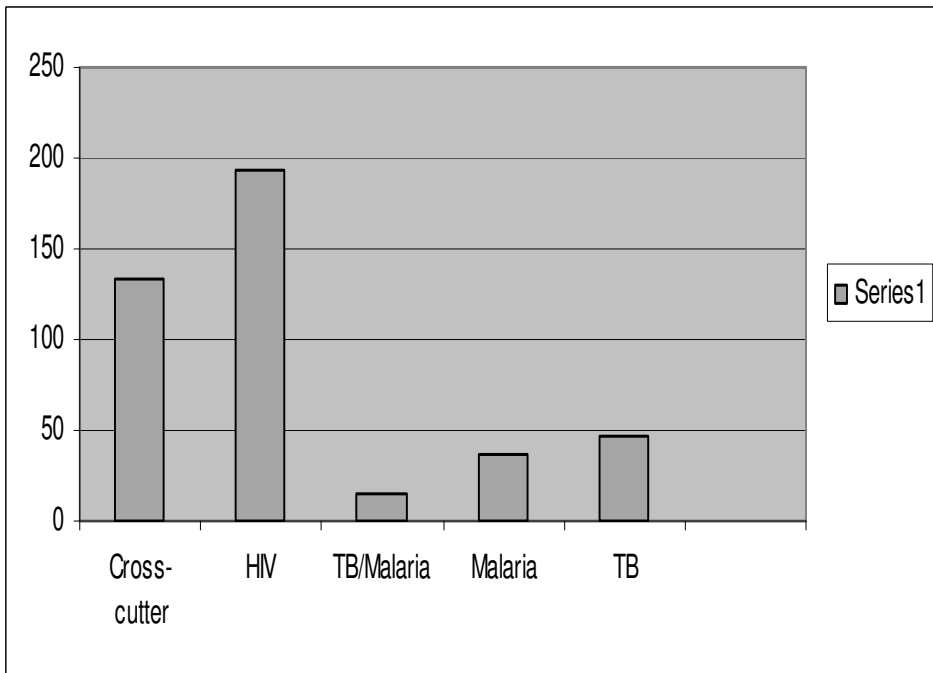


Figure 2: Disease Breakdown

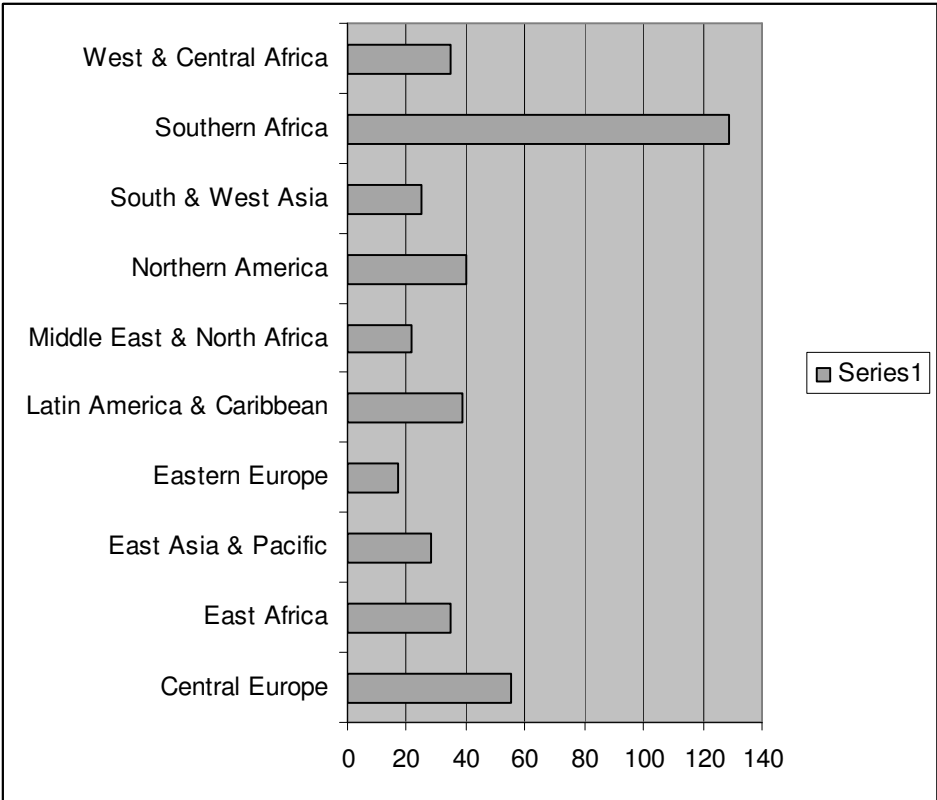


Figure 3: Regional Breakdown

Annex 3: Membership of the Partnership Forum Steering Committee

Name	Constituency
Dr Brian Brink (<i>Chair</i>)	Private Sector
Ms. Elizabeth Mataka (<i>Vice Chair</i>)	NGO Developing Country
Ms. Nadia Stuewer	Canada-Germany-Switzerland
Ms. Daisy Mafubelu	Eastern & Southern Africa
Mr. Michael Lastschenko	European Commission (Belgium)
Mr. Enrico Mollica	European Commission (Belgium)
Mr. Michael O'Connor	NGO Developed Country
Mr. Shaun Mellors	NGO Communities
Mr. Todd Summers	Private Foundations
Ms. Barbara Bulc	Private Sector
Ms. Madeleine Leloup	UNAIDS
Ms. Dianne Stewart	GFATM Secretariat focal point
Ms. Akunda Pallanygo	GFATM Secretariat assistant

Annex 4: Facilitation Team

Name	Constituencies
Dr Mandeep Dhaliwal (<i>Lead Facilitator</i>)	Civil Society, HIV
Dr Shaun Conway	Private Sector/Civil Society, HIV/TB
Michelle Folsom	Civil Society/Private Sector, HIV/TB/Malaria
Dr Cynthia Bowa	Government/Civil Society, HIV/TB/Malaria
Dr Simon Mphuka	Civil Society (FBO), HIV/TB/Malaria
Anton Kerr	Civil Society, HIV
Bill Parr	Civil Society, malaria
Felicity Daly	Civil Society, cross cutting
Ian Milton	Civil Society (FBO), cross cutting
Dr Balwant Singh	Civil Society, HIV/cross cutting
Kevin Osborne	Civil Society, HIV/cross cutting
Mick Matthews	GFATM Secretariat focal point
Ntombekhaya Matsha	GFATM Secretariat focal point
Edwige Fortier	GFATM Secretariat focal point