



Global Fund Private Sector Delegation

2014 Annual Report





GLOBAL FUND PRIVATE SECTOR DELEGATION COMPANIES AND REPRESENTATIVES - 2014

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- Anastasia Thatcher, Global Health Lead



Global Fund Private Sector Delegation

2014 Annual Report

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Acronyms

ACTs	Artemisinin-based combination therapies
AEC	Audit and Ethics Committee
AHNC-IG	Ad-Hoc Nominations Committee for the Inspector General
APLMA	Asia Pacific Leaders' Malaria Alliance
ARV	Antiretroviral drug
CCM	Country Coordinating Mechanism
CFP	Comprehensive Funding Policy
CHAI	Clinton Health Access Initiative
CRO	Chief Risk Officer
DCWG	Development Continuum Working Group
DfID	Department for International Development (United Kingdom)
FOPC	Finance and Operational Performance Committee
GDF	Global Drug Facility
HCV	Hepatitis C Virus
HSS	Health Systems Strengthening
IG	Inspector General
IRD	Interactive Research and Development
IRS	Indoor residual spraying
KPI	Key Performance Indicator
LLIN	Long Lasting Insecticidal Net
MDAG	Market Dynamics Advisory Group
MDGs	Millennium Development Goals
MDR-TB	Multi-Drug Resistant Tuberculosis
MHDC	Myanmar Health & Development Consortium
MRL	Minimum Required Level
NFM	New Funding Model
OIG	Office of the Inspector General
OPEX	Secretariat Operating Expenses
P4i	Procurement for Impact strategy
PEPFAR	US President's Emergency Plan for AIDS Relief
PMI	US President's Malaria Initiative
PMNCH	Partnership for Maternal, Newborn and Child Health
PQA	Procurement and Quality Assurance
PR	Principle Recipient
PSD	Private Sector Delegation
PSI	Population Services International
PhilCAT	Philippine Coalition Against Tuberculosis
RBM	Roll Back Malaria Partnership
SIIC	Strategy, Investment and Impact Committee
SO	Strategic Objective
TGC	Transitional Governance Committee
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel
UN	United Nations
UNAIDS	United Nations Joint Program on HIV/AIDS
UNDP	United Nations Development Programme
UQD	Unfunded Quality Demand
USAID	United States Agency for International Development
WGG	Working Group on Governance
WHO	World Health Organization



A Message from the Private Sector Board Member and Alternate Board Member



2014 was a landmark year for the Global Fund – the culmination of over two years of deliberations and decisions at the Board level to transform the core funding model for increased impact and more effective use of resources. We are proud to report that the Private

Sector Delegation (PSD) was an active participant and contributor to the Board- and Committee-level dialogues that fully launched the new funding model, strengthened the Fund's governance, financial and risk management frameworks, and positioned the Fund for greater impact in 2015 and beyond.

At the March Global Fund Board Meeting, the Board approved six decision points that established a framework for how the Fund allocates its resources moving forward in support of HIV/AIDS, tuberculosis and malaria programs in over 140 countries. The PSD strongly supported the proposed decisions and worked with other constituencies to endorse the framework, ensuring timely roll-out of country allocation periods and new grants. Throughout the year, the PSD closely followed the implementation process via its active engagement with Board Committees, analysis of Technical Review Panel (TRP) reports, and close review of new concept notes and grant requests.

In order to facilitate ongoing and comprehensive private sector feedback into the Global Fund's processes and mechanisms, early in the year the PSD launched a new task force structure to draw on members' expertise and deepen engagement on priority issues for private sector partnership with the Fund. The new task forces focus on the following five areas:

1. Finance & Operational Performance Committee (FOPC)
2. Strategy, Investment and Impact Committee (SIIC)

3. Procurement & Quality Assurance
4. Business Engagement & Health Systems Strengthening
5. Performance-Based Grants

The new structure was reflected in revisions to PSD Governance Guidelines, which were updated by the members of the ad-hoc Governance Working Group to streamline PSD internal governance policies.

2014 also marked the mid-point in the Global Fund's 2012-2016 Investing for Impact Strategy. As the Board reviewed progress made against the targets set by the current strategy, the Fund launched a process to develop the next five-year strategy. The 2017-2021 strategy will mark a new phase in the Fund's history, guiding operations in a post-Millennium Development Goal (MDG) landscape and with a transformed funding model in place. PSD Leadership is committed to ensuring that the private sector voice is present and heard at the strategy consultations throughout 2015 and will work with the PSD members to facilitate private sector input via a series of Partnership Forums and a formal position paper prior to the next Board meeting in November 2015.

We have another great year ahead of us, and we count on your support and active engagement to further strengthen the private sector role and contributions to Global Fund governance, efficiency of operations, and impact on people's lives globally.

PAUL SCHAPER,
PSD Board Member
Executive Director
Global Public Policy, Merck|MSD

RENUKA GADDE,
PSD Alternate Board Member
Vice President
Global Health, BD

A group of young boys in white school uniforms are sitting in front of a thatched hut. The boys are looking towards the camera with various expressions. The hut is made of wood and dried grass, and the background is a clear blue sky.

SECTION 1

2014 – A Year in Review

In 2014, the Global Fund took important steps in realizing its 2012-2016 Investing for Impact strategy, enacting major changes to the core funding model and continuing organizational and governance reforms to strengthen its foundations. In March, the Fund formally and fully adopted a new, allocation-based grant-making model and announced US\$ 15.77 billion in available funding to eligible country programs for the 2014-2016 period. In May, the Office of the Inspector General (OIG) released the findings of an advisory review of the Fund's governance structure, and the Board constituted a Working Group on Governance (WGG) to issue a suite of recommendations to strengthen Board oversight of governance. In November, the Board met for a strategic retreat to initiate dialogue looking towards the development of the next five-year strategy for 2017-2021, and, at its 32nd Board Meeting, adopted a new Governance Plan for Impact and a policy to expand opportunities for the private sector to support scale up of Global Fund-funded programs. Throughout the year, improvements within the Secretariat continued, with progress under the Finance Step-Up project, productive collaboration with the OIG, the creation of a new Office of Board Affairs, and exploration of new approaches under the Procurement for Impact (P4i) strategy.

As a voting member of the Board, the Private Sector Delegation (PSD) made major contributions to the Fund's policies and priorities, bringing the technical expertise and insights of the corporate sector to ensure that Global Fund investments remain strategic and maximize value for money. Mr. Nazzareno Tod dini (Abt Associates), PSD representative to the Finance and Operational Performance Committee (FOPC), provided key input to consultations on financial controls, risk mitigation, resource mobilization and strategic planning. The PSD also launched a new, internal task force structure to deepen engagement across Global Fund Committees and on cross-cutting issues of priority importance to private sector engagement with the Fund, while strengthening relationships with other Board constituencies and the Secretariat to advance strategic priorities such as market dynamics, quality assurance, private sector partnership, health systems strengthening and grant impact.

THE NEW FUNDING MODEL: FULL LAUNCH AND FIRST LESSONS LEARNED

Redesigning the Global Fund's grant-making model was a central part of the 2012-2016 strategy, with three of the five Strategic Objectives (SO1: Invest More Strategically; SO2: Evolve the Funding Model; and SO3: Actively Support Grant Implementation Success) explicitly linked to changes in the design of and approach to grant-making. (See Annex 1 for summary of full Strategy.) Between 2012-13, the Board oversaw the development and piloting of a new model designed to target funding more effectively towards the areas of greatest burden and need, while improving the flexibility, predictability and strategic alignment of Global Fund funding with country health strategies and systems. After a successful 4th Voluntary Replenishment Pledging Conference in December 2013 raised US\$ 12 billion in new funding for Global Fund programs during 2014-16, the Board approved the final elements of the new funding model, initially known as the NFM, and authorized its full launch at the 31st Global Fund Board Meeting in Jakarta, Indonesia in March of 2014. See Figure *The New Funding Model Step by Step* for full explanation of the various steps and elements of the funding model.

Key decisions advanced at the March Board meeting to finalize the new funding model for full implementation included:

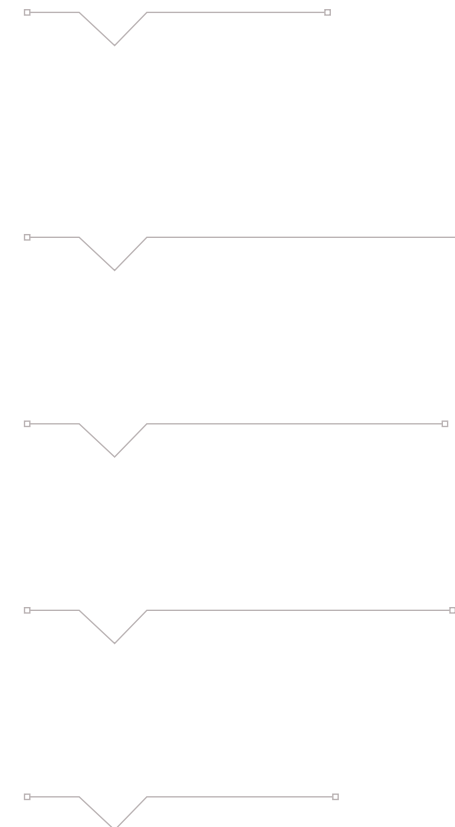
- **Comprehensive Funding Policy (CFP):** The Fund adopted a new foundational policy defining financial controls, allocation processes, and asset, liability and liquidity management. Under the CFP, the three-year Replenishment period is aligned with the three-year allocation period and projected grant commitments have to match projected assets over rolling one-, two-, and three-year forecasts.
- **Country Bands:** The Board adopted a division of countries into four groups, known as country bands, based on income level and disease burden parameters. Funding is allocated to countries

THE NEW FUNDING MODEL

STEP BY STEP



Click on each title for a detailed description



Continues on next page

Continued from previous page

THE NEW FUNDING MODEL STEP BY STEP

Click on each title for a detailed description



through their bands, with each country receiving an individual indicative funding envelope and competing with other countries in that band for incentive funding. See Annex 3 for a listing of countries in Bands 1-4.

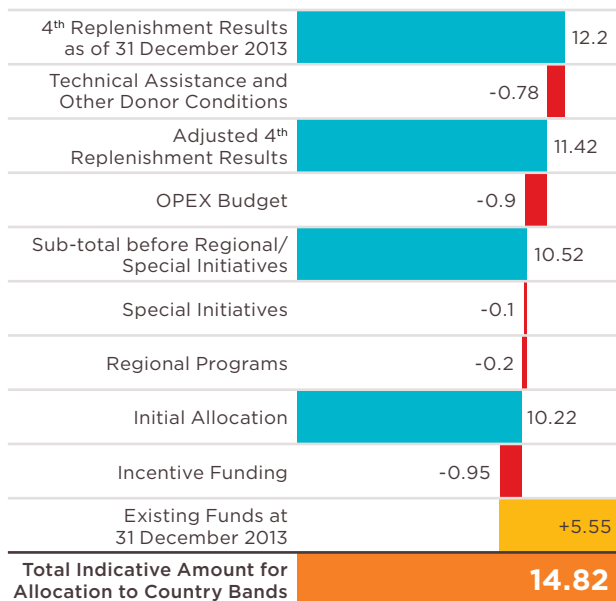
- **Special Initiatives:** The Board set aside US\$ 100 million to fund five Special Initiatives, strategic investments designed to catalyze and support greater effectiveness across the new model. Final approved amounts included US\$ 30 million to a humanitarian emergency fund, US\$ 17 million to improve country data systems, US\$ 29 million for technical assistance in developing strong concept notes, US\$ 0.5 million to build capacity of new Principle Recipients (PRs) for effective grant-making, US\$ 15 million for technical assistance targeted at improving the strength of community, rights & gender interventions, and US\$ 8.5 million to enhance financial sustainability of Global Fund programs by optimizing and measuring value for money and domestic resources. (These totals are the final amounts after the Strategy, Investment and Impact Committee (SIIC) made minor adjustments to Board-approved totals.)
- **Regional Programs:** The Board also approved US\$ 200 million to fund new regional programs. Regional programs are multi-country requests designed to address issues such as resistance, migrant populations, cross-border elimination, and other high-impact programs that require a regional approach for greatest impact. Programs are approved through a two-step process: first, applicants submit an expression of interest (EOI) outlining a high-level strategic proposal, budget and rationale for the program; these are then reviewed by the Technical Review Panel (TRP) and the strongest applicants are invited to develop a full concept note, which is assessed for approval through the same process as country programs. The first EOI window had a deadline of May 1, 2014 with US\$ 120 million in funding available. The second US\$ 80 window will have a deadline of April 1, 2015.
- **Initial Allocation:** After subtracting funding for Secretariat operating expenses (OPEX), regional programs and special initiatives, the Board approved an initial allocation of US\$ 10.22 billion in newly-raised funds from the 4th Replenishment to country programs. Additional resources pledged and contributed after the initial allocation will be available for allocation via the Unfunded Quality Demand (UQD) register.
- **Transitional Arrangements:** Because of the unique transition from the former model to the new approach, several exceptional transitional arrangements were required for the first allocation period.
 - US\$ 5.5 billion in existing, unspent funds from the 3rd Replenishment were added to the initial allocation, resulting in a total of US\$ 15.77 billion in allocations to country bands. Of this amount, US\$ 950 million was designated as incentive funding – a competitive funding pool designed to encourage countries to submit ambitious proposals and express full demand – and US\$14.82 billion was allocated via indicative funding to individual countries.

- Undisbursed or uncommitted funding from existing grants was merged with new allocations, such that countries were given the option of using their allocation to restructure existing grants, develop new proposals, or continue implementing existing programs.
- Because the Fund did not finalize and announce allocations until the end of Q1 2014, most countries continued to implement existing programs or requested extensions for the majority of 2014 and were due to begin new three-year grants in late 2014 or 2015. Therefore, their allocations will potentially cover a four-year period in total (i.e. 2014-2017).
- The Board adopted measures designed to protect countries from unsustainable drops in funding that could disrupt existing service coverage during the initial shift to an allocation-based funding structure. No country received less money than what was previously in their pipeline, and a Minimum Required Level (MRL) prevented countries from receiving allocations more than a 25% below recent funding levels.

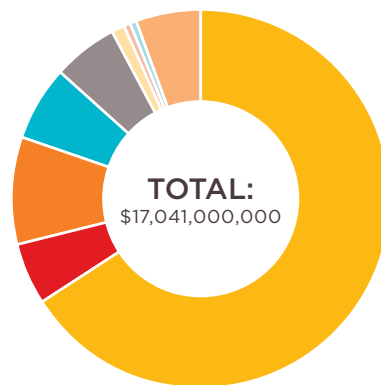
The PSD played a key role in reaching alignment on key decisions between donors and implementers ensuring full implementation of the new model was initiated without delay.

TOTAL INDICATIVE AMOUNT FOR ALLOCATION TO COUNTRY BANDS

In billion US Dollars, rounded



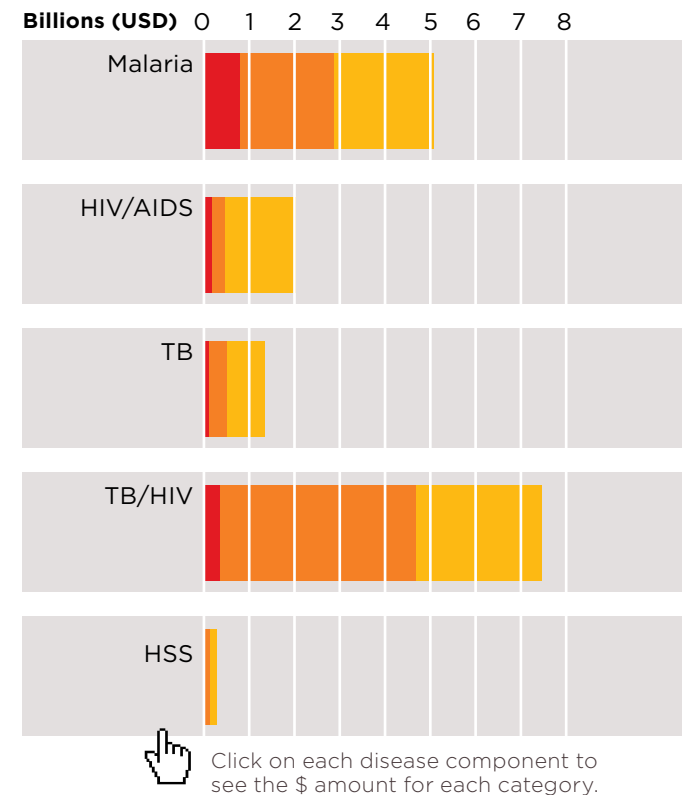
PROJECTED FUNDING AND ALLOCATIONS PER BAND (2014-2016)



- Band 1:** 66.0% (\$11,250,000,000)
- Band 2:** 5.4% (\$915,000,000)
- Band 3:** 9.0% (\$1,530,000,000)
- Band 4:** 6.5% (\$1,105,000,000)
- Incentive funding:** 5.6% (\$950,000,000)
- New regional programs:** 1.2% (\$200,000,000)
- Existing regional programs:** 0.5% (\$91,000,000)
- Special initiatives:** 0.6% (\$100,000,000)
- OPEX:** 5.3% (\$900,000,000)

2014 GRANT PROGRESS PER DISEASE VS TOTAL ALLOCATION

- Total Allocation Per Disease for 2014-2016 Allocation Period (USD)
- Total Components Submitted to TRP in 2014 Windows (USD)
- Total Value of Concept Notes Approved by Board in 2014 (USD)



Click on each disease component to see the \$ amount for each category.

Source (Total Allocation data): "Global Fund Allocations for 2014-2016 Allocation Period," downloaded from <http://www.theglobalfund.org/en/fundingmodel/allocationprocess>. HSS allocation based on existing funds and broken out from disease allocations only where separating HSS funding was consistent with how countries thought of such funding.

Source (TRP Submission estimates): "NFM Progress Update-November-December 2014" (GF/B32/ER03)

Source (Total Board Approvals): Board Decision Points GF/B31/EDP23, GF/B31/EDP26 and GF/B32/EDP01



SIIC TASK FORCE MEMBERSHIP

LEAD:

Paul Schaper, Merck|MSD

Renuka Gadde, BD
Amy Israel, Eli Lilly
Scott Evertz, Mylan
Luisa Engel, (RED)
René Cazetien, Sanofi
Heloisa Jardim, Vale

PERFORMANCE-BASED GRANTS TASK FORCE MEMBERSHIP

CO-LEADS:

Paul Schaper, Merck|MSD

Renuka Gadde, BD

Kaitlin Foley and team, BD
Amy Israel, Eli Lilly
Erika Satterwhite, Mylan
Ian Boulton, TropMed Pharma Consulting

By December, the Technical Review Panel (TRP) had reviewed 111 concept notes with US\$ 8.58 billion in requested funding, accounting for 43% of all expected submissions and 60% of the entire allocation for 2014-2016. TRP-approved concept notes included:

- 41 malaria programs (US\$ 2.85 billion)
- 22 joint TB/HIV programs (US\$ 4.67 billion)
- 21 standalone HIV/AIDS programs (US\$ 443 million)
- 20 standalone TB programs (US\$ 497 million)
- 7 programs focused on Health Systems Strengthening (US\$ 127 million)

Although progress has been steady – with 80% of grant requests reviewed by the TRP progressing into the grant-making stage and 20 concept notes totaling US\$ 1.2 billion approved in full by the Board – there were also indications that the new process has been challenging. Roughly 30% of countries delayed their submission to a later review window than initially planned to allow more time to develop concept notes. The Board approved over 50 extensions to existing grants to help mitigate potential service gaps as countries prepare concept notes.

Private Sector Role in the NFM

The private sector is a key stakeholder in the successful NFM implementation process, along with governments, civil society organizations, bilateral donors, technical partners and key affected populations. The new model is based around a multi-stakeholder country dialogue managed by Country Coordinating Mechanisms (CCMs), the multi-party in-country bodies that develop funding requests and oversee programs. The aim of the new model is to support countries in developing funding requests that build upon national health strategies and target resources to areas of greatest need and highest possible impact. The private sector can contribute core expertise and strategic input as a participant in the dialogue and/or member of a CCM, or partner to help build capacity of recipients and CCMs and address implementation risks and bottlenecks. Companies can also contribute financial resources to the Fund, including an unprecedented opportunity under the new model to target donations and scale up programs on the UQD register, or they can align their own corporate workplace or community investments to support national strategic plans or complement Global Fund programs.

Two PSD task forces (see Annex 4 for PSD task force mandates and membership) monitor the progress on NFM implementation. SIIC task force members provide ongoing input into the monitoring and implementation of the overall grant process as executed by the Secretariat, including concept note development timelines, incentive funding pool, and the role of the UQD register to secure private sector contributions. The Performance-Based Grants task force closely reviews concept notes and grant extension requests submitted to the Board for approval, providing targeted feedback to strengthen programs.

Stakeholder Feedback on NFM: Opportunities and Challenges

Throughout the second half of 2014, the Secretariat closely monitored the implementation progress and conducted stakeholder surveys. Respondents included country focal points representing CCMs, country-level consultants, experts on the three diseases and members of key affected communities. Overall feedback was positive, with 77% of country participants in one survey saying they had a “good” or “very good” experience with the model and 78% agreeing that the new process was an improvement over the former system. The survey also showed 88% of respondents in agreement that the country dialogue helped improve engagement with key stakeholders, and 89% agreeing that civil society and key affected populations contributed to concept note development.

However, respondents also identified implementation challenges, including lack of clarity on incentive funding, prioritization of funding and above allocation requests. Many countries that had previously been successful at winning grants under the old system were informed that the new formula allocated them less money than over recent past periods. Even with the protections of the Minimum Required Level (MRL), some of these countries faced a funding situation where their ability to maintain existing gains and service coverage was at risk. Conversely, other countries that had not had considerable success winning grants in the past received allocations higher than previous funding levels and faced strategic and capacity challenges in planning and preparing for grant implementation.

The MRL also prevented actual allocations from perfectly matching the formula-derived funding levels, meaning some countries continued to receive more funding than the formula suggested (referred to as “notionally over-allocated” countries) and, as a result, others had to continue to receive less than their formula-suggested amount (referred to as “notionally under-allocated” countries). Despite having more money available for the current allocation period than in any comparable past period, the Fund still failed to meet its Replenishment target of US\$ 15 billion in new commitments, and the majority of countries – both those notionally over-allocated and under-allocated – remain underfunded relative to actual need. Deciding how to prioritize interventions within the available allocations required considerable strategic planning and analysis.

A SIIC analysis of these challenges identified insufficient understanding of the model, lack of reliable data for planning and budgeting, and in some cases, insufficient technical assistance as driving causes of recurrent challenges.

PSD Monitoring of NFM

Over the course of the year, the PSD identified several key aspects of the new model for priority focus:

- **Allocation methodology:** Multiple stakeholders detailed challenges arising from the failure to fully account for continuity of services in the allocation formula, leaving some countries struggling to maintain coverage levels for essential interventions. The TRP also expressed concern

78% of IN-COUNTRY IMPLEMENTING PARTNERS surveyed found the NEW MODEL to be AN IMPROVEMENT over the former system.



Estimated 2016-17 unfunded gap of **US\$ 1.095 BILLION** for the **18 PROGRAMS** expected to **REQUEST GRANTS** ending early.



that the MRL may exacerbate imbalances in funding between over- and under-allocated countries and called for the SIIC to consider revisions to the formula.

- Shortened grant terms:** As part of the transitional arrangements, the Board approved flexibility for the Secretariat and countries to structure some grant programs with shortened implementation periods of less than three years, in order to maximize disbursement rates in exceptional contexts where country allocations were insufficient to ensure continuity of services for the full allocation period. These include countries with two mass bed net distribution campaigns scheduled between 2014 and 2017 and countries who had recently undertaken ambitious scale up of anti-retroviral (ARV) treatment coverage. Analysis of requests through all four TRP funding windows in 2014 indicates that approximately 18 programs in 12 countries are expected to pursue grants with shortened durations, creating an estimated unfunded gap of US\$ 1.095 billion when the allocated funding for these programs ends early in 2016-2017.
- Operational Flexibility:** The Secretariat expressed concern about limited flexibility to move funds between country bands, for example, to shift resources from an over-allocated country or one with surplus funds to another with unfunded gaps in a different country band. Meanwhile, the TRP expressed concern about the use of shortened grant duration to address funding challenges and called for development of alternative approaches to mitigate imbalances between allocation levels and essential service needs.
- Incentive funding:** From the first applicant review window, the TRP expressed concern about the ability of incentive funding to achieve its purpose of encouraging full expressions of demand and ambitious and strategic funding requests. After reviewing 111 concept notes across four application windows, the TRP called for the abolishment of incentive funding and the adoption of alternate approaches to stimulate demand and innovation, noting that incentive funding and other above allocation requests posed an undue burden on countries. However, initial stakeholder feedback did not indicate similar concern at the country level, with two-thirds of applicants surveyed reporting that the level of effort to formulate incentive funding requests was appropriate.
- Spending Rates:** Actual grant disbursements and commitments during 2014 were 25% below the levels forecasted at the time of the NFM launch. The Secretariat reported that improved cash management practices and sizable in-country cash balances prevented slower spending from disrupting services. However, PSD members also identified portfolio-wide delays in concept note development and submission timelines as potentially indicating capacity challenges in managing the new processes.
- Reporting to the Global Fund Board:** As one of the 20 voting constituencies on the Board, the PSD reviews and approves all Global Fund grants. Through this process, the PSD commented on the quality and completeness of grant approval materials provided to the Board, calling for continued transparency and high-quality reporting to the Board on progress.



STRONGER FINANCIAL MECHANISMS ADOPTED

The Global Fund introduced major updates to its financial management systems to support the launch of the new funding model. The changes allow greater transparency, improve risk management and ensure safeguards are in place to maximize impact of Global Fund grants. Through its representative on the Finance and Operational Performance Committee (FOPC) and ongoing deliberations within the FOPC task force, the PSD actively contributed to shaping the new Comprehensive Funding Policy (CFP) and revisions to the Restricted Financial Contributions Policy, among other important changes.

PSD Member Dr. Ann Lion (Abt Associates) concluded her two-year term as a member of the Finance and Operational Performance Committee (FOPC) in March 2014, and Mr. Nazzareno Todini (Abt Associates) was appointed to represent the PSD as an FOPC member for the 2014-2016 term. Their contributions were essential to ensuring a strong voice for the private sector during Committee deliberations on finance and operations, including financial elements of the NFM.

Comprehensive Funding Policy – A New Foundation for Global Fund Financing

The revised CFP, adopted by the Board at its March meeting, details the framework for management and allocation of donor funds and establishes schedules for disbursement of grant funds to maximize impact and ensure liquidity. The revised policy enables the operationalization of the new allocation-based funding model and aligns the three-year replenishment, allocation and implementation cycles. The new CFP addresses many risks faced by the Fund in the past, when the funding mechanism allowed for approval of grants with timelines longer than three-year replenishment cycles and beyond forecast horizons.

A central aspect of the CFP is the definition of three levels of safeguards to ensure a sustainable balance between uses (grants and expenses) and sources of funds (pledges and contributions) across the allocation period:

- **Tier 1:** Balanced forecast of available funds and Board-authorized liabilities over a defined three-year allocation period.
- **Tier 2:** Balanced one-year rolling and cumulative cash flow forecast that matches cash outflows with cash inflows.
- **Tier 3:** Minimum cash reserve along with the ability to use backup liquidity instruments to address unexpected cash flow requirements.

Launched in 2013, the Finance Step-Up initiative supported the CFP implementation and empowered the Secretariat to better manage and report financial and operational information on grants, contributions and operating expenses to internal and external stakeholders. Improved financial systems allowed the Finance Division to develop more reliable annual financial work plans and, for the first time ever, to produce a three-year mid-term plan providing longer-term forecasts and more accurate management of assets and liabilities.

FOPC TASK FORCE MEMBERSHIP

LEAD:

**Nazzareno Todini, Abt Associates
(Committee Member)**

Matt Hamada & Claudia Carravetta,
AbbVie

Omobolanle Babatunde, Access Bank
Renuka Gadde, BD

Gerhard Hesse, Bayer

Graeme Robertson, Gilead Sciences

The **COMPREHENSIVE FUNDING POLICY** is the backbone of the new model. It is a **TRANSPARENT FRAMEWORK** that provides an **INSIGHT INTO** the Fund's finances for donors, the Secretariat and implementers with a **DEGREE OF PRECISION** that is unprecedented in the **HISTORY OF THE FUND.**

Nazzareno Todini (Abt Associates)



BUSINESS ENGAGEMENT AND HSS TASK FORCE

LEAD:

Amy Israel, Eli Lilly

Ann Lion, Abt Associates
Anastasia Thatcher, Accenture
Development Partnerships
Renuka Gadde, BD
Jami Taylor, Johnson & Johnson
Scott Evertz, Mylan
Amina Fakir Knipiler, Sanofi
Heloisa Jardim, Vale

Ensuring **STRONG GOVERNANCE**
practices is a **PRIORITY FOR THE**
PSD. The private sector emphasizes effective
business practices, strong decision-making
and accountability systems to **HELP**
ENSURE THE CORE foundations of the
Global Fund are **SOLID**.

**Paul Schaper, PSD Board Member (Merck & Co.,
known as MSD outside of the U.S. and Canada)**



The PSD through its FOPC representative provided ongoing input into and monitoring of the Fund's financial systems to ensure accountability, impact and maximum value for money.

Policy on Restricted Financial Contributions – New Opportunities for Targeted Contributions from Private Sector

At its November meeting in Montreux, Switzerland, the Board approved amendments to the Policy on Restricted Financial Contributions, opening up the possibility for private sector donors, such as companies, foundations and high-net-worth individuals, and certain non-traditional public mechanisms, such as Debt2Health, to make incremental financial contributions towards unfunded portions of specific Global Fund programs at the country-, disease- or grant-level. Under the previous policy, such contributions were notional earmarks, replacing grant monies already committed in a given country or grant and, therefore, increasing the total amount of resources available across the global portfolio, but not within a given country program.

The PSD played a leading role in calling for changes to the policy through its membership on the FOPC. With the revised policy, private sector and other non-traditional donors can now make restricted financial contributions to specific countries or disease programs that will be applied to the register of Unfunded Quality Demand (UQD), allowing countries to implement TRP-vetted and technically-sound interventions and activities that would otherwise remain unfunded. The Secretariat estimates that the new policy will unlock up to US\$ 200 million from private donors in the 2014-2016 allocation period.

GOVERNANCE: STRENGTHENING ETHICS AND OVERSIGHT

The Board maintained a continued focus throughout 2014 on strengthening the foundations, oversight and efficacy of the governance structure. Several streams of work contributed to this thematic focus, including the replenishment of Committee memberships for a new 2014-2016 term, during which PSD representative Mr. Todini of Abt Associates was appointed to the FOPC (see Annex 4 for the Global Fund Committee structure and full membership lists). Other highlights included the release of an Office of the Inspector General (OIG) Advisory Review of Governance, the constitution of a Board working group, the launch of an Ethics and Integrity Initiative, and the convening of a strategic Board Retreat in November 2014.

Governance Plan for Impact

At the 31st Global Fund Board meeting in March, the Board Chair, Minister Nafsiah Mboi of Indonesia, and Vice-Chair, Ambassador Mireille Guigaz of France (Board leadership), proposed the creation of an ad-hoc Working Group on Governance (WGG) to identify and recommend reforms to strengthen Global Fund governance systems. The proposal was put forth in response to the OIG review of Global Fund structures and processes, including the Board, the Coordinating Group and three standing committees, and to insure that the OIG's findings were translated into meaningful changes to strengthen core governance functions.

At the 32nd Board meeting in November, the WGG proposed and the Board approved the Governance Plan for Impact, which included a suite of recommendations across various areas: governance functions and structure; cross-cutting activities, such as risk management and performance assessment; voting structure and transparency; institutional memory management; legal status; lifecycle and constituency management; and elevating implementer voices. A central tenet of the Plan is to re-align the three Board committees to focus on: (1) ethics and governance, (2) audit and finance, and (3) strategy and operations.

To oversee the implementation of the Governance Plan for Impact and the transition to the new committee organization (known as the Enhanced Governance Structure) by the beginning of the 2016-2018 Committee term, the Board established a Transitional Governance Committee (TGC). The TGC includes six voting members – three members from the implementer bloc and three from the donor bloc – and two non-voting members – the Secretariat’s Chief of Staff and the Inspector General. Until the end of the present committee terms, the TGC will have equal standing with the three existing committees (SIIC, FOPC and AEC). The PSD supported the revised committee structure and the creation of the TGC to bridge the transition through early 2016. As a member of the Board’s Donor Bloc, the PSD expects to closely monitor and engage in the TGC deliberations.

Ethics and Integrity Initiative

In November 2013, the Board endorsed a suite of recommendations from the AEC and the Global Fund Ethics Official to develop a comprehensive framework that would embed ethics and integrity principles into all aspects of the Fund’s operations. In March 2014, Board leadership launched

NEW GLOBAL FUND APPOINTMENT

CAROLE PRESERN, HEAD, OFFICE OF BOARD AFFAIRS

As Head of the Office of Board Affairs, Dr. Carole Presern is responsible for coordinating agendas and action on strategic issues specified by the Board. Dr. Presern has over 30 years of health and development experience in countries such as Nepal, Pakistan, Zimbabwe and Cambodia. Most recently, Dr. Presern served as Executive Director of the Partnership for Maternal, Newborn & Child Health (PMNCH). She was a member of the Global Fund Board for five years and served on the Boards of UNITAID and the International HIV Alliance. Her past roles include Senior Health/AIDS Advisor for Malawi, Zimbabwe and Mozambique for the UK Department for International Development (DfID), Managing Director for Special Projects at the GAVI Alliance, and Counsellor to the UK Mission in Geneva, where she covered specialized agencies, health and humanitarian affairs. Originally trained as a midwife and an anthropologist, Dr. Presern holds a Doctorate degree in public health policy and an advanced degree in health systems management.

TGC MANDATE AND MEMBERSHIP

The TGC has **4** main responsibilities:

- 1** Oversight of governance functions missing from the existing structure, such as institutional memory management, governance documents, CCM matters and legal status issues
- 2** Development and implementation of a performance assessment framework for the Board and Committees
- 3** Finalizing the Enhanced Governance Structure, including division of roles in the re-configured three-Committee governance structure, for implementation starting in the 2016-2018 term
- 4** Design of key components for a comprehensive Governance Framework, including lifecycle and constituency management

The TGC has **6** voting members, three nominated by implementing Board constituencies and three nominated by donor Board constituencies:

- 1** CHAIR – Viorel Soltan (Eastern Europe and Central Asia)
- 2** Ton Coenen (Developed Country NGOs)
- 3** Marina Hue (France)
- 4** Jimmy Kolker (United States)
- 5** Jorge Saavedra (Developing Country NGOs)
- 6** Carsten Staur (Point Seven)



the Ethics and Integrity Initiative and established an Ethics Steering Committee to lead the development of the Board-endorsed framework. The initiative was designed around two stages: to design the core principles and foundational elements of a strong and comprehensive framework (Stage One), and to operationalize and embed these principles into all levels of operations (Board, Secretariat and in-country grant implementation) through compliance and anti-corruption systems, structures and training processes (Stage Two).

In November 2014, the Board approved Stage One policy proposals, including the high-level Ethics and Integrity Framework, the creation of a dedicated Ethics function, and principles for an Ethical Code of Conduct for Governance Officials. Taken together, the first stage proposals articulated the Fund's core ethical values, such as integrity, duty of care, accountability, dignity and respect. The PSD was a staunch supporter of the improved focus on strengthening the Fund's ethical foundations as critical to the achievement of the Global Fund's mission, drawing on the expertise and experience of the private sector in managing ethics and compliance issues to advocate for this work as a Board and organizational priority.

Strategic Board Retreat in November 2014

Prior to the 32nd Board Meeting in November, Board leadership convened a multi-day strategic retreat for Board members to discuss important upcoming decisions. Key areas of focus included governance, ethics and strategy. The Retreat included participation from all Board constituencies, committees and senior Secretariat leadership, and featured presentations from external experts on governance and ethics from IMD Lausanne and Barclays. The PSD was represented at the Retreat by Board Member Paul Schaper and Focal Point Whitney White.

Retreat outcomes informed key decisions related to the Governance Plan for Impact and the Ethics and Integrity Initiative at the ensuing 32nd Board Meeting and laid the foundation for the development of the Global Fund's 2017-2021 strategy over the course of 2015.

PROCUREMENT AND QUALITY ASSURANCE TASK FORCE MEMBERSHIP

LEAD:

Erika Satterwhite, Mylan

Renuka Gadde, BD

Gerhard Hesse, Bayer

Dan Collins, Eli Lilly

Graeme Robertson, Gilead Science

Rebecca Stevens, Novartis

René Cazetien, Sanofi

MARKET DYNAMICS AND PROCUREMENT

Market dynamics and procurement strategies remain a priority focus for the PSD. Through the PSD Procurement and Quality Assurance (PQA) task force, the constituency played an active role in providing feedback on market dynamics oversight and activities across Board Committees and in the lead up to approval of a new oversight arrangement for these issues in November 2014, and maintained and on-going dialogue with members of the Secretariat's Sourcing team on the Procurement for Impact (P4i) strategy.

PSD Priorities on Market Dynamics and Procurement Strategies

Through regular meetings with Chief Procurement Officer Chris Game and other members of the Sourcing team and input via Board Committees, the PQA task force helped lead the development of PSD positions on Global Fund policies, activities and market shaping approaches. In addition to

quarterly teleconference calls and engagements, Mr. Game joined the PSD at its Annual Retreat hosted by Novartis in Basel, Switzerland and provided an update to the group on the P4i strategy, the proposed e-marketplace initiative and outcomes of recent meetings with drug manufacturers.

Key issues addressed by the PQA task force in 2014 include:

- **Market shaping oversight:** Throughout the year, the PQA task force continued to stress the importance of Board oversight for market shaping initiatives carried out by the Sourcing team. As the largest health financing organization for the three diseases, the Global Fund has the ability to significantly shape markets for products it procures, with potential long-term impacts on sustainability and innovation. Recognizing this, the PQA task force was instrumental in developing the PSD's position on a joint SIIC and FOPC proposal to revise market shaping oversight.
- **Accurate, long term forecasts:** Through regular interactions with the Sourcing team, the PSD reinforced the importance of having clear, accurate and long term forecasts in order to better plan product manufacturing and delivery.
- **E-Marketplace:** The E-marketplace is an online procurement platform in development by the Secretariat for a pilot phase that will allow Global Fund recipient countries to purchase approved health products at cost-effective prices using grant funds. The Global Fund intends to pilot the platform in 2015 and explore the feasibility of eventually positioning it as a long-term public good with applicability beyond the Global Fund.
- **Global tenders:** The Fund launched three global tenders for ACTs, IRS and ARVs in 2014. Tenders were implemented using a complex algorithm with a goal of protecting innovation, without disadvantaging generics manufacturers. The Fund also proactively engaged suppliers of health products in regular meetings throughout the year. The new tender process has the potential for significant market shaping impacts.
- **Quality assurance:** In early 2014, the SIIC approved a revised diagnostics quality assurance policy. The PSD played an active role during the revision process providing written comments to the SIIC.

Dissolution of MDAG and New Oversight Mechanism

During its 32nd meeting, the Board decided to dissolve the Market Dynamics Advisory Group (MDAG), the advisory body to the SIIC on issues related to market dynamics and market shaping strategies that was created in 2011. Instead, the Board assigned joint oversight responsibility to the FOPC and SIIC over market dynamics and procurement policies, strategies and operations. Working procedures for joint oversight will be developed in 2015.

The PSD, through the PQA task force, played a proactive role in helping to shape the final proposal to ensure enhanced reporting from the Secretariat and oversight authority within the Committees over market shaping strategies, including the market dynamics activities performed under the Secretariat's P4i umbrella.



How is **VALUE FOR MONEY** best achieved in procurement? Striking a balance between monetary savings, service reliability and investments in innovation are critical to **MAXIMIZE VALUE** in the short- and long-term. The PQA task force stresses that direct and indirect effects of the Global Fund's **SOURCING STRATEGIES** should be considered in order to ensure sustainable supply and optimize long-term outcomes - and access - for **PATIENTS**.

Erika Satterwhite (Mylan)





Bi-annual Procurement Strategic Review Meetings

The Sourcing team and UNITAID co-hosted the first Sourcing and Market Dynamics Strategic Review meeting in October 2014. These bi-annual meetings were intended to be a platform to more closely explore market shaping issues with partners such as the U.S. President's Emergency Plan For AIDS Relief (PEPFAR), U.S. President's Malaria Initiative (PMI), Clinton Health Access Initiative (CHAI), UNITAID and Gavi, the global Vaccine Alliance. The reviews were integrated into the Global Fund's agreement with UNITAID and focused on topics with the largest opportunity for market shaping influence. The first review meeting included discussions on HIV diagnostics, TB supply chain and current stock-out mechanisms in place with UNITAID and the Global Drug Facility (GDF).

Discussions held during the Review meetings aimed to reduce costs of health products and facilitate innovation throughout product lifecycles. The Sourcing team envisions these meetings to bring greater efficiencies to its procurement processes, creating a better understanding of market needs, building greater intelligence and creating simpler processes overall. PSD and PQA task force member Eli Lilly and Company attended the first meeting.

RISK AND ASSURANCE

Strengthening risk and assurance policies and oversight mechanisms was a recurrent focus across the Board and Committees in 2014. At its 32nd Meeting, the Board approved the revised Global Fund Risk Management Policy outlining new oversight arrangement to ensure stronger Board engagement and reporting on risk. The Policy is supported by the revised Risk Differentiation Framework, also approved by the Board in November. The Board also launched an ad-hoc Nominations Committee (AHNC-IG) to select a new Inspector General to continue recent progress within the OIG after the early resignation of IG Martin O'Malley.

OIG Audits and Investigations in 2014

In 2014, the Global Fund OIG implemented a more strategic and proactive approach to preventing fraud and misuse of funds and made considerable progress in clearing a backlog of investigations cases, streamlining communications practices, and improving transparency and collaboration with the Secretariat and partners. The OIG voluntarily commissioned an external quality assessment of its audit functions, which was found to be in conformance with the Institute of International Auditors' (IIA) standards and code of ethics.

A new audit approach closely aligned to Global Fund's strategy was introduced in 2014 and supported by the creation of an OIG Strategy and Policy Unit to ensure strong alignment between OIG activities and mission. The new approach is designed to answer high-level questions of value to the Board rather than focus solely on compliance as it was previously. A shift was also made away from OIG recommendations to Agreed Management Actions, a sign of increased cooperation

The Global Fund OIG Audit Unit received **IIA RECOGNITION** for its adherence to international audit **BEST PRACTICES**.



between the Secretariat and the OIG. This move strengthens accountability to simultaneously fix immediate issues and address deeper root causes. The OIG “Speak Up” campaign aimed to encourage a stronger culture of reporting of fraud and abuse without fear of retaliation through the OIG Whistleblower Line.

The November Board meeting marked the last meeting for outgoing IG Martin O’Malley, who was recognized for the leadership, commitment and positive impact on the OIG during his tenure. In December, after a comprehensive search process led by the AHNC-IG, the Board appointed Mr. Mouhamadou Diagne as the next Global Fund Inspector General for a term beginning in March 2015 (see Box below).

NEW GLOBAL FUND APPOINTMENT

MOUHAMADOU DIAGNE, GLOBAL FUND INSPECTOR GENERAL

In December 2014, the Global Fund Board appointed Mr. Mouhamadou Diagne as Inspector General with a term beginning in March 2015. Diagne replaces Martin O’Malley, who announced his early resignation for personal reasons in mid-2014. A Certified Public Accountant, Mr. Diagne has 20 years of experience managing teams of auditors and financial analysts. With a strong background in international public accounting firms Deloitte, Andersen and Ernst & Young, Mr. Diagne most recently served as Director of Strategy and Operations in the World Bank Group’s Internal Audit function. He is a Certified Internal Auditor and a Certified Investments and Derivatives Auditor, and won the William S. Smith Excellence Award from the Institute of Internal Auditors out of a pool of 13,300 candidates from 86 countries. Mr. Diagne earned a Master’s degree in Business Administration and a Master’s of Science in Finance at the University of Maryland. He holds a Bachelor’s degree in Accounting from Howard University, and a Bachelor’s degree in Communication with a specialization in print journalism from the University of Dakar. He is a dual citizen of Senegal and the United States and is fluent in French, English and Wolof.

AD-HOC NOMINATIONS COMMITTEE FOR THE NEXT INSPECTOR GENERAL

CHAIR:

Jan Paehler
(EC, Belgium, Italy,
Portugal and Spain)

VICE-CHAIR:

Clare Brady
(Independent; Director
of Internal Audit of the
International Monetary Fund)

Adm. Tim Ziemer
(United States)

Pavel Aksenov
(Developing Country NGOs)

Navin Ragoonunun
(Eastern and Southern Africa)

Galina Maikhlin-Oliver
(World Bank)

Wendy Harrison
(Independent; Current AEC
independent member and
member of 2013 AHNC-IG)

Click on the month in the timeline for more information.



J JANUARY

F FEBRUARY

M MARCH

31ST BOARD MEETING (JAKARTA, INDONESIA)



Risk Management Policies and Tolerance

The PSD strongly supported the ongoing focus on strengthening risk management policies and oversight through its representation on the FOPC and supported two Board decisions in November to approve core policies and approaches to guide effective risk management across the Fund's operations.

The Board-approved Risk Management Policy outlines the enterprise-wide approaches to risk and clarifies the roles and responsibilities of various individuals and bodies in enacting organization-wide risk management. A risk differentiation framework was also approved to guide operationalization of the Policy and to ensure risk management resources are targeted and used effectively to manage risk within Board-defined thresholds.

In his first annual Risk Management report to the Board, the Chief Financial Officer (CRO) also presented a systematic assessment of risk practices and activities. As part of the Governance Plan for Impact, the Board adopted a new approach to risk oversight and reporting, in which the CRO will report regularly to each Committee on risks related to their mandates and to the Board on holistic risk management, mandating risk as a standing Board agenda item and providing a stronger division of roles and responsibilities while also ensuring that overall responsibility for risk rests with the full Board. To assist Board members in developing sufficient expertise to exercise their oversight responsibilities related to risk, a series of risk trainings will be available to the Board for all new and continuing Board members.

LAYING THE FOUNDATION FOR THE FUND'S FUTURE DIRECTION

Toward the end of 2014, the Global Fund initiated strategic conversations that will shape the Fund's role for years to come. A core focus of 2015 deliberations will involve the development of the Global Fund's 2017-2021 Strategy, the first strategy following the organization's transition to the new funding model and the first to situate the Global Fund in the context of a post-2015 global development agenda.

Global Fund Strategy Development 2017-2021

At the November Board meeting, the Secretariat presented the Board with two reports related to the Global Fund's next strategic framework: the first outlining the planned 2015 strategic review of the current strategy (2012-2016); and the second summarizing initial discussions looking toward the

Click on the month in the timeline for more information.



A APRIL

M MAY

NEW SIIC, FOPC AND
AEC MEMBERS APPOINTED

J JUNE

1ST TRP REVIEW WINDOW UNDER NFM

development of the next strategy. The strategic review will be managed by the Technical Evaluation Reference Group (TERG), an independent advisory group of the Board, with ongoing support from the Secretariat and external consultants. The review will evaluate progress against 2012-2016 strategic goals and objectives and assess joint impact on the three diseases over the 2000-2012 period. Findings will be reported for Board approval in November 2015.

The Board also reviewed key milestones for strategy development process for 2017-2021. The initial strategic framework, including high-level goals and objectives, is targeted for Board approval at the November 2015 Board meeting, with approval of the full 2017-2021 Strategy planned for March 2016. The PSD will focus on ensuring a continued emphasis on public-private partnership as the Global Fund's core model and on enabling wide and robust participation of private sector stakeholders in the strategy development process.

Development Continuum Working Group

In late 2014, the Secretariat convened a Development Continuum Working Group (DCWG) to review the evolving health and development landscape, examine its implications for the Fund, and make recommendations for consideration in developing the 2017-2021 Strategy. The evolution to a post-2015 global health agenda will provide the Fund with both opportunities for greater impact and challenges to maintain focus and support. The DCWG released a draft working paper during the Board Retreat in November 2014 that examined the changing epidemiology of the global burden of disease; economic development trends, including the impact of a country's evolution from low-income to middle-income status on poverty and health; and the Fund's role and risks when supporting programs in challenging operating environments and challenging legal or policy environments. The DCWG will issue a report and recommendations to the SIIC in February 2015 to further inform the first Global Fund post-2015 strategy.

Global Fund Support for Hepatitis C Treatment

The Fund has received a number of requests from countries for financing of Hepatitis C (HCV) treatment and prevention interventions in the context of HIV/HCV co-infection. Prior funding decisions for HCV were guided by a 2010 TRP recommendation that advised only funding HCV treatment where Global Fund funding would fill gaps in coverage for HCV/HIV co-infection and not

The PSD provided early inputs to emphasize **PUBLIC-PRIVATE PARTNERSHIP** as central to the Global Fund **STRATEGY** and **APPROACH**.



Click on the month in the timeline for more information.



J JULY

A AUGUST

S SEPTEMBER

1ST NFM CONCEPT NOTE APPROVED BY BOARD



in the context of generalized mono-infection epidemics. In the wake of the transition to the NFM and with an increased focus on the global HCV burden, the TRP requested further guidance from the Board on considering such requests.

The SIIC deliberated the risks and benefits in using Global Fund resources to fund HCV treatment and decided that an analysis of the broader question of co-infections and co-morbidities for HIV/AIDS, TB and malaria was necessary before taking a long-term decision on HCV specifically. In the interim, the Fund would permit continued HCV funding in countries where the Fund was already financing HCV services, up to existing funding levels, but would not expand HCV funding. At its 32nd Meeting, the Board approved the SIIC recommendation to adopt an interim measure to continue current funding for HCV treatment while conducting a review and developing a more comprehensive approach to the Fund's role in funding co-infections and co-morbidities of HIV/AIDS, TB and malaria by the 33rd Board Meeting in March 2015.

NEW GLOBAL FUND APPOINTMENT

HARLEY FELDBAUM, HEAD, STRATEGY AND POLICY

In June 2014, the Global Fund announced the appointment of Mr. Harley Feldbaum to the role of Head of Strategy and Policy, a newly created position to lead strategy and program planning within the Global Fund Secretariat. In the role, Mr. Feldbaum will support the Board and SIIC on overall strategy implementation, lead a new Policy Hub, situated within the Office of the Executive Director, and serve as a senior advisor to the Executive Director and the Management Executive Committee on strategy and policy issues. Mr. Feldbaum and the Policy Hub will play an important role in helping to drive the development of the Global Fund's 2017-2021 strategy. Prior to his Global Fund role, he served as Director for Global Health, Food Security and Development at the White House's National Security Council and previously held roles at the United States Agency for International Development (USAID) and the Johns Hopkins Nitze School of Advanced International Studies. He holds a Doctorate degree in Public Health Policy from the London School of Hygiene and Tropical Medicine, a Master's degree in Public Health from the Johns Hopkins Bloomberg School of Public Health, and a Bachelor's degree with honors from Wesleyan University.

Click on the month in the timeline for more information.



OCTOBER

4TH ANNUAL PSD RETREAT HOSTED BY NOVARTIS (BASEL, SWITZERLAND)



NOVEMBER

32ND BOARD MEETING AND RETREAT (MONTREUX, SWITZERLAND)



DECEMBER

A woman with dark hair tied back, wearing a red and green floral patterned top, is holding a young child. The child is wearing a light-colored shirt with a yellow collar and a yellow pocket. They are sitting in front of a wall with large, hand-painted Hindi characters in red and blue. The woman is looking to the right, and the child is looking towards the camera.

SECTION 2

Corporate Sector Engagement with the Global Fund

Private sector companies, including members of the PSD, made major contributions to Global Fund priorities in 2014, bringing core expertise and skills to the Innovation Hub and grant recipients, participating in innovative financial instruments and platforms like health bonds, and ensuring ongoing input into the Global Fund's policies and decisions. Among other accomplishments, the PSD provided key inputs to Board consultations on the new approach to restricted financial contributions through the register of Unfunded Quality Demand. The Secretariat's Private Sector team believes that revisions to the earmarked contributions policy could unlock US\$ 200 million in new funding from the private sector and high-net-worth individuals to support Global Fund programs.

Everything that we do in the **PRIVATE SECTOR ENGAGEMENT DEPARTMENT** is built around achieving results through **GREATER IMPACT IN COUNTRY PROGRAMS**. Whether that is resource mobilization directly with partners or together with (RED) and major gifts strategies or with private sector partners through the **INNOVATION HUB** working to solve issues that affect national programs, we are focused on **INCREASING SYNERGIES OF INVESTMENTS**, expanding the scope of work on sustainability and upgrading the efficiency of **GLOBAL FUND RESOURCES**.

Patrik Silborn (The Global Fund)



PRIVATE SECTOR PARTNERSHIPS

In 2014, the Global Fund made important decisions to deepen and broaden private sector engagement in its activities, including launching the Innovation Hub, hosting global events and regional workshops, and revising the private sector strategy to facilitate corporate contributions to the Fund.

Innovation Hub

The Innovation Hub is the Global Fund's platform to identify, develop and test new multi-stakeholder solutions to recurring challenges encountered by the Fund, its grant recipients and implementers. The Innovation Hub focuses on leveraging private sector expertise to foster innovation across three work streams:

1. Procurement and supply chain management
2. Financial and risk management
3. Program quality

With a large portion of the Global Fund financing spent on procurement of health products, a focus on strengthening global, regional and national supply chains is one of the Fund's top priorities. Through the Innovation Hub, the Fund explores new partnerships with the private sector to leverage existing technology and capacity in supply chain management to improve health product supply chain performance.

In 2014, the Fund hosted two workshops bringing together 20 companies from the logistics, pharmaceuticals, telecoms and consulting industries to generate ideas, new or based on the participants existing initiatives and solutions. The Hub aims to launch 3-4 pilot projects in 2015.

NEW GLOBAL FUND APPOINTMENT

PATRIK SILBORN, HEAD, PRIVATE SECTOR ENGAGEMENT DEPARTMENT

The Global Fund appointed Mr. Patrik Silborn as Head of Private Sector Engagement in August. His responsibilities include managing the Private Sector Team activities and projects, as well as facilitating contributions to the Global Fund from private companies and foundations. Silborn first joined the Secretariat's Private Sector Team in 2007, working with partners such as Accenture, UNDP and FAO. Immediately prior to his appointment, Silborn served as Senior Fund Portfolio Manager in Rwanda and Angola. During his tenure, a new results-based grant management model focused on key outcomes and indicators, was launched in Rwanda.

Forum on Opportunities for Corporate Sector Engagement in Malaria Control in Asia-Pacific

On September 29, GBCHealth, on behalf of the PSD, partnered with the Asia-Pacific Leaders Malaria Alliance (APLMA) and the Roll Back Malaria (RBM) Partnership to co-host a private sector forum in Yangon, Myanmar. The event was organized in partnership with the Myanmar Health and Development Consortium (MHDC), Malaria No More, and the Global Fund, and with support from PSD member Sanofi as the lead sponsor.

The forum brought together over 100 participants from the business community, government, donor organizations and implementing partners representing Thailand, Myanmar, Vietnam, Papua New Guinea, and Cambodia for a one-day meeting to identify how and where partnership with the private sector can enhance and accelerate malaria control and elimination efforts in Asia-Pacific, particularly in the face of drug resistance. The Forum highlighted the critical threat posed by malaria to regional economic development, and, conversely, the risk that expanding cross-border economic activities could contribute to spread of the disease. During breakout discussion groups, participants emphasized the need to further promote the business case for malaria interventions, share messages on both private sector successes and failures in malaria control, collect evidence to ensure evidence-based decision making, and strengthen coordination and partnership among public and private sectors and within the private sector itself. Participants recognized the value of the corporate sector and agreed that concrete actions to be executed over the course of the next year were essential to achieving malaria elimination targets by 2030.

Ecobank's Partnership with the Global Fund

A leading financial institution that operates in 35 countries in Africa, Ecobank Transnational Incorporated is committed to the economic and financial development of the region. On September 23, Ecobank and the Global Fund announced that their partnership to build financial management capacity of Global Fund implementers will now include grant recipients in South Sudan, in addition to those in Côte d'Ivoire and Nigeria. Ecobank South Sudan joined forces with Accounting for International Development (AfID) to assess the needs of the national program sub-recipients under existing grants and designed a 12 week financial literacy program for the Ministry of Health/HIV; the National Tuberculosis, Leprosy and Buruli Ulcer Control Program (NTP); and the National Malaria Control Program (NMCP). The 2014 announcement follows on the Ecobank's pledge at the 4th Replenishment conference to contribute a total of US\$3 million over the next three years in innovative financing, advocacy and cash donations to the Fund.





New (RED) Partnerships

Through 2014, (RED) has generated more than US\$ 300 million for the Global Fund to support HIV/AIDS grants in Ghana, Kenya, Lesotho, Rwanda, South Africa, Swaziland, Tanzania and Zambia impacting more than 60 million people with prevention, treatment, counseling, and HIV testing and care services. In June, the culinary world turned (RED) through a campaign led by Chef Mario Batali entitled, EAT (RED) DRINK (RED) SAVE LIVES. For the first ten days of the month, more than 500 food and beverage businesses across 120 cities worldwide activated the campaign, serving special (RED) menu items to raise money and awareness to fight AIDS. In honor of World AIDS Day, for two weeks in December, Apple offered 25 Apps for (RED) to its customers with all proceeds going to the Global Fund. In addition, Apple donated a portion of sales at Apple's retail and online stores around the world on two of the biggest shopping days of the year - Friday, November 28 and Monday, December 1.



Private Sector Regional Proposals

Early in the year, the PSD joined the Stop TB Partnership, Population Services International (PSI), Clinton Health Access Initiative (CHAI), Interactive Research and Development (IRD), and the Philippine Coalition Against Tuberculosis (PhilCAT) in the development of an expression of interest for a regional proposal to improve the quality of TB care in the private sector and to align

REGIONAL PROGRAMS HIGHLIGHT

At the March Board meeting, the Board approved US\$ 200 million in funding for regional programs in 2014-2016. Regional proposals will address cross-border issues such as drug-resistance in migrant populations that cannot be funded adequately through individual country programs. In the April 2014 application window, 43 expressions of interest were submitted for a total request of US\$ 689 million, far exceeding the earmarked amount and indicating strong demand for high-impact regional approaches. Following the TRP review, 16 applicants were invited to submit concept notes by January 2015. These 16 regional programs, with an expected funding request of approximately US\$ 235 million, will compete for US\$ 120 million in available funding for the first window. The second window for regional expressions of interest will fall in April 2015, with US\$ 80 million in available funding.

An additional US\$ 310 million will be disbursed through existing regional and disease programs that are ineligible for new funding allocations. Among these is a \$100 million regional initiative in five countries in the Mekong region of Southeast Asia that was signed in February 2014. The initiative, the largest current Global Fund regional program, is managed by a regional steering committee that includes representatives from country governments, bilateral donors, academia, civil society and the private sector.

private sector care with National TB Program (NTP) goals in Indonesia, India, Pakistan and the Philippines. The majority of TB patients in these countries seek diagnosis and treatment through the private sector, where the standard of care can be sub-optimal and providers have little incentive to engage with national health programs. The partners proposed a two-tiered implementation approach focused on leveraging the size of the private sector market and integrating market-oriented engagement models into existing public-private mix programming in the four countries. The project aimed to screen 50% of people with symptoms seeking private sector care, to increase case notification rates by 30%, and to maintain treatment success rate at 90% and above. Despite endorsement by the Stop TB Partnership, the WHO and other major stakeholders in the region, the proposal did not advance to the concept note stage. Partners plan to revise and resubmit the program in 2015.

Another regional proposal with a strong private sector focus was endorsed by the TRP to progress to the concept note phase. The US\$ 60 million program aims to tackle high TB prevalence rates among mining communities in nine Southern African countries – Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. The countries agreed to a regional harmonization approach in addressing TB in mining, including common systems for tracking patients, common referral procedures, common databases, the same treatment regimens and protocols, and working with communities and families of miners with TB. Mining companies supported the initiative and agreed that the private sector can collectively mobilize efforts against TB, in partnership with government and other stakeholders and partners.

THE PRIVATE SECTOR VOICE ON THE BOARD: PRIVATE SECTOR CONSTITUENCY UPDATES

PSD members were active in discussions and decisions related to all aspects of the Fund's governance, strategy and operations in 2014, including through the newly launched task force structure. Members participated actively in constituency calls, at the 31st Board Meeting in Jakarta, Indonesia, in early March, at the annual constituency retreat in Basel, Switzerland in October, and at the 32nd Board Meeting in Montreux, Switzerland in November, as well as through on-going electronic communications and ad-hoc calls.

Revisions to the PSD Governance Guidelines

The PSD created an ad-hoc Governance Working Group at the 2013 annual retreat to review the PSD Governance Guidelines and ensure that the document accurately reflects existing practices and policies. The group, led by Renuka Gadde (BD), with members Nazzareno Todini (Abt Associates), Amy Israel (Eli Lilly), and René Cazetien (Sanofi), met in-person and via teleconferences throughout 2014 to discuss policy revisions. Proposed changes focused on the following key policies: nomination and election procedures for PSD and Board leadership positions; integrating



task force structures and processes; clarifying PSD structure and membership tiers; specifying PSD leadership requirements and responsibilities; and linking PSD procedures to formal Global Fund Board declaration of interest policies. The group introduced the changes to the PSD for discussion and input at the 2014 retreat. After another round of revisions to incorporate additional recommendations, the updated Governance Guidelines were endorsed by PSD members via electronic vote in December.

New PSD Members

In 2014, the PSD welcomed new members Johnson & Johnson and Accenture Development Partnerships.

In April, Johnson & Johnson became the newest member of the PSD Advisory Group, represented by its subsidiary, Janssen Global Public Health. Janssen Global Public Health is dedicated to improving access to and affordability of drugs, identifying and developing vaccines, diagnostics, and medicines to address neglected diseases and unmet medical needs. Janssen recently created a new treatment option for MDR-TB and is working to make this medication affordable and accessible in regions where it is approved for use. Johnson & Johnson is represented on the PSD by Jami Taylor, Senior Director for Global Access Policy at Janssen Global Public Health.

Accenture Development Partnerships (ADP), the non-profit arm of Accenture, joined the PSD as an Affiliate Member in March. Through ADP, Accenture's core consulting services and assets are accessible to over 640 international development organizations. ADP is committed to building the development sector's capacity and forging high-impact public-private partnerships. ADP is represented on the PSD by Anastasia Thatcher, Global Health Lead.

Global Fund Presents at Corporate Alliance on Malaria in Africa (CAMA) Forum in Nigeria

In July, GBCHealth, Corporate Alliance on Malaria in Africa (CAMA) and the Nigerian Federal Ministry of Health, in partnership with Friends of the Global Fund Africa and PSD Advisory Group member Access Bank, convened 120 participants from over 20 companies and more than 30 government, civil society and academic institutions for a day-long private sector-focused workshop on malaria and maternal child health in Abuja, Nigeria. Representatives from PSD companies Abt Associates, Access Bank, Bayer and Sanofi were in attendance. Nigeria received the largest 2014-2016 allocation of all countries eligible for Global Fund financing, with over US\$ 1 billion allocated to HIV, TB and malaria programs, including nearly US\$ 500 million for malaria alone.

One of the Forum's key themes was the need for collaboration and partnerships across sectors to close Nigeria's gap of approximately US\$ 700 million to finance its malaria control activities over the next three years. Ms. Nicolette Selman, the Global Fund's Portfolio Manager in Nigeria, represented the Fund at the Forum. Ms. Selman provided an overview of the NFM and Global



Fund's 2012-2016 Strategy, highlighting that public-private partnerships are at the Fund's core. She also explained Nigeria's initial allocation under the new funding model and made the case for private sector engagement and action to support specific priorities of Global Fund implementing partners in Nigeria.

As a result of tremendous support by in-country stakeholders, GBCHealth and CAMA are exploring an opportunity to host a private sector engagement forum in Nigeria annually.

4th Annual PSD Retreat Hosted by Novartis

In October, Novartis hosted the 4th Annual PSD Retreat in Basel, Switzerland. Representatives from PSD member companies Abt Associates, Accenture Development Partnerships, Bayer, BD, Johnson & Johnson, Merck|MSD, Mylan, Novartis, Sanofi and Vale attended. The main objectives for the retreat were:

- To hold joint dialogues with Global Fund Secretariat members to understand strategies and operations and identify areas for collaboration. Mr. Patrik Silborn, Head of Private Sector Engagement, Mr. Michael Byrne, Department Head of High Impact Africa 1, and Chief Procurement Officer Chris Game and Head of Sourcing and Supply Chain Maxime Parmentier joined the group to present updates, hear feedback and discuss opportunities for collaboration.
- To review outcomes of the 2014 PSD Member Survey. The survey results demonstrated that PSD ways of operating were generally effective and that PSD membership provides unique and important value to member companies. Some company representatives offered specific recommendations for improvement, including creation of an online platform to facilitate easier access and sharing of key documents, introduction of more in-depth content for publications, and refining the task force structure. GBCHealth began implementing recommended improvements immediately and will be conducting the survey every other year.
- To define 2015 priorities, including policy focus, work plans for PSD task forces and goals. See Section III of the Report for more information

Other topics of discussion covered collaboration with private sector constituencies to the Roll Back Malaria and Stop TB Partnerships. The retreat featured presentations on priorities and challenges for both groups. Following the PSD Retreat, PSD Alternate Renuka Gadde and Focal Point Whitney White provided an update on PSD strategy, the new funding model and key issues for malaria at the RBM Private Sector Members Council retreat in London, U.K.



In the PSD survey, members identified the **ABILITY TO INFLUENCE** PSD positions, **NETWORK** with other companies, attend GF meetings and **SHARE ENGAGEMENT STRATEGIES** as the most valuable opportunities provided by the PSD.



SECTION 3

2015 Private Sector Delegation Seven-Point Agenda

The PSD defined a set of strategic priorities for 2015 to ensure a targeted focus on issue areas where the private sector can contribute unique skills and perspectives to support the Global Fund's mission. The task force structure, quarterly calls, bi-annual pre-Board meetings and annual strategic retreat will remain central mechanisms for PSD members to develop positions and advance work across the core priority areas.

Election of PSD Board Member and Alternate Board Member for 2015-2017

The 33rd Global Fund Board meeting in April 2015 will conclude the terms of current Board Member Paul Schaper and Alternate Board Member Renuka Gadde. In keeping with the revised PSD Governance Guidelines, in January-February of 2015 the PSD Focal Point will issue a call for nominations and coordinate a transparent and inclusive election process for the new PSD leadership terms. With strong endorsement from the PSD members, Mr. Schaper is expected to seek re-election for the second term. Having served two terms as Alternate Board Member, Ms. Gadde will not run again but will remain a member of the Advisory Group and asset to the PSD.

Global Fund 2017-2021 Strategy Development

In 2015, the Global Fund will dive deeper into the evaluation of the 2012-2016 Strategy and launch consultations to develop the next 5-year Strategy for 2017-2021. The new strategy will be the first for the Global Fund in a post-2015 development landscape and the first since the major organizational reforms and transformation of the new funding model in recent years. As such, it presents important opportunities to define a compelling vision for the future of the Global Fund. The PSD will engage with the Secretariat Policy Hub, the SIIC and other partners to ensure robust engagement and input from a diverse cross-section of private sector stakeholders throughout the strategy development process.

Market-Shaping, Procurement and Quality Assurance

This year, the Board formally dissolved the Market Dynamics Advisory Group (MDAG) and assigned oversight responsibilities for strategic and operational aspects of market dynamics, procurement and sourcing initiatives to the SIIC and FOPC, respectively. The PSD's PQA task force closely monitored the deliberations in both committees, providing ongoing feedback and input and emphasizing that oversight of the Procurement for Impact strategy should be a priority for the Board. In 2015, the PQA task force will continue to follow the implementation of the Board decision ensuring that joint oversight is effective and sets up the Procurement Unit's work for sustainable impact to foster value for money. Another major part of the task force activities will be input into the Market Shaping Strategy (MSS), originally approved in 2011 and expected to undergo revisions by November 2015.

Business Engagement and Health Systems Strengthening

At the 2014 retreat, the mandate of the Health Systems Strengthening (HSS) task force was formally expanded to include business engagement and partnerships at the country level, including through CCMs. To raise HSS and the role of the private sector in HSS on the Global Fund's agenda, the PSD and the task force are planning a side forum for Board constituencies and Secretariat members at the 33rd Board Meeting in March 2015 in Geneva, Switzerland. The PSD has partnered with the Secretariat HSS Hub and the Private Sector Team to discuss the role of HSS in the future

It has been **A PLEASURE AND A PRIVILEGE TO SERVE** in the Board Alternate role for the past four years working with members of the PSD. Collectively, we can **ALL BE PROUD OF THE ROLE WE PLAY** in shaping the Global Fund's strategy and the **IMPACT WE ARE HAVING ON MANY LIVES.**

- Outgoing Board Alternate Renuka Gadde



Global Fund strategy and to showcase corporate partnerships as an HSS tool, demonstrating added value of having private sector involvement in HSS.

Global Fund Grants Review and Approval

As part of its Board responsibilities, the PSD votes on all grants being presented by the Secretariat to the Board for approval. In 2014, the PSD established a task force to evaluate countries' applications for funding and make recommendations on the PSD vote. In order to further strengthen the grant review process and enable the PSD to monitor funding trends, next year the task force will launch a tracking mechanism to better understand countries' funding requests and approved grants in relation to their allocation and trends across the portfolio. The Secretariat expects the peak of activity related to concept note submissions to take place in the last quarter of 2014 and first quarter of 2015, with a large number of applications ready for Board review and signing by mid-year.

Diverse PSD Membership

The PSD will continue to prioritize growing and diversifying the membership of the Advisory Group. In 2014, two new members Johnson & Johnson and Accenture Development Partnerships joined the PSD. In 2015, the PSD will focus on targeted outreach and engagement to bring new voices to the constituency's work, including current Global Fund corporate partners, companies from underrepresented industries and geographies and those working in strategic alignment with the Fund's mission.

Active Engagement across Global Fund Committees

In 2015, Mr. Nazzareno Todini (Abt Associates) will continue serving as a PSD representative to the Finance and Operational Performance Committee (FOPC), providing a strong voice for PSD input on critical Committee deliberations. The PSD will also continue to work via the SIIC task force and in partnership with other SIIC members to ensure on-going monitoring and shaping of issues for deliberations in that Committee. The PSD task forces will remain a driving force behind setting PSD priorities and developing positions on key issues, including the 2017-2021 Global Fund strategy, governance, ethics and integrity, PQA and HSS.

IN 2014, the Global Fund fundamentally **TRANSFORMED** the way it operates - launching the New Funding Model and the new Comprehensive Funding Policy. For the PSD, the primary priority for the Fund in 2015 is to **EFFECTIVELY IMPLEMENT THE NEW MODEL**, and to **PLAN FOR THE NEXT PHASE** in the Fund's history. Within the 2017-2021 Strategy development process, we will **WORK TO ENHANCE** the Fund's thinking about how the private sector can **MORE EFFECTIVELY CONTRIBUTE** its expertise and capabilities to increase the Fund's impact and **SUCCESS**.

**Paul Schaper, PSD Board Member
(Merck & Co., known as MSD
outside of the U.S. and Canada)**





ANNEX 1

THE GLOBAL FUND'S STRATEGY FRAMEWORK GF STRATEGY 2012-2016 "INVESTING FOR IMPACT"*

Vision	A world free of the burden of HIV/AIDS, tuberculosis and malaria with better health for all			
Mission	To attract, manage and disburse additional resources to make a sustainable and significant contribution in the fight against HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the MDGs			
Guiding principles	<ul style="list-style-type: none"> • Being a financing instrument • Additionality • Sustainability • Country ownership 	<ul style="list-style-type: none"> • Multi-sectoral engagement • Partnership • Integrated, balanced approach • Promoting human right to health 	<ul style="list-style-type: none"> • Performance-based funding • Good value for money • Effectiveness and efficiency • Transparency and accountability 	
Goals	10 million lives saved¹ over 2012-2016 140-180 million new infections prevented over 2012-2016			
Targets² (2016)	HIV/AIDS	UNAIDS 2011-2015 Strategy, 2011 Investment Framework, and UNGASS June 2011 Declaration	7.3 million people alive on ARTs	<ul style="list-style-type: none"> • PMTCT: ARV prophylaxis and/or treatment • HIV testing and counseling • Prevention services for MARPs • Male circumcision
	TB	Global Plan to Stop TB 2011-2015	4.6 million DOTS treatments (annual) 21 million DOTS treatments over 2012-2016	<ul style="list-style-type: none"> • HIV co-infected TB patients enrolled on ARTs • MDR-TB treatments
	Malaria	RBM Global Malaria Action Plan 2008 and May 2011 updated goals and targets	90 million LLINs distributed (annual) 390 million LLINs distributed over 2012-2016	<ul style="list-style-type: none"> • Houses sprayed with IRS • Diagnoses with RDTs • Courses of ACT administered to confirmed malaria cases

1 Based on impact of provision of ART, DOTS and LLINs using methodology agreed with partners.

2 Targets refer to service levels to be achieved in low- and middle-income countries.

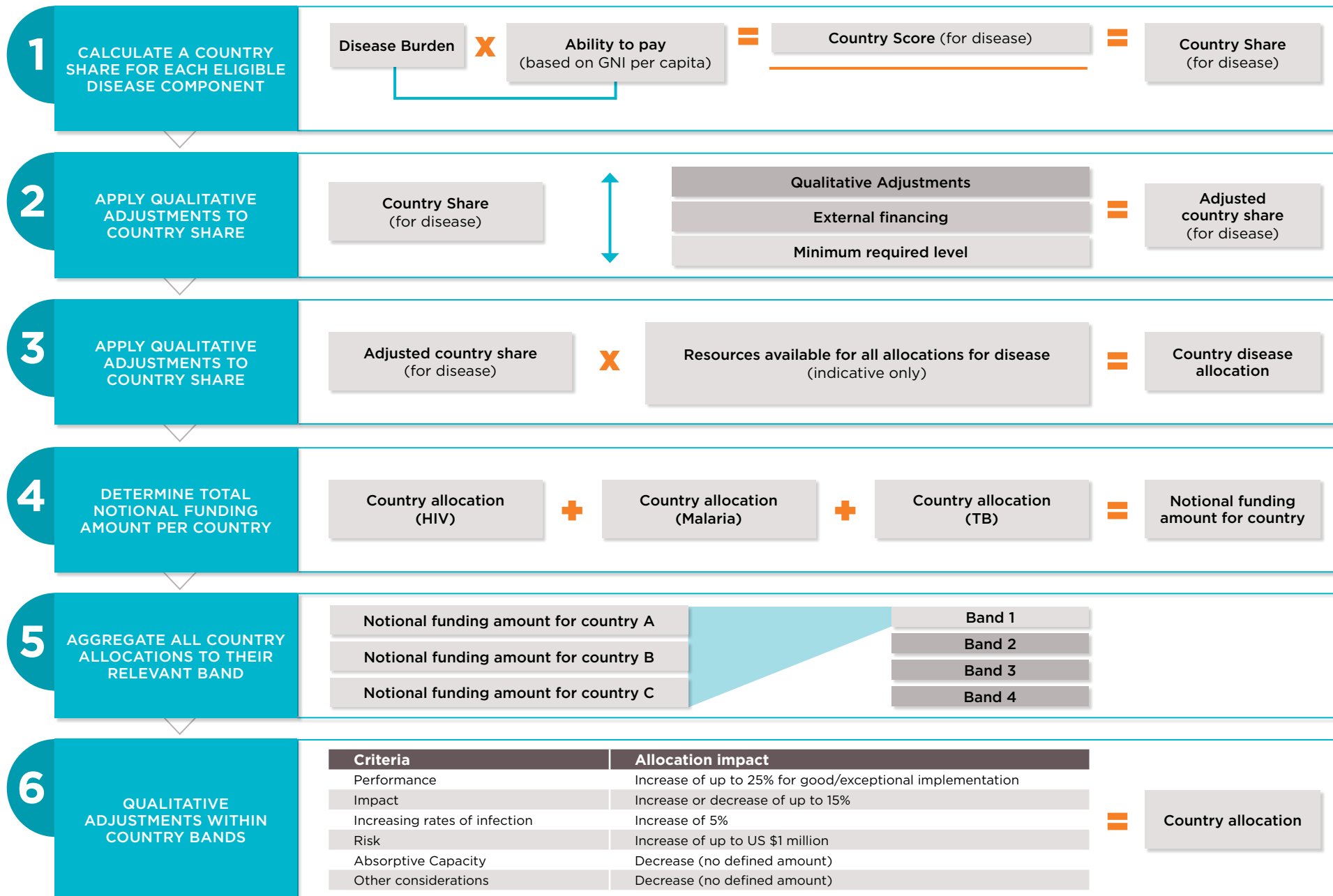
Note: Goals and targets are based on results from Global Fund-supported programs which may also be funded by other sources; targets are dependent on resource levels

Strategic Objectives	
	Strategic Actions
1. Invest more strategically	1.1 Focus on the highest-impact countries, interventions and populations while keeping the Global Fund global 1.2 Fund based on quality national strategies and through national systems 1.3 Maximize the impact of Global Fund investments on strengthening health systems 1.4 Maximize the impact of Global Fund investments on improving the health of mothers and children
2. Evolve the funding model	2.1 Replace the rounds system with a more flexible and effective model <ul style="list-style-type: none"> • Iterative, dialogue-based application • Early preparation of implementation • More flexible, predictable funding opportunities 2.2 Facilitate the strategic refocusing of existing investments
3. Actively support grant implementation success	3.1 Actively manage grants based on impact, value for money and risk 3.2 Enhance the quality and efficiency of grant implementation 3.3 Make partnerships work to improve grant implementation
4. Promote and protect human rights	4.1 Ensure that the Global Fund does not support programs that infringe human rights 4.2 Increase investments in programs that address human rights-related barriers to access 4.3 Integrate human rights considerations throughout the grant cycle
5. Sustain the gains, mobilize resources	5.1 Increase the sustainability of Global Fund-supported programs 5.2 Attract additional funding from current and new sources
Strategic Enablers	Enhance partnerships to deliver results Transform to improve Global Fund governance, operations and fiduciary controls

* Adapted from the Global Fund Strategy Framework 2012-2016 http://www.theglobalfund.org/documents/core/strategies/Core_GlobalFund_Strategy_en/

ANNEX 2

THE NEW FUNDING MODEL ALLOCATION FORMULA





ANNEX 3

LISTING OF COUNTRIES IN BANDS 1-4

BAND 1: LOWER-INCOME, HIGHER-BURDEN
Cambodia
Myanmar
Papua New Guinea
Viet Nam
Haiti
Chad
Mali
Niger
South Sudan
Sudan
Bangladesh
India
Pakistan
Benin
Burkina Faso
Burundi
Cameroon
Central African Republic
Congo, DR
Côte d'Ivoire
Ethiopia
Ghana
Guinea
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mozambique
Nigeria
Rwanda
Senegal
Sierra Leone
Tanzania (Mainland)
Tanzania (Zanzibar)
Togo
Uganda
Zambia
Zimbabwe

39 countries

BAND 2: LOWER-INCOME, LOWER-BURDEN
Korea, DPR
Lao PDR
Solomon Islands
Kyrgyzstan
Tajikistan
Uzbekistan
Nicaragua
Djibouti
Mauritania
Somalia
Yemen
Afghanistan
Nepal
Comoros
Eritrea
Gambia
Guinea-Bissau
São Tomé and Príncipe

18 countries

BAND 3 HIGHER-INCOME, HIGHER-BURDEN
Indonesia
Philippines
Thailand
Russian Federation
Ukraine
Angola
Botswana
Congo
Namibia
South Africa
Swaziland

11 countries

BAND 4: HIGHER-INCOME, LOWER BURDEN	
Kiribati	Albania
Malaysia	Armenia
Marshall Islands	Azerbaijan
Micronesia	Belarus
Mongolia	Bulgaria
Samoa	Georgia
Timor-Leste	Kazakhstan
Tonga	Kosovo
Tuvalu	Moldova
Vanuatu	Romania
Belize	Turkmenistan
Bolivia	Algeria
Colombia	Egypt
Costa Rica	Morocco
Cuba	Syrian Arab Republic
Dominica	Tunisia
Dominican Republic	West Bank and Gaza
Ecuador	Bhutan
El Salvador	Iran
Grenada	Maldives
Guatemala	Sri Lanka
Guyana	Cape Verde
Honduras	Gabon
Jamaica	Mauritius
Panama	Seychelles
Paraguay	
Peru	
Saint Lucia	
St Vincent & Grenadines	
Suriname	

55 countries

	Latin America & the Caribbean
	East Asia & the Pacific
	Eastern Europe & Central Asia
	North Africa & the Middle East
	South Asia
	Sub-Saharan Africa

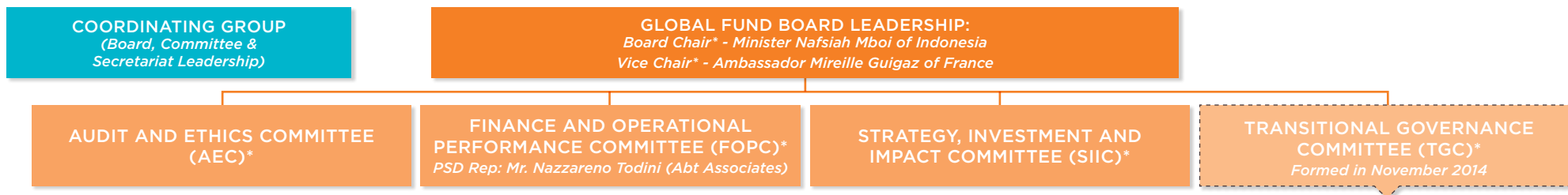


ANNEX 4

PRIVATE SECTOR DELEGATION TASK FORCES

STRATEGY INVESTMENT AND IMPACT COMMITTEE (SIIC) TASK FORCE	FINANCE AND OPERATIONAL PERFORMANCE COMMITTEE (FOPC) TASK FORCE	PROCUREMENT AND QUALITY ASSURANCE TASK FORCE	BUSINESS ENGAGEMENT AND HEALTH SYSTEMS STRENGTHENING TASK FORCE	PERFORMANCE-BASED GRANTS TASK FORCE
<ul style="list-style-type: none"> • Lead: Paul Schaper, Merck MSD • Amy Israel, Eli Lilly • Scott Evertz, Mylan • Luisa Engel, (RED) • René Cazetien, Sanofi 	<ul style="list-style-type: none"> • Lead: Naz Todini, Abt Associates (Committee Member) • Matt Hamada & Claudia Carravetta, AbbVie • Omobolanle Victor-Laniyan, Access Bank • Renuka Gadde, BD • Gerhard Hesse, Bayer • Graeme Robertson, Gilead Sciences 	<ul style="list-style-type: none"> • Lead: Erika Satterwhite, Mylan • Renuka Gadde, BD • Gerhard Hesse, Bayer • Dan Collins, Eli Lilly • Graeme Robertson, Gilead Science • Rebecca Stevens, Novartis • René Cazetien, Sanofi 	<ul style="list-style-type: none"> • Lead: Amy Israel, Eli Lilly • Matt Hamada & Claudia Carravetta, AbbVie • Ann Lion, Abt Associates • Anastasia Thatcher, Accenture Development Partnerships • Jami Taylor, Johnson & Johnson • Paul Schaper, Merck MSD • Scott Evertz, Mylan • Amina Fakir Knipiler, Sanofi • Heloisa Jardim, Vale 	<ul style="list-style-type: none"> • Co-Leads: Paul Schaper, Merck MSD • Renuka Gadde, BD • Kaitlin Foley and team, BD • Amy Israel, Eli Lilly • Erika Satterwhite, Mylan • Ian Boulton, TropMed Pharma Consulting
TASK FORCE MANDATES				
<p>SIIC</p> <ul style="list-style-type: none"> • Provide input and shape PSD positions on priority policy issues under SIIC review • Build relationships with SIIC leadership and members 	<p>FOPC</p> <ul style="list-style-type: none"> • Support PSD representative to FOPC • Develop PSD positions on FOPC priority issues 	<p>Procurement and Quality Assurance</p> <ul style="list-style-type: none"> • Contribute to the Global Fund's procurement strategy and quality assurance policies • Oversee market dynamics and market shaping activities 	<p>Business Engagement and HSS</p> <ul style="list-style-type: none"> • Advance Global Fund's HSS strategies • Mobilize private sector engagement across the Fund architecture 	<p>Performance-Based Grants</p> <ul style="list-style-type: none"> • Review monthly grant approval requests • Oversee and track grant funding trends

GLOBAL FUND BOARD COMMITTEE STRUCTURE 2014-2016



*Appointed by the Board

Note: The 2014 OIG review of the Global Fund structures and processes introduced a series of changes to the Fund's committee structure. At its November meeting, the Board approved the establishment of the fourth Transitional Governance Committee (TGC), which will have equal standing with the three existing committees (SIIC, FOPC and AEC). At the end of the present committee terms in 2016, the structure will change to three committees as follows Ethics and Governance, Audit and Finance, and Strategy and Operations committees.



2015 PSD Calendar

February 3:

Quarterly PSD Teleconference

March 29:

PSD Pre-Board Meeting (Geneva, Switzerland)

March 30:

PSD Forum: Health Systems Strengthening and the Role of the Private Sector (Geneva, Switzerland)

Global Fund Pre-Board Briefings (Geneva, Switzerland)

March 31-April 1:

33rd Global Fund Board Meeting (Geneva, Switzerland)

May 4:

Quarterly PSD Teleconference

May 7-8:

Global Fund Partnership Forum (Addis Ababa, Ethiopia)

June 24-25:

Global Fund Partnership Forum (Bangkok, Thailand)

August 27-28:

5th Annual PSD Retreat, hosted by Eli Lilly & Company (Geneva, Switzerland)

September 2-3:

Global Fund Partnership Forum (Panama City, Republic of Panama)

Week of September 21:

Quarterly PSD Teleconference

November 14:

Global Fund Pre-Board Meeting (Geneva, Switzerland)

November 15:

Global Fund Pre-Board Briefings (Geneva, Switzerland)

November 16-17:

34th Global Fund Board Meeting (Geneva, Switzerland)

Week of December 7:

Quarterly PSD Teleconference

December 17:

Preparatory Meeting for the Global Fund's 5th Voluntary Replenishment (Tokyo, Japan)

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Global Fund Private Sector Delegation – 2014 Advisory group Members

abbvie



access >>>



Johnson & Johnson

Lilly

