SMARTER USE OF GLOBAL FUND RESOURCES FOR IMPACT
Partners perspective

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Successes

- Our technical expertise is requested for Reviews, NSP revision, Epi analysis, concept note development. (data from WHO).
- Some instances, Partners are becoming members of CCM
- IPT process engaged GF country teams with WHO country offices in a major way.
- Funding of prevalence surveys
  - HERE COMES THE SUN
Detection and reporting gaps systematically higher for men
Challenges

- Coordination and sometimes even lack of clarity of roles of the different players in-country. In some countries still coordination/communication difficulties with GF missions.

- Countries (NTPs) have TA needs for the different components, there is still a big dependency on this. Long-term need for capacity building at national level. High Human resource turn-over.

- Partners do not have access to detailed activity plans and budgets in all countries. This makes it hard to coordinate and increase efficiency.

- When it comes to implementing the grant...we are often kept in the dark by the PR unless there is a crisis. No joint progress monitoring.

- **FUNDING CRISIS**
FUNDING CRISIS

Disbursements to Countries by the Global Fund by Disease
2012 to 2016

0.5 billion per yr 2017 to 2020.

80% of all external funding TB gets.

Resource mobilisation
Way forward

Close monitoring: regular meetings with transparency on workplan implementation

Capacity building for Global Fund grant implementation

Communications: Between TB Partners and CCM PR NTP MOH FPM/ country team and Global Fund infrastructure at national level the Local Fund agent and the Fiscal agent.