GLOBAL FUND 101

The Global Fund

- Financing Institution focused on HIV, TB and Malaria
- Founded in 2002
- Raises and invests nearly $4 billion a year to support programmes in countries and communities most in need
- Key Principles are:
  - Partnership
  - Country Ownership
  - Performance-based funding
  - Transparency
- The Global Fund has no offices in country - all Global Fund staff are based in Geneva
- There is a Fund Portfolio Manager (FPM) who is responsible for specific countries - supported by a country team
Where Does $€£ Come From?

• **Voluntary** financial contributions from all sectors of society – governments, private sector, social enterprises, philanthropic foundations and individuals

• **Replenishment mechanism** established by Board in Oct 2003 and takes place every three years through a replenishment pledging

• In Sept 2016 at the 5th Voluntary Replenishment donors pledged **12.9 billion**

• **95 percent** of funding comes from government donors -

• Donor countries (more than 40) cannot decide how contributions are spent – this decision is the responsibility of the Board.

**Major Donors**

- United States
- France
- United Kingdom
- Germany
- Japan
- Canada
- European Commission
- Australia
- Netherlands
How Is the Global Fund Governed?

• Board is made up on implementing and donor governments, NGOs, communities, private sector and technical partners

• Core functions include:
  • **Strategy** Development
  • Governance **Oversight**
  • Commitment of **Financial Resources**
  • Assessment of **Organization Performance**
  • **Risk Management**
  • **Partnership** Engagement, Resource Mobilization, Advocacy

• Core work carried out by **three committees** (Audit and Finance Committee, Ethics and Governance Committee; Strategy Committee)

• The Board approves all funding decisions
The Global Fund Board

Donor Voting Block – 10 Seats

- 8 donor seats (allocated on contribution levels)
- Private Foundations
- Private Sector

Implementing Voting Block – 10 Seats

- Regions: 7 WHO regions
- Communities Delegation
- Developed Country NGO Delegation
- Developing Country NGO Delegation

Public Sector (Governments)

Civil Society

Private Sector

Technical Partners

- Communities
- Developed NGO
- Developing NGO

Communities & Civil Society Delegations
(Part of Implementing Bloc)

- WHO
- UNAIDS
- Partners
- Trustee (World Bank)
- Swiss Representative
- Executive Director

Non-voting Board Members

Women in all their diversity for the global fund
Global Fund Board Leadership

**Chair of the Board**
Mr Norbert Hauser, Germany

**Vice-Chair of the Board**
Ms Aida Kurtovic, Bosnia
Leadership Of Communities & Civil Society

Communities Board Member
Rico Gustav, Netherlands (Indonesia)

Communities Alternate Board Member
Maurine Murenga, Kenya

Developed Countries NGOs Board Member
Owen Ryan, Switzerland (USA)

Developed Countries NGOs Alternate Board Member
Mike Podmore, UK

Developing Countries NGOs Board Member
Hristijan Jankuloski, Macedonia

Developing Countries NGOs Alternate Board Member
Allan Maleche, Kenya
Key Staff in the GF Secretariat

Chief of Staff
Marijke Winrojks

Inspector General
Mouhamadou Diagne

Executive Director
Mark Dybul

Community Rights and Gender
Kate Thomson

Grant Management Division
Mark Edington
COMMUNITY RIGHTS & GENDER DEPARTMENT

Who we are

Community, Rights and Gender (CRG) Department
Strategy, Investment and Impact Division

Kate Thomson
Department Head

*All areas of work are cross-cutting

Key Populations & Community Responses
David Traynor
Senior Technical Coordinator - Community Responses and Policy & Strategy
Ed Ngoksin
Technical Advisor - Community Responses and Key Populations
Mauro Guarinieri
Senior Technical Advisor, Community Responses and Drug Use
Matt Greenall
Senior Technical Advisor, Community Responses

Human Rights
Ralf Jurgens
Senior Technical Advisor, Human Rights
Hyeyoung Lim
Technical Advisor, Human Rights
Matt Smith
Intern, Human Rights

Gender
Heather Doyle
Senior Technical Advisor, Gender
Samanta Sokolowski
Technical Advisor, Gender
Giovanna Guglielmi
Project Management Officer

CRG Special Initiative
Sharmeen Premjee
Coordinator
Mounia Meftah
Program Officer

Admin. & Program Support
Banu Otus
Administrative Assistant
Jaroslava Sen Miskulova
Administrative Assistant
Rene Bangert
Program Officer

The Global Fund
Le Fonds mondial
El Fondo Mundial
Глобальный фонд
全球基金
Global Fund Strategy
2017 – 2022

• What is the Global Fund Strategy 2017 – 2022?
• What are key Global Fund focus areas?
The Global Fund 2017-2022 Strategy

“Investing to End Epidemics”

Vision
A world free of the burden of AIDS, Tuberculosis and malaria with better health for all.

Mission
To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria and to support the attainment of the Sustainable Development Goals.

Strategic Enablers:
- Innovate and differentiate along the development continuum
- Support mutually accountable partnerships

Maximize Impact Against HIV, TB and Malaria
Build Resilient and Sustainable Systems for Health
Protect and Promote Human Rights and Gender Equality
Mobilize Increased Resources
# Global Fund Strategy 2017-2022: Investing to end epidemics – detail

<table>
<thead>
<tr>
<th>1. MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA</th>
<th>2. BUILD RESILIENT &amp; SUSTAINABLE SYSTEMS FOR HEALTH</th>
<th>3. PROMOTE &amp; PROTECT HUMAN RIGHTS AND GENDER EQUALITY</th>
<th>4. MOBILIZE INCREASED RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases</td>
<td>2a. Strengthen community responses and systems 2b. Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery 2e. Strengthen data systems for health and countries’ capacities for analysis and use</td>
<td>3a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights 3b. Invest to reduce health inequities including gender- and age-related disparities 3c. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services 3d. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes 3e. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes</td>
<td>4d. Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models</td>
</tr>
</tbody>
</table>
Gender equality as key strategic pillar to end the HIV epidemics by 2030

Global Fund Strategic Framework

- MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA
- BUILD RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH
- PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY
- MOBILIZE INCREASED RESOURCES

Gender-Related Sub-Objectives and Drivers

a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

Drive scale-up gender-responsive HIV, SRHR programs in GF grant design and implementation focused on adolescent girls and young women in 13 Sub-Saharan African countries by:

- Supporting the development gender-sensitive investment cases and/or National Strategic Plans
- Mobilizing required additional financial and technical resources to complement GF financing through a new partnership effort (“Funding Forward for Girls” Collaborative)

b. Invest to reduce health inequities including gender- and age-related disparities

Mainstream age and gender-related analysis and targeted interventions across the Global Fund grant portfolio by:

- Prioritizing response to gender/age disparities in GF grant processes
- Strengthening internal capacity and aligning processes to implement GF policies
- Developing a monitorable, quantifiable gender accountability framework with key technical and implementation partners
SO3A: Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights.

SO3C: Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.

Priority countries for SO3A and SO3C interventions:

SO3A:
- Botswana
- Cameroon
- Kenya
- Mozambique
- South Africa
- Uganda
- Lesotho
- Malawi
- Namibia
- Swaziland
- Tanzania
- Zambia
- Zimbabwe

SO3C:
- Benin
- Côte d’Ivoire
- Ghana
- Honduras
- Indonesia
- Jamaica
- Kyrgyzstan
- Nepal
- Philippines
- Senegal
- Sierra Leone
- South Africa
- Tunisia
- Ukraine

Botswana
Cameroon
Kenya
Mozambique
South Africa
Uganda

Lesotho
Malawi
Namibia
Swaziland
Tanzania
Zambia
Zimbabwe

Benin
Côte d’Ivoire
DRC (Province)
Ghana
Honduras
Indonesia
Jamaica
Kyrgyzstan
Nepal
Philippines
Senegal
Sierra Leone
South Africa
Tunisia
Ukraine

Honduras
Indonesia
Kyrgyzstan
Jamaica
Nepal
Philippines
Senegal
Sierra Leone
South Africa
Tunisia
Ukraine
The Funding Model & Allocation Methodology

- How does the funding model work?
- How does the allocation work?
- What is the country dialogue?
- What is catalytic funding?
Civil society’s engagement in the funding model

Allocation Letter sent to countries

Ongoing Country Dialogue

National Strategic Plan/Investment Case

Financial Request

Grant-making

2nd GAC Board

Grant implementation
Robust Country Dialogue is the Foundation

Country Dialogue with diverse stakeholders to identify priorities for the funding request

- HIV, TB and malaria programs and Health system planners
- Women's organizations
- Domestic human rights experts
- KAP networks
- Gay and other men who have sex with men
- Trans*
- People who inject drugs
- Youth
- Sex workers
- Migrants, refugees, internally displaced people, ethnic minorities, forest fringe workers
- People living with HIV, TB patients, people affected by malaria

The country dialogue is an iterative process – not a one off event
For the 2017-2019 Grant Cycle...

Less time applying, more time implementing

‘Differentiated’ application materials and review approaches tailored to the needs of applicants

Funding requests are ‘right-sized’ to the needs and context of a country

Differentiated approaches enable quality funding requests to be developed more efficiently, so greater time can be spent implementing grants.
The New Application Process

Differentiated application and review process: 3 approaches

Program Continuation

Tailored

Full Proposal

TRP validation

TRP Tailored Review

TRP Full Review

Grant-making

GAC + Board

Grant Implementation

Implementation ongoing throughout grant lifecycle
For the 2017-2019 Grant Cycle...

3 submission windows scheduled for 2017: March, May, Aug

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>20 Mar</th>
<th>Apr</th>
<th>23 May</th>
<th>Jun</th>
<th>Jul</th>
<th>28 Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
</table>
Timing is key!

Plan

CCMs will need to discuss and agree submission dates for funding request
Support CCM on program split discussions

Engage

Support CCM to ensure inclusivity and transparency of funding request preparation
Keep the attention on implementation; the funding request process should not divert focus from on-going program management.

### Table

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
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<th>Mar</th>
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<tr>
<td>TRP</td>
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<td><strong>20 Mar</strong></td>
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<td>Estimated Grant-Making</td>
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<td><strong>Grant Signing</strong></td>
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<td><strong>23 May</strong></td>
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<td></td>
<td><strong>GAC/Board</strong></td>
<td><strong>Grant Signing</strong></td>
<td></td>
</tr>
</tbody>
</table>
Keep focusing on budgets during the grant-making stage

Just because you got what you wanted in the concept note does not mean it will be included in the grant!

<table>
<thead>
<tr>
<th>Country</th>
<th>Amount of funding requested for sex workers in concept note (USD)</th>
<th>Amount of funding for sex workers in signed grant (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>$2,251,477</td>
<td>$2,037,393</td>
</tr>
<tr>
<td>Burundi</td>
<td>$2,221,896</td>
<td>$2,144,944</td>
</tr>
<tr>
<td>Cameroon</td>
<td>$8,006,238</td>
<td>$2,155,694</td>
</tr>
<tr>
<td>DRC</td>
<td>$3,452,067</td>
<td>$4,922,075</td>
</tr>
<tr>
<td>Ghana</td>
<td>$8,152,758</td>
<td>$6,258,003</td>
</tr>
<tr>
<td>Kenya</td>
<td>$5,558,740</td>
<td>$2,023,607</td>
</tr>
<tr>
<td>Liberia</td>
<td>$547,083</td>
<td>$1,268,522</td>
</tr>
<tr>
<td>Tanzania</td>
<td>$5,200,000</td>
<td>$717,763</td>
</tr>
</tbody>
</table>
We MUST engage the whole way – don’t drop off after country dialogue

Source: AMSHeR survey, 2015
Catalytic Funding
Other than country allocations, are there other ways to access funds?

<table>
<thead>
<tr>
<th>Item</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th replenishment results as announced 2016-09-17 ($12.9 billion)</td>
<td>$12.9 b</td>
</tr>
<tr>
<td>Minus adjustment of $0.89 billion to reflect spot rates as at 2016-09-22</td>
<td>$12.02 b</td>
</tr>
<tr>
<td>Minus adjustment of $1.12 billion for technical assistance and other donor conditions</td>
<td>$10.9 b</td>
</tr>
<tr>
<td>Minus Global Fund operating costs of $0.9 billion</td>
<td>$10.0 b</td>
</tr>
<tr>
<td>Plus $1.1 billion in forecasted unutilized funds from 2014-2016 allocation</td>
<td>$11.1 b</td>
</tr>
<tr>
<td>Minus $0.8 billion set aside for Catalytic Investments</td>
<td>$10.3 b</td>
</tr>
<tr>
<td>Amount available for allocations to countries</td>
<td>$10.3 b</td>
</tr>
</tbody>
</table>

Important!
What are Catalytic Funds?

Matching funds - $356 million (44.5% of catalytic funds)
These are intended to incentivize the programming of allocations towards key strategic priorities, including for key and vulnerable populations, human rights, data strengthening, among others. Matching funds will be awarded at the time of funding request review.

Strategic initiatives - $172 million (21.5% of catalytic funds)
These will provide limited funding for centrally managed approaches that cannot be addressed through country allocations due to their cross-cutting nature, or because they do not align neatly with grant cycles. These initiatives are deemed critical to ensure country allocations deliver against the Global Fund's 2017-2022 Strategy.

Multi-country approaches - $272 million (34% of catalytic funds)
These will target a limited number of key, strategic multi-country priorities deemed critical to meet the aims of the Global Fund's 2017-2022 Strategy. These approaches will include those which are unable to be addressed through country allocations alone.
# Matching Funds

<table>
<thead>
<tr>
<th>Matching Funds</th>
<th>$356 million (44.5% of catalytic funds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV - Key Populations Impact</td>
<td>$50 million</td>
</tr>
<tr>
<td>HIV - Human Rights</td>
<td>$45 million</td>
</tr>
<tr>
<td>HIV - Adolescent Girls and Young Women</td>
<td>$55 million</td>
</tr>
<tr>
<td>Incentivising Programming of Allocations to find missing TB Cases</td>
<td>$115 million</td>
</tr>
<tr>
<td>Catalyzing Market Entry of New Long Lasting Insecticide Treated Nets (LLINs)</td>
<td>$33 million</td>
</tr>
<tr>
<td>Integration of Service Delivery and Health Workforce Improvements</td>
<td>$18 million</td>
</tr>
<tr>
<td>Data systems, data generation and use for programmatic action and quality improvement</td>
<td>$40 million</td>
</tr>
<tr>
<td>Country</td>
<td>Amount ($ million)</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Botswana</td>
<td>$1.0 m</td>
</tr>
<tr>
<td>Cameroon</td>
<td>$1.9 m</td>
</tr>
<tr>
<td>Kenya</td>
<td>$5.0 m</td>
</tr>
<tr>
<td>Lesotho</td>
<td>$1.5 m</td>
</tr>
<tr>
<td>Malawi</td>
<td>$7.0 m</td>
</tr>
<tr>
<td>Mozambique</td>
<td>$6.0 m</td>
</tr>
<tr>
<td>Namibia</td>
<td>$1.0 m</td>
</tr>
<tr>
<td>South Africa</td>
<td>$5.0 m</td>
</tr>
<tr>
<td>Swaziland</td>
<td>$1.5 m</td>
</tr>
<tr>
<td>Tanzania</td>
<td>$8.0 m</td>
</tr>
<tr>
<td>Uganda</td>
<td>$5.0 m</td>
</tr>
<tr>
<td>Zambia</td>
<td>$4.0 m</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>$8.0 m</td>
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</tbody>
</table>

Note: The amount shown for Cameroon was converted from euros (€1,782,200)
## Strategic Initiatives (formerly “Special Initiatives”)

<table>
<thead>
<tr>
<th>Strategic Initiatives</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing Specific Barriers to Finding Missing TB cases, Especially in Key Populations and Vulnerable Groups</td>
<td>$7 million</td>
</tr>
<tr>
<td>Development of Community and Innovative Approaches to Accelerate Case Finding</td>
<td>$3 million</td>
</tr>
<tr>
<td>Malaria Elimination: Cross-cutting Support in 21 Low Burden Countries</td>
<td>$7 million</td>
</tr>
<tr>
<td>Catalyzing Market Entry of New Long Lasting Insecticide Treated Nets (LLINs)</td>
<td>$2 million</td>
</tr>
<tr>
<td>Piloting Introduction of the RTS,S Malaria Vaccine</td>
<td>$15 million</td>
</tr>
<tr>
<td>Sustainability, Transition and Efficiency</td>
<td>$15 million</td>
</tr>
<tr>
<td>Technical Support, South-to-South Collaboration, Peer Review and Learning</td>
<td>$14 million</td>
</tr>
<tr>
<td>Data systems, data generation and use for programmatic action and quality improvement</td>
<td>$10 million</td>
</tr>
<tr>
<td>Procurement and supply chain management - Diagnosis and Planning</td>
<td>$20 million</td>
</tr>
<tr>
<td>Procurement and supply chain management - Innovation Challenge Fund</td>
<td>$10 million</td>
</tr>
<tr>
<td>Pre-qualification of Medicines and in vitro diagnostics (IVDs)</td>
<td>$12 million</td>
</tr>
<tr>
<td>Community, rights and gender (CRG)</td>
<td>$15 million</td>
</tr>
<tr>
<td>TERG Prospective Evaluations</td>
<td>$22 million</td>
</tr>
<tr>
<td>Emergency Fund</td>
<td>$20 million</td>
</tr>
</tbody>
</table>
# The Community, Rights and Gender (CRG) Strategic Initiative

<table>
<thead>
<tr>
<th>Component</th>
<th>Status of investments (as of end November 2016) from the 2014-2016 CRG Special Initiative</th>
<th>Estimated investments over 2017-2019 for the CRG Strategic Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical assistance (TA) programs</td>
<td>$4,650,000</td>
<td>$6,000,000</td>
</tr>
<tr>
<td>Capacity-building of key population networks on Global Fund processes (RCNF)</td>
<td>$5,950,000</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>Regional Civil Society and Community Communication and Coordination Platforms</td>
<td>$4,400,000</td>
<td>$4,000,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$15 million</strong></td>
<td><strong>$15 million</strong></td>
</tr>
</tbody>
</table>
What do you need to know?

• Is your country one of the 13 priority focus countries to receive catalytic funding re AGYW – any other areas?
• When is your country submitting the funding request?
• When is the country dialogue starting and how do you prepare?
• What kind of funding request is being submitted?
• Who do you know who is engaged?
• Who are allies at the table or will you be engaged and in what role?
Preparing to Engage

– What should you do before you engage?
  • The application handbook
  • The modular framework

– Get organised
  • **Assemble a strong coalition** of organizations and inform the CCM of your intention to organize civil society’s contribution to the national dialogue.
  • **Convene a planning team** of committed members of civil society and organize your first consultation – **Lean on technical partners** to support this or if they do not have funding apply to the CRG TA – and do it!
  • Plan for a series of follow up consultations after the first large, inclusive meeting.
  • Document each step of the process.
  • Prepare your own proprieties paper along the lines of the modular framework – speaking to what is the situation – the intervention – the evidence to back this up.
  • Make sure Civil Society on the CCM have this and they know what you want and ensure that the lead writer has this and the consultants working on the funding request

– Know where the strategic entry points?

Section One: Contact Details

Date Form Filled in:

Organization Name:

Street Name and No.:

City/Province/Region:

Zip / Postal Code:

Country:

Organization Type (e.g. NGO, PLHIV network etc.):

Name:

Focal person in organization for TA request:

Position:

Focal person in organization for TA request:

Email:

Focal person in organization for TA request:

Tel no.:

Focal person in organization for TA request:

If you have not liaised with your CCM, please provide a reason for this.

If you have not liaised with your respective Global Fund country team, please provide a reason for this.

2.5.2 Is your organization or any members of your organization currently a CCM member?

CCM - Yes / No: Yes

2.6.1 Has your organization applied to other technical assistance platforms with the same technical assistance request? e.g. UNAIDS country offices, UNAIDS TSF, WHO, GIZ, French 5 Percent etc.

CCM - Yes / No: Yes

2.6.2 If yes please explain 1) to who 2) the status of the request, i.e. has the request been turned down, is it being processed, or has technical assistance already been delivered?
Modular Framework

### Module

<table>
<thead>
<tr>
<th><strong>Module</strong></th>
<th><strong>Prevention programs for general population</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive prevention programs for men who have sex with men</td>
<td></td>
</tr>
<tr>
<td>Comprehensive prevention programs for sex workers and their clients</td>
<td></td>
</tr>
<tr>
<td>Comprehensive prevention programs for populations</td>
<td></td>
</tr>
<tr>
<td>Comprehensive programs for people in prisons and other closed settings</td>
<td></td>
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<tr>
<td>Prevention programs for other vulnerable populations (people with disabilities)</td>
<td></td>
</tr>
<tr>
<td>Prevention programs for adolescents and youth, in and out of school</td>
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<tr>
<td>Prevention of mother-to-child transmission</td>
<td></td>
</tr>
<tr>
<td>HIV Testing Services</td>
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<tr>
<td>Treatment, care and support</td>
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<tr>
<td>TB/HIV</td>
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<tr>
<td>TB care and prevention</td>
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<tr>
<td>Multidrug-resistant TB</td>
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<tr>
<td>Procurement and supply chain management systems</td>
<td></td>
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<tr>
<td>Health management Information system and monitoring and evaluation</td>
<td></td>
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<tr>
<td>Human resources for health, including community health workers</td>
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<tr>
<td>Integrated service delivery and quality improvement</td>
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<tr>
<td>Financial management systems</td>
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<tr>
<td>Community responses and systems</td>
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<tr>
<td>Program management</td>
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</tbody>
</table>

Thank You!

CONTACT Women4GlobalFund

Email: sophie@women4gf.org
Website: www.women4gf.org