1. GENERAL COMMENTS

1.1 Countries commended and supported the actions of the TWG to consult on its work and called on a new alliance to fight disease and poverty to prevent millions from dying from preventable diseases.

1.2 To facilitate partnership by all countries, delegates requested that documents be made available in all languages as soon as possible especially English, French and Portuguese.

1.3 The process of consultation and providing information on the Fund must continue, even after the TWG meeting of 22-24 November 2001.

1.4 Delegates were spurred to immediate action upon their return home by the Vice President and the TWG chairman, and resolved not to wait for the Global Fund before taking action against HIV/AIDS, TB and Malaria.

2. COMMENTS ON GOVERNANCE, FIDUCIARY AND LEGAL ISSUES

2.1 In principle, the meeting supported the broad Governance Framework that was proposed in the paper on Governance, i.e. the Partnership Form, the Board, the Secretariat, the Technical Review Panels and the Trustee or Fiduciary.

**Partnership Forum**

2.2 There was support for Partnership Forum, which should meet every 18 or 24 months. The fund should finance the participation of developing countries in the Partnership Forum.

**Board**

2.3 The meeting observed that participation on the board of the Fund was heavily tilted towards developed countries, donors and UN agencies. Hence it was resolved that Africa should have 4 representatives on the board representing SADC, ECOWAS, East and Central Africa.

2.4 There was support for a 2-year rotation period for Board members and quarterly meetings for the board.

**Secretariat**

2.5 South Africa was proposed as a possible venue for locating the Secretariat because of its developed communications and transport networks.

2.6 There was support for a lean and effective secretariat.

2.7 Countries urged for transparency in the recruitment and appointment of the Secretariat staff and called for proportional representation of Africa in all the
structures of the Fund, including the Secretariat and Technical Review Panels.

**Technical Review Panels**

2.8 The establishment of Technical Review Panels was supported with the proviso that Africans are represented proportionally on these important panels.

**Fiduciary**

2.9 The meeting recommended that all options must be considered before making a decision on the Trustee/Fiduciary, and that opinions of the (African Development Bank) ADB should be solicited on this matter and to consider channelling funds allocated to the Africa Region through the ADB.

3. **COMMENTS ON ELIGIBILITY**

3.1 Countries were very anxious to have clear guidelines on eligibility criteria and to receive very soon the acceptable format on how to prepare proposals for funding, as soon as possible, in order to fast-track the preparation of country proposals.

3.2 It was resolved that Africa must be prioritized and should receive a share of the Global Fund that is proportional to the global burden of these diseases [90% Malaria, 80% HIV/AIDS and 70% TB], the level of poverty and under development, the burden of global debt and the relative weakness of health systems and health care infrastructure.

3.3 It was recommended that the fund should consider comprehensive proposals on each one as the diseases [AIDS, TB and Malaria] and not necessarily wait for a comprehensive proposal on all the diseases at once.

3.4 The meeting endorsed the use of GNP/GNI per capita in the eligibility criteria, but warned that economic indicators should not used alone, but in combination with the burden of disease and other relevant health infections.

3.5 The meeting recommended that the Fund should consider the possibility of allocating interactive figures to countries for medium and long term budgeting and financial planning purposes.

3.6 The meeting resolved that Funds should be channeled through existing mechanisms.

3.7 The meeting recommended that monitoring and evaluation should be done at country level, using globally agreed indicators on AIDS, TB and Malaria, but adapted for country level circumstances, in order to define pragmatic key performance indicators and assessment measurements for monitoring progress.

3.8 It was recommended that the Fund should measure the key inputs and outputs of the comprehensive country proposal, but to measure the outcomes of the country strategic plans rather than the proposals funded by the Global Fund.

4. **COMMENTS ON COUNTRY PROCESSES**
4.1 It was evident that the majority of African countries already have or are in the process of finalizing the development of country strategy plans for the three diseases, namely; AIDS, TB and Malaria.

4.2 Countries expressed the frustration that these plans, which have been prepared, are sitting on shelf primarily because of lack of funding. It was agreed that it would not take a very long time prepare proposals to be submitted to the Global Fund, hence the outcry for clear guidelines for the submission, evaluation and approval of proposals from the TWG.

4.3 It was agreed that countries should decide themselves on their proposals and the balance between the 3 diseases, as well as the prevention, treatment, care and support aspects that require funding.

4.4 There was unanimous support for inter-country and regional cooperation as diseases know no boundaries, and the commitment to work within the existing regional and global framework such as the Abuja Declaration and Framework For Action, the Millennium Africa Recovery Plan or New Africa Initiative, the UNGAS Declaration, the Stop TB Campaign and the Roll Back Malaria Programme.

4.5 It was agreed to immediately strengthen country-coordinating mechanisms by bringing all stakeholders and role players at the country level, into a true partnership, and building on existing country coordinating mechanisms.

4.6 It was agreed that the role of UN agencies, bilateral and multilateral organizations, and other relevant country and regional bodies, should be to assist countries by strengthening countries in the preparation, implementation and review at country proposals.

4.7 Over and over again, the message coming out of the consultative meeting was:

a. To reinforce existing country processes and mechanisms;

b. To avoid vertical approaches that negatively affect the multi-sectoral approaches to these diseases;

c. To define guidelines for submitting proposals urgently;

d. To better define mechanisms for the disbursement of funds with optional flexibility and minimum bureaucracy.