

Laying the groundwork: preparing for the new funding model

October 2013

Presentation of Ms. Nicole Delaney, Senior Portfolio Manager to the CCC, PR, SRs and National Programs 10 October 2013 at the Ministry of Health



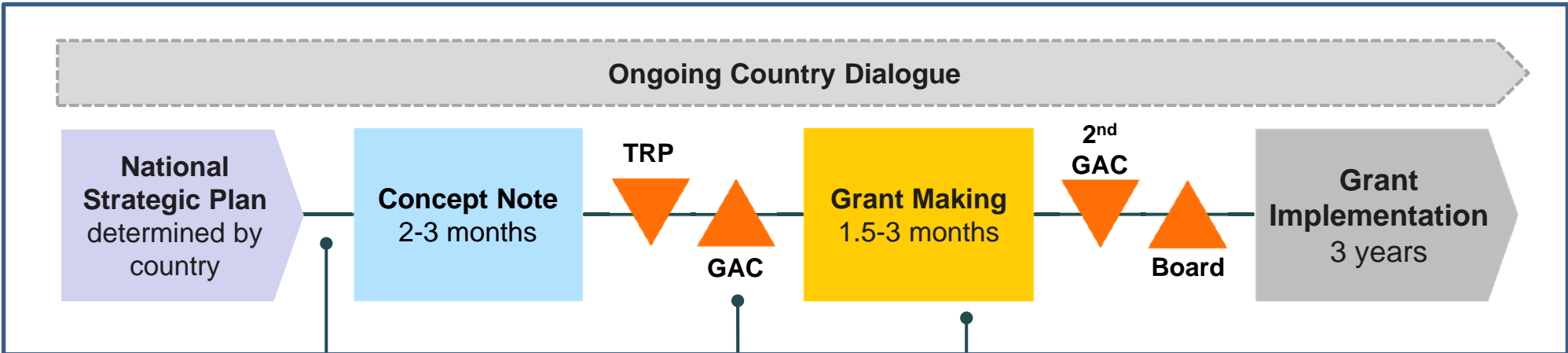
53 People attended the meeting

Today's focus:

5 areas for you to prepare for the new funding model

- 1 Plan ahead**
- 2 Strengthen national strategies**
- 3 Involve key constituencies**
- 4 Improve data**
- 5 Ensure CCM and PR capacity**

Reminder: new funding model cycle and timelines






Key funding events

- Secretariat communicates funding amounts to countries
- The pool of additional incentive funding is also available

- Secretariat's Grant Approval Committee sets budget ceiling
- TRP-approved funds above ceiling are put in queue in case new funds are available

- Country team and country finalize grant agreement documents
 - Workplan & budget
 - Performance framework
 - Procurement plan





Countries can apply anytime in 2014-2016

Grant funds can be for 3 years beyond grant signature in 2017 & beyond

Benefits of the new funding model

From previous model...

Proposals developed in isolation

No guidance from Global Fund on potential funding amount

Limited Global Fund engagement prior to proposal submission

Proposal submitted during Global Fund "rounds"

Proposal focuses on one disease or HCSS

...to new funding model

CCMs, implementers, and partners jointly discuss what is needed

Country Teams communicate an indicative funding amount

Country Teams support the process and answer questions

Concept Note submitted when country is ready

Opportunity to identify and implement cross-disease strategies

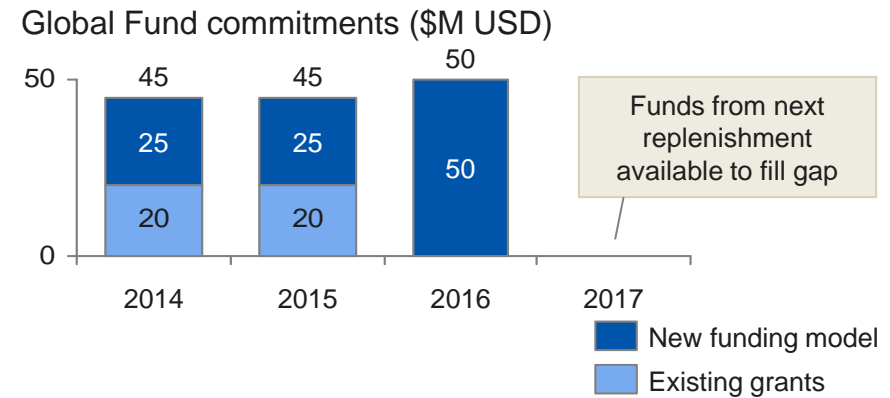
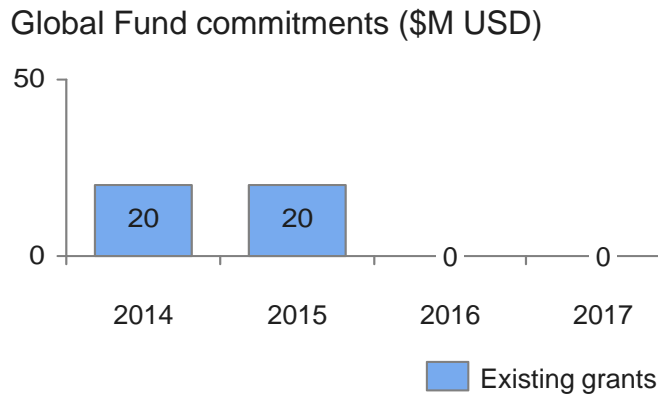
Country decides when and how to apply for funds

Example scenarios for accessing \$100M in the new funding model

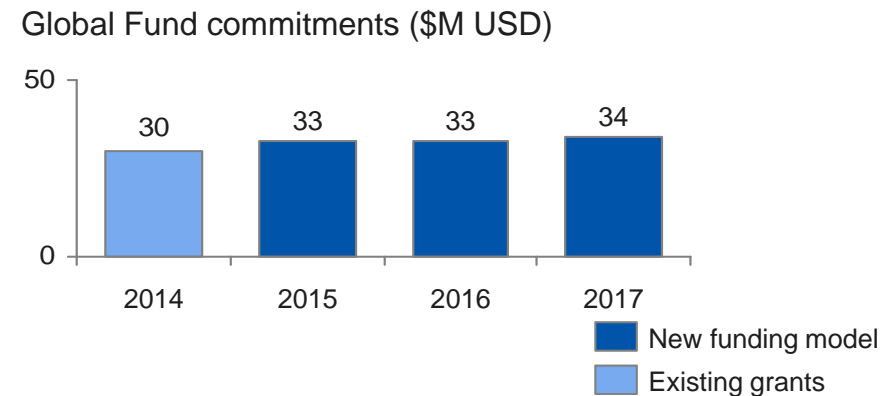
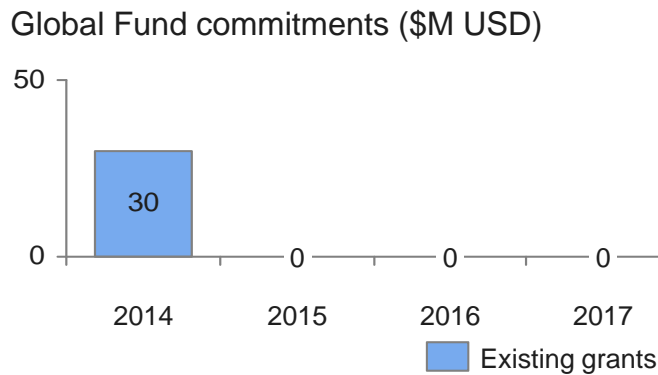
Current funding

With new funds

**Example 1:
scale up
existing
grants or
TFM**



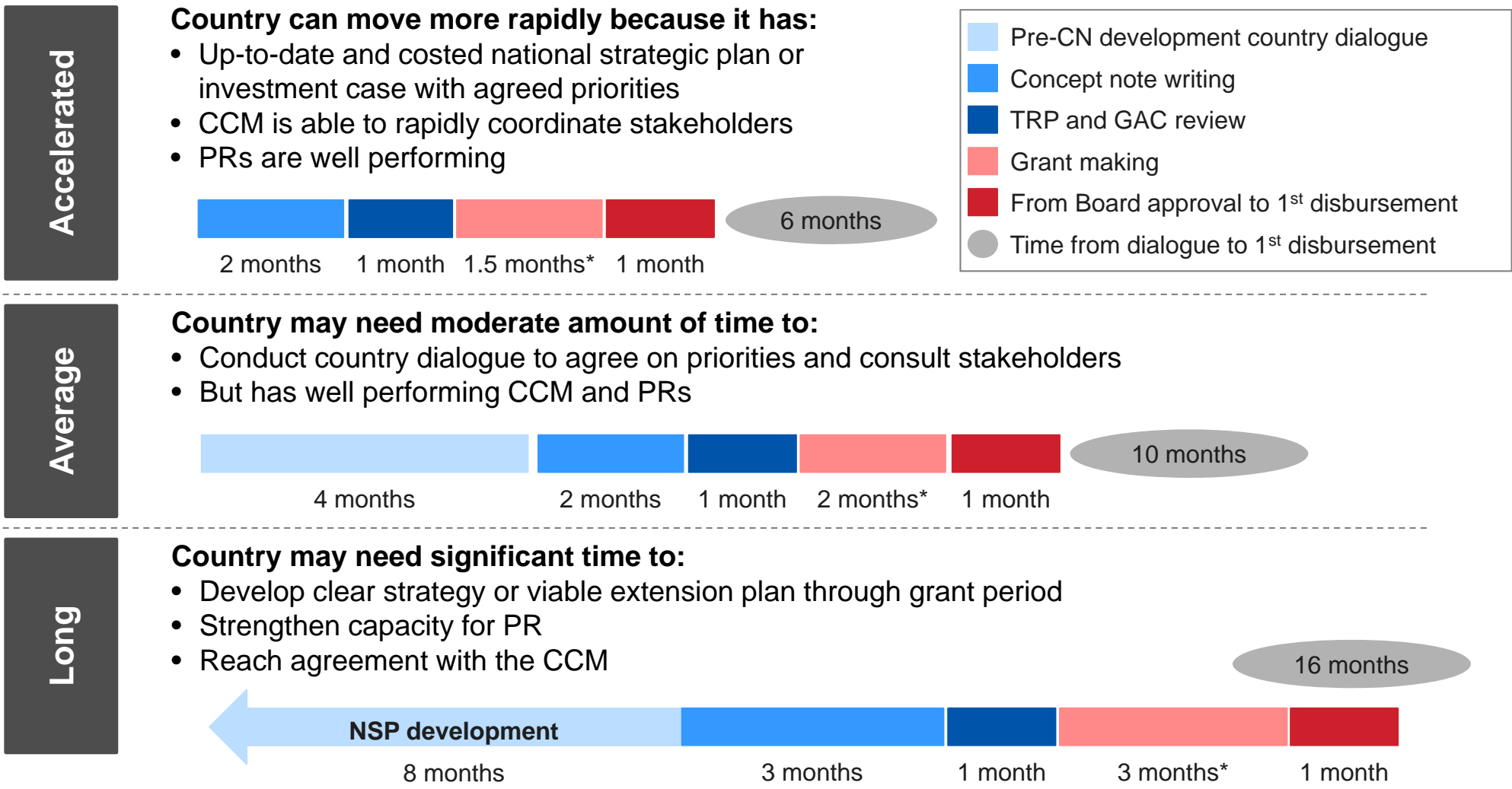
**Example 2:
begin when
current
grant ends**



New funding model grants expected to last for at least until Q3 2017

Each country is asked to estimate when they plan to access funds

Time for new funding model stages depends on context



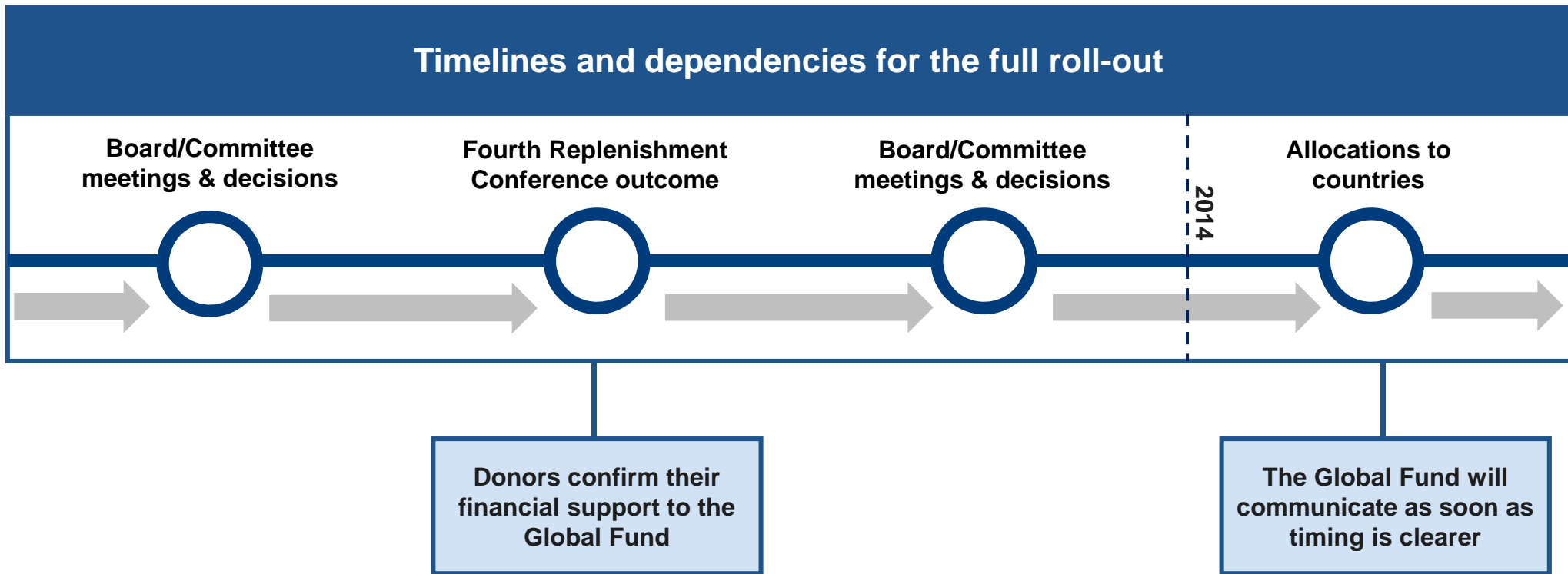
Note: TRP reviews will be scheduled to accommodate the most programs. If there is no TRP scheduled in the month the Concept Note is submitted, the "TRP and GAC review" stage may take longer, up to 3 months

* This is the anticipated average scenario – it may take longer in some countries.

1

Timelines for the full roll-out are tight, with a number of dependencies

Timing will remain uncertain until the Replenishment and Board dates are set



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5 areas for you to prepare for the new funding model

1

Plan ahead

2

Strengthen national strategies

3

Involve key constituencies

4

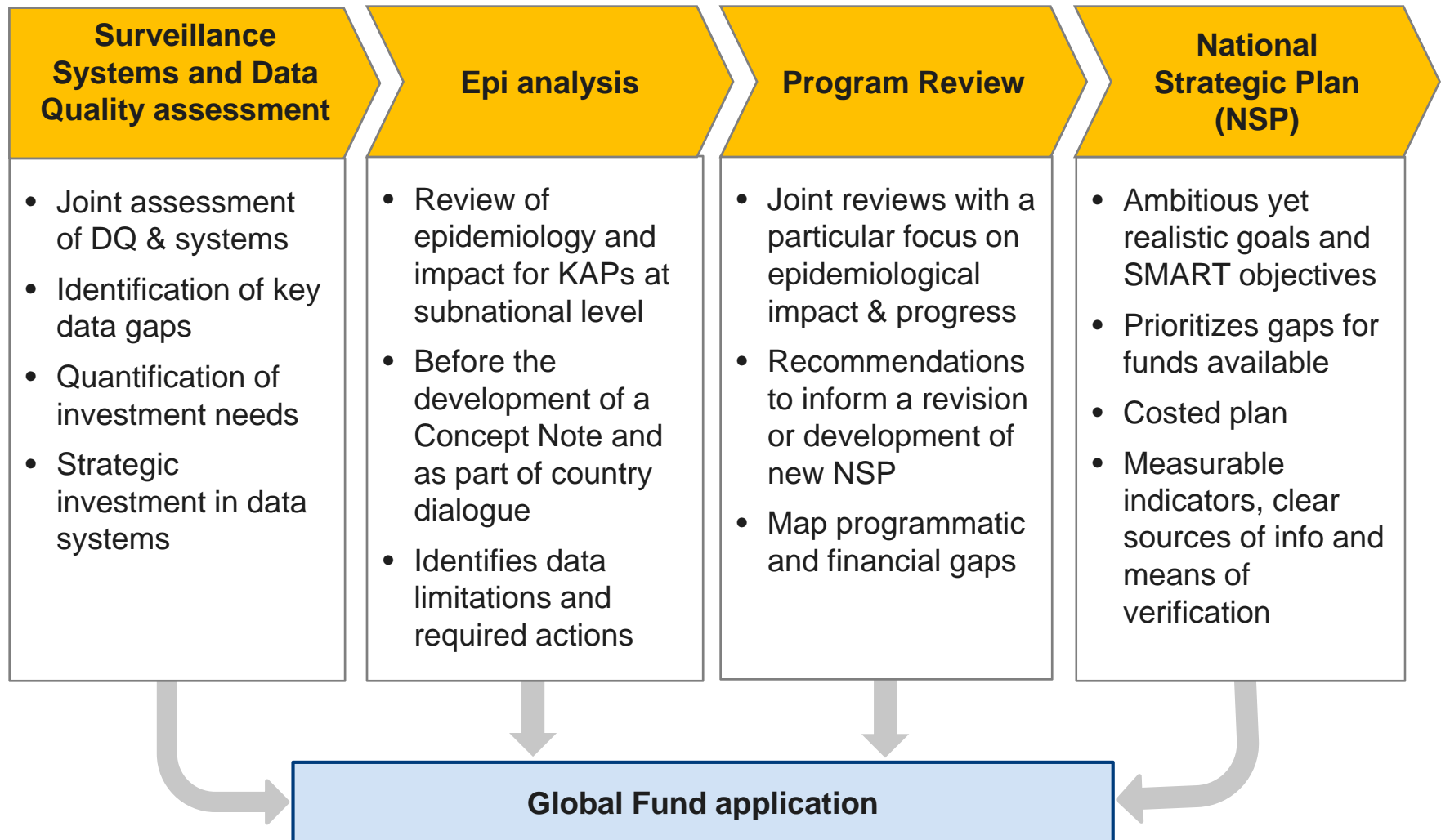
Improve data

5

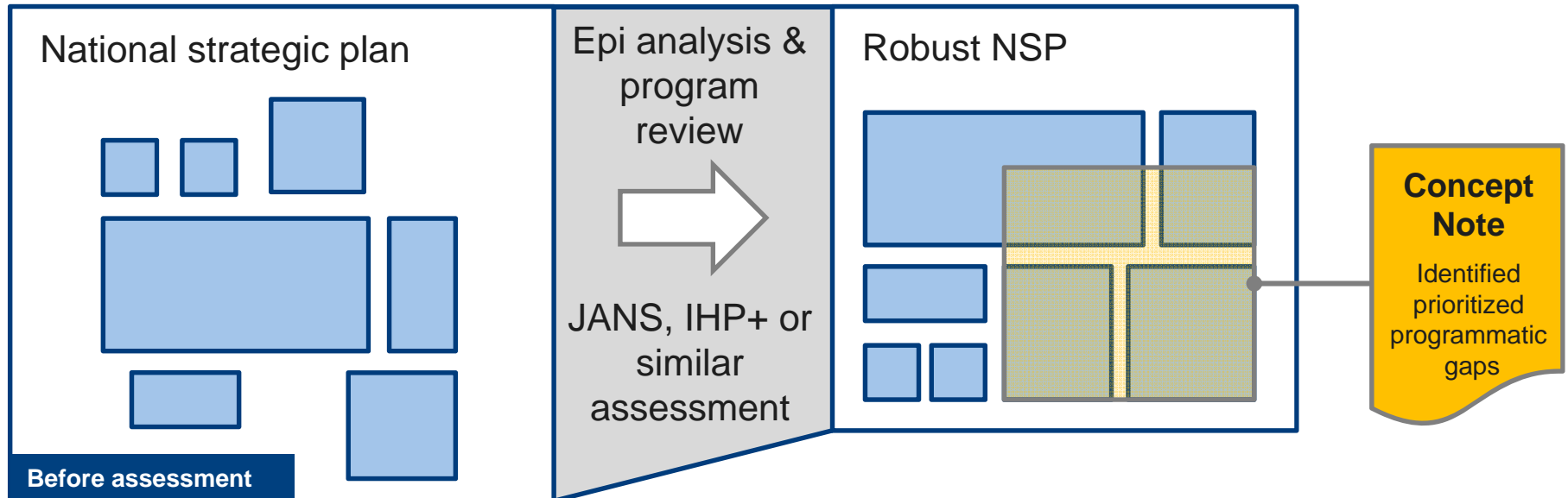
Ensure CCM and PR capacity

Know the epidemic to target resources effectively

Plan appropriate assessments and reviews to feed into NSPs and concept note submission



National strategic plans (NSPs): The basis for Global Fund funding



NSPs should be:

- developed through inclusive, multi-stakeholder efforts
- aligned with international normative guidance, national health sector strategies, and developed in coordination across the three diseases
- Assessed through a credible, independent, multi-stakeholder process that uses agreed frameworks (e.g., Joint Assessment of National Strategies tool)

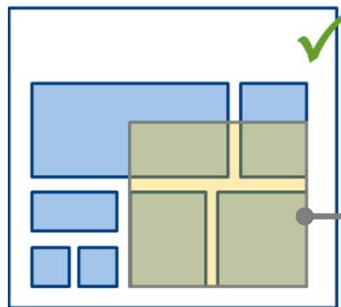
Secretariat supports the process by:

- encouraging governments to have broad engagement with civil society and Key Affected Populations (KAPs)
- participating in consultations at the country level
- providing feedback on the performance of Global Fund grants

The new funding model places increased focus on NSPs

A robust NSP provides a greater prospect of incentive funding

Robust NSP



Concept Note

Above indicative

Indicative funding

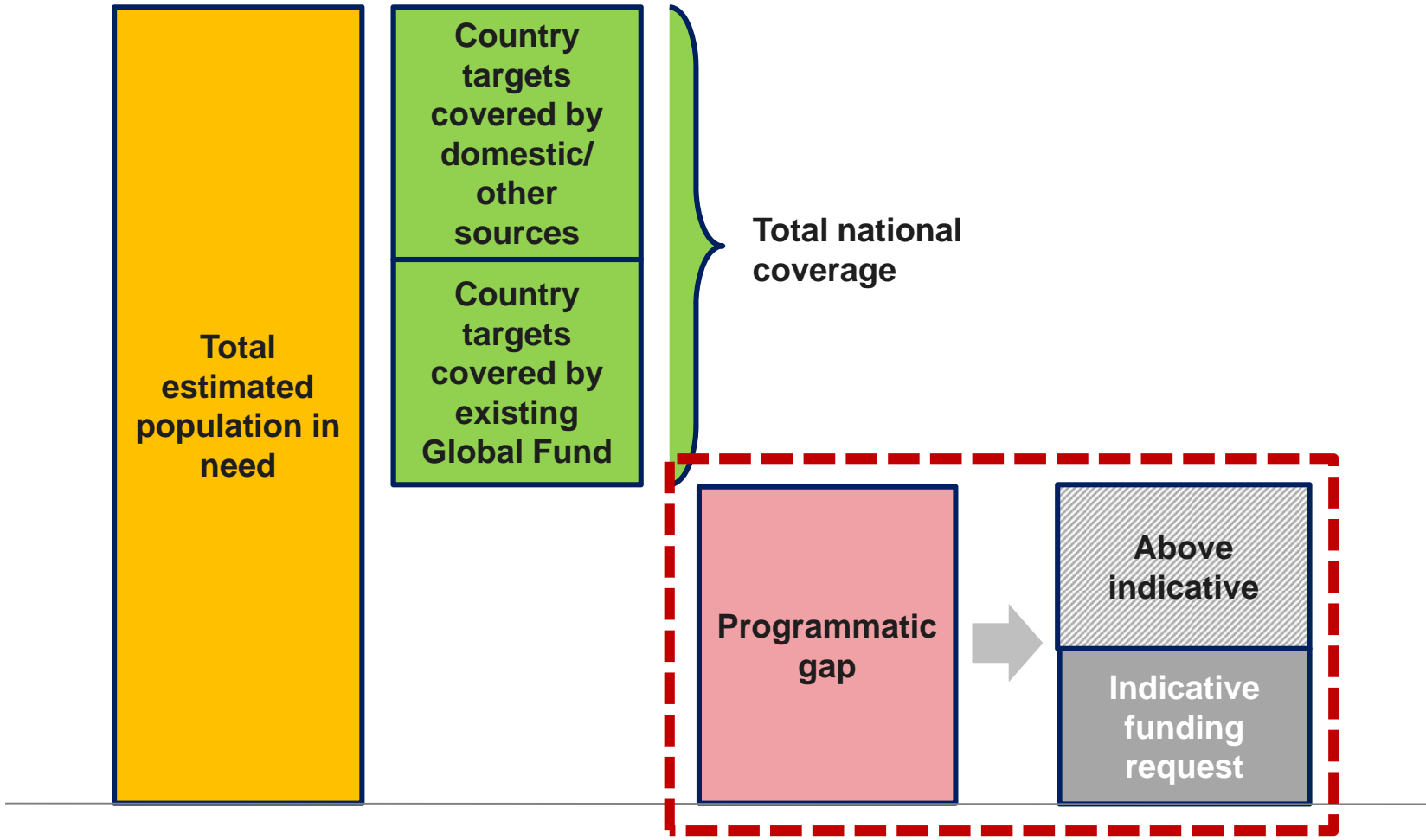
Incentive funding:

Awarded to ambitious expressions of quality demand based on **robust national strategies** and high impact, well-performing programs

Indicative funding:

The Global Fund funds activities aligned to national priorities and identified needs

Identify and prioritize programmatic gaps



Some signs that there may be a problem with HSS, CSS, human rights and gender equality

- Shortage of trained health workers, lack of infrastructure, shortage of medicines and supplies, not measuring indicators and not reporting...
- Hospital workers don't understand HIV and are afraid to treat people who are HIV-positive
- Undocumented migrants are unable to access TB& AIDS care and services
- National networks of Key Affected Populations cannot register or open bank accounts
- Police use condoms as evidence of prostitution, so sex workers stop carrying and using condoms
- Gender inequalities, including economic dependency and fear of violence, makes it difficult for women to negotiate condom use
- Sodomy and drug use are criminalized, so MSM and PWID are reluctant to go to government centers to take an HIV or TB test

Need to address broader, underlying problems by creating fair systems that are accountable and transparent

Critical enablers are indirect but essential

Critical enablers

- 1 Strengthen health systems (HSS)
- 2 Strengthen community systems (CSS)
- 3 Protect and promote human rights
- 4 Fund programs that strengthen response for women and girls
- 5 Address needs of MSM, transgender people, sex workers
- 6 Strengthen linkages between RMNCH and HIV, TB, and malaria services

Output

Services are

- Available
- Sustainable
- High quality
- Accessible to all

Impact

Health is improved

Available guidance

Information Note on strategic investments in health and community systems strengthening

- Available from the Country Team

Thematic information notes

- HIV and Human Rights
- TB and Human Rights
- Addressing sex work, MSM and transgender people in the context of the HIV epidemic
- Addressing women, girls, and gender equality
- Harm reduction for people who inject drugs
- Collaborative TB/HIV activities
- Strengthening maternal, newborn and child health interventions
- Integrating community systems strengthening in HIV/AIDS, TB and malaria programs

Available online at <http://www.theglobalfund.org/en/accesstofunding/notes/>

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1 Plan ahead

2 Strengthen national strategies

3 **Involve key constituencies**

4 Improve data

5 Ensure CCM and PR capacity

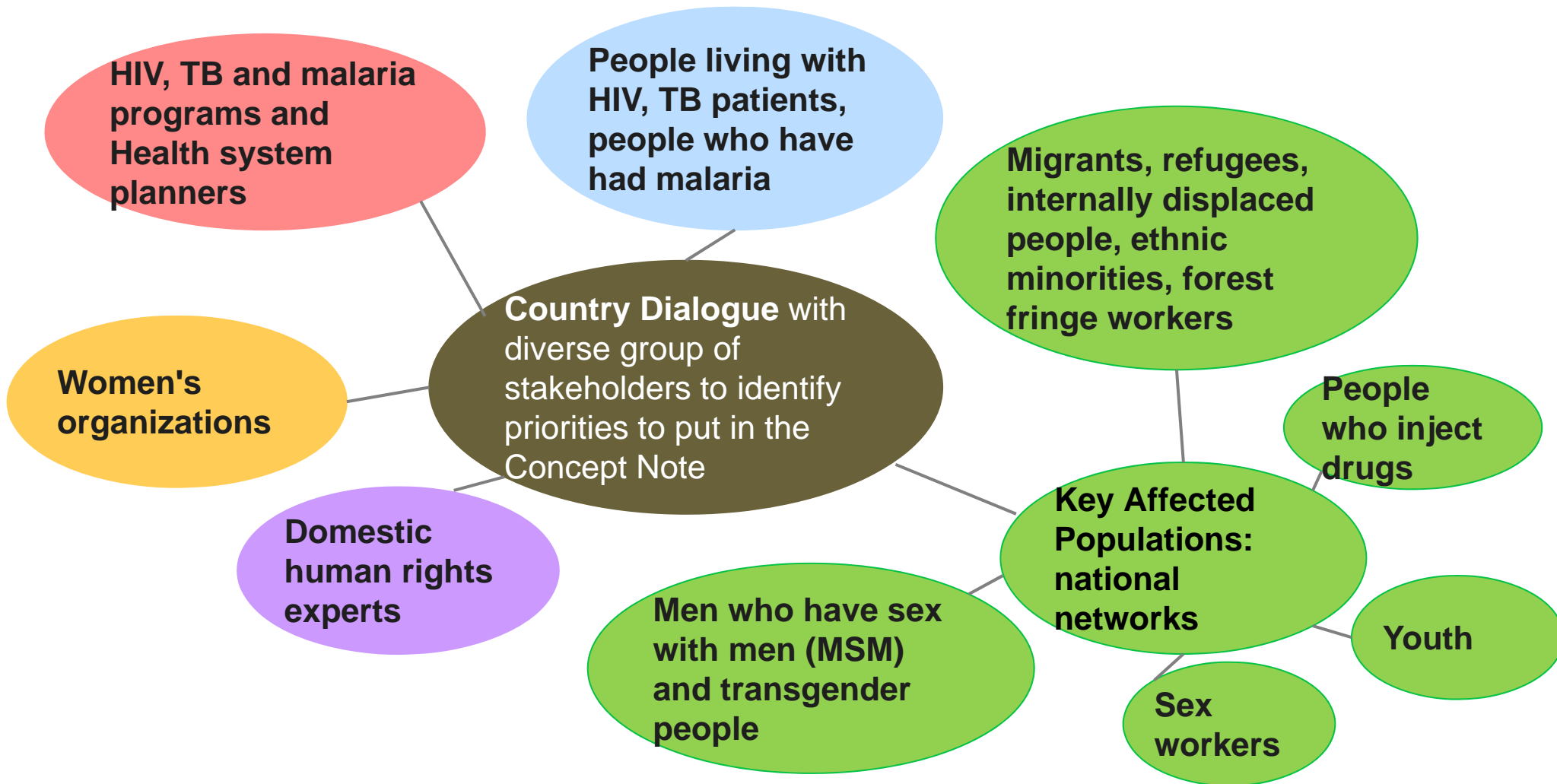
Definition of country dialogue

Country dialogue is the ongoing discussion that occurs at the country level between country actors and key partners to fight the three diseases and strengthen health and community systems

The country owns and leads the process

Includes implementers, government, civil society, key affected populations and networks, multilateral, bilateral, and technical partners, academia, and the private sector

Robust country dialogue is the foundation



Involve key constituencies now so that concept note development is smoother later

What you can do now

- A** Plan for the timing of key events
- B** Get the right people involved
- C** Engage them throughout national and Global Fund processes
- D** Ensure mechanisms are in place for stakeholders to provide input

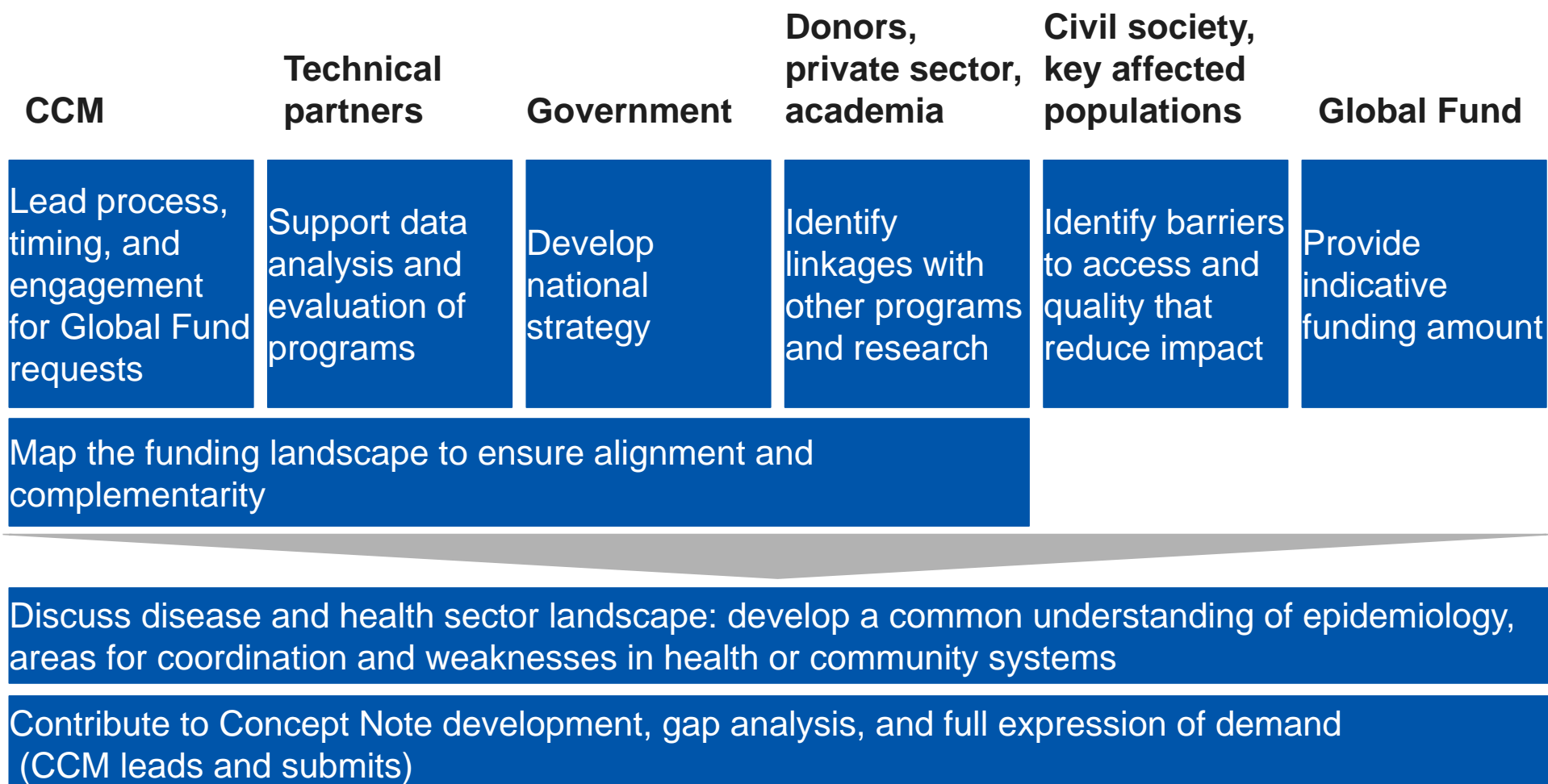


Inclusive country dialogue

Desired outcomes

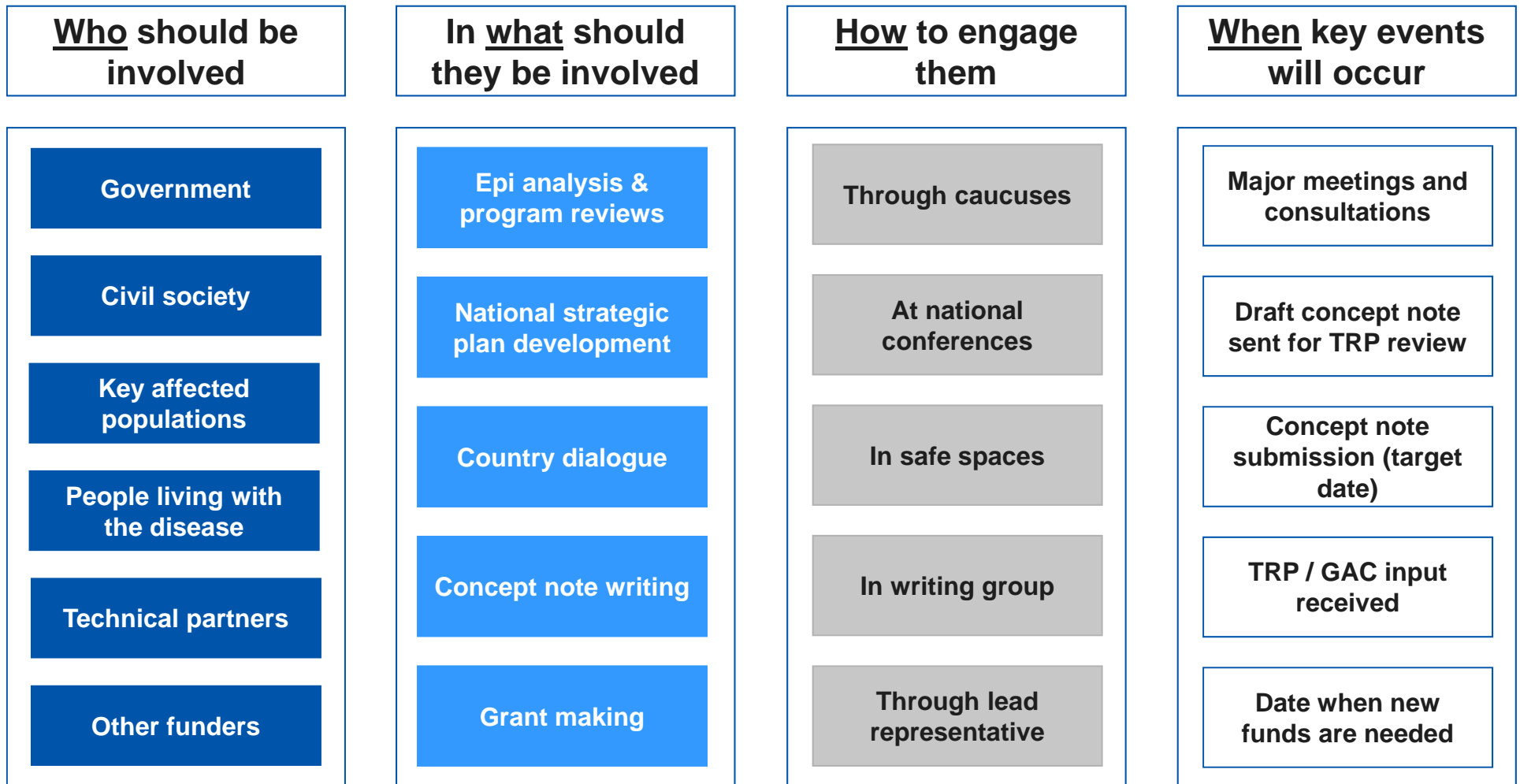
- Grants include activities that address the needs of key affected populations to access services
- Country-ownership and strategic investment

In country dialogue, stakeholders convene to jointly strengthen the country's disease response



Develop an engagement plan

Some example ideas are below



Tailor participation to reflect the context and epidemic

Consider whether input from these groups is necessary for an effective response

In-country organizations

- CCM members
- Ministry of Health
- Ministry of Finance
- Ministry of Gender/Women
- Ministry of Justice, Ministry of Interior, Parliamentary committee on health
- National disease bodies, e.g., national AIDS council
- National human rights institutions
- Civil society, e.g., Aids Alliance, faith-based organizations, legal and human rights groups

Global technical partners

- UNAIDS
- Stop TB partnership
- Roll Back Malaria partnership
- WHO
- UNDP, OHCHR, UNFPA, ILO, UNHCR, UNICEF, depending on country context
- Open Society Foundations
- Regional and international networks of KAPs
- Regional and international human rights groups

Other funders and implementers

- PEPFAR, PMI, USAID, CDC
- EU members (e.g., DfID, GIZ, French)
- AusAid
- HIVOS
- European Commission, staff at embassy human rights/development programs
- Private foundations, such as Levi Strauss Foundation, Global Fund for Women, depending on context
- Non-public sector implementers (e.g., FBOs)
- World Bank

HIV

- People living with HIV
- Men who have sex with men
- Transgender persons
- People who inject drugs
- Sex workers (male, female, and transgender)
- Women and girls
- Youth
- Other, such as people with disabilities, ethnic minorities, depending on country context

TB

- People who work in settings that facilitate TB transmission
- Prisoners
- Migrants
- Refugees
- Indigenous peoples
- People living with HIV
- People who use drugs
- Other, such as labor unions, depending on country context

Malaria

- Refugees
- Migrants
- Community health workers/ volunteers working on MNCH
- Other, such as indigenous peoples, depending on country context

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1 Plan ahead

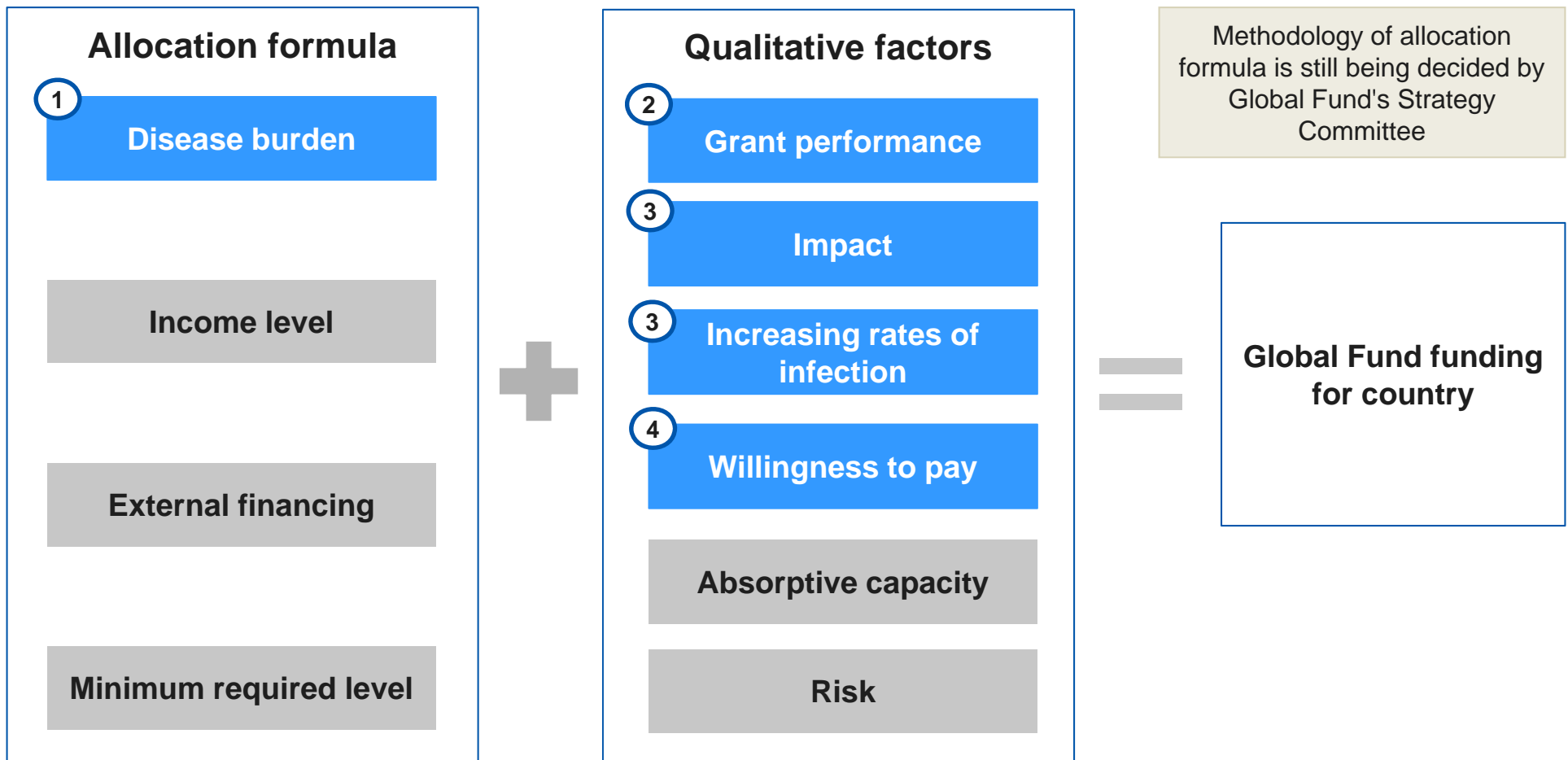
2 Strengthen national strategies

3 Involve key constituencies

4 Improve data

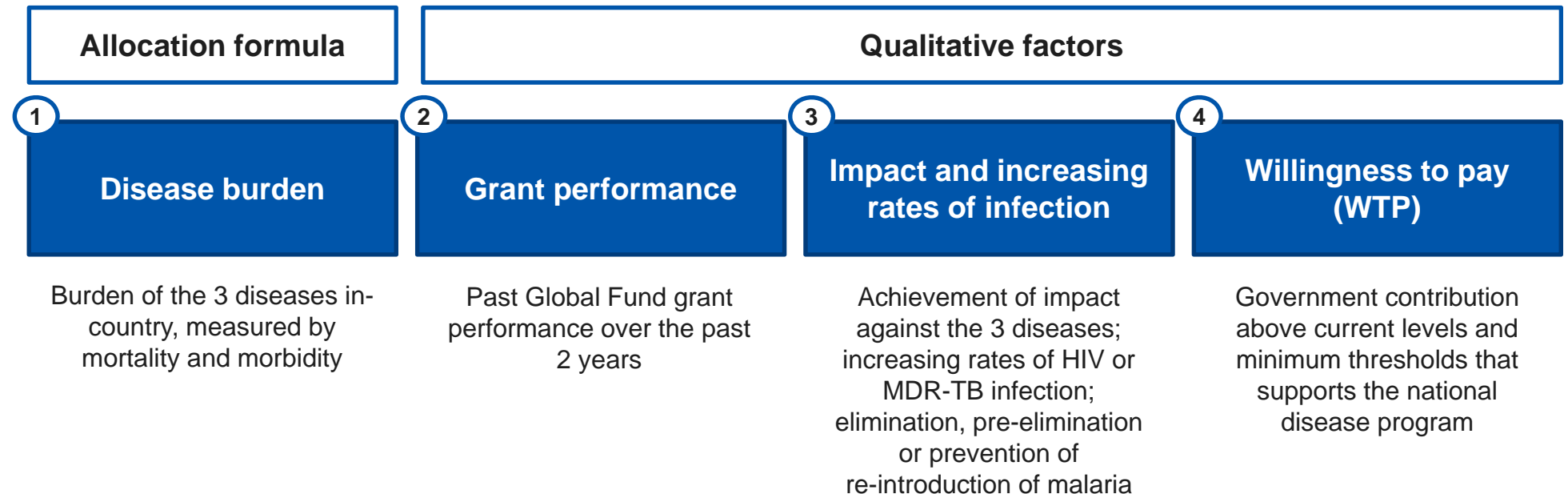
5 Ensure CCM and PR capacity

A country's funding amount comes from an allocation formula adjusted for qualitative factors



■ For discussion today

Ensure that data inputs are up-to-date



What countries can do:

Make sure disease burden estimates provided by WHO/UNAIDS are accurate

Date: varies by disease

Ensure that PRs submit PU/DRs in timely fashion

Date: 31 August

Share data with FPMs that show evidence of impact or increasing rates of infection

Date: 15 September

Provide FPM with information to create baseline for government contribution

Date: 15 November

Review disease burden data with WHO & UNAIDS

Data from technical partners is the sole source of disease burden data

Countries provide data to WHO & UNAIDS

Countries need to **engage now with WHO and UNAIDS in-country** to ensure **data is up-to-date** and **reflected** in WHO & UNAIDS reports

Data aggregated by technical partners

Official disease burden estimates are the basis of key Global Fund processes...

Global Fund uses for key processes

Global Fund **eligibility**

New funding model **allocation formula**

IMPORTANT NOTE

- Global Fund will use the data provided by WHO & UNAIDS
- Any changes must be agreed by countries with technical partners

How it works: willingness to pay bonus

1 Countries must first meet the Global Fund's counterpart financing (CPF) requirements

- Low income (LI): **5%**
- Lower-lower-middle income (LLMI): **20%**
- Upper-lower-middle income (ULMI): **40%**
- Upper-middle income (UMI): **60%**

2 Countries that meet CPF are eligible for an increase to their allocation based on additional government investment that is...

- Above current levels of government spending
- Committed to strategic areas of national disease program agreed during country dialogue
- Tracked through budgets or other official documents
- Embedded in grant agreements
- Not less than planned government spending commitments for next phase

3 Compliance will be monitored annually

- Funds will be adjusted in cases of non-compliance
- Ensure grant contains funds for national tracking methods if country has reporting problems

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5

All CCM will be expected to meet minimum standards by January 2015

- ✓ **Minimum Standards** will be compulsory at grant signing as of January 1, 2015
- ✓ **Minimum Standards** express the Global Fund's expectations of CCM performance

2013

Review CCM performance against the Minimum Standards to determine TA needs

2014 Benchmarking

Conduct an annual self-assessment against the CCM Minimum Standards

Choose a TA provider to support the assessment and develop an action plan

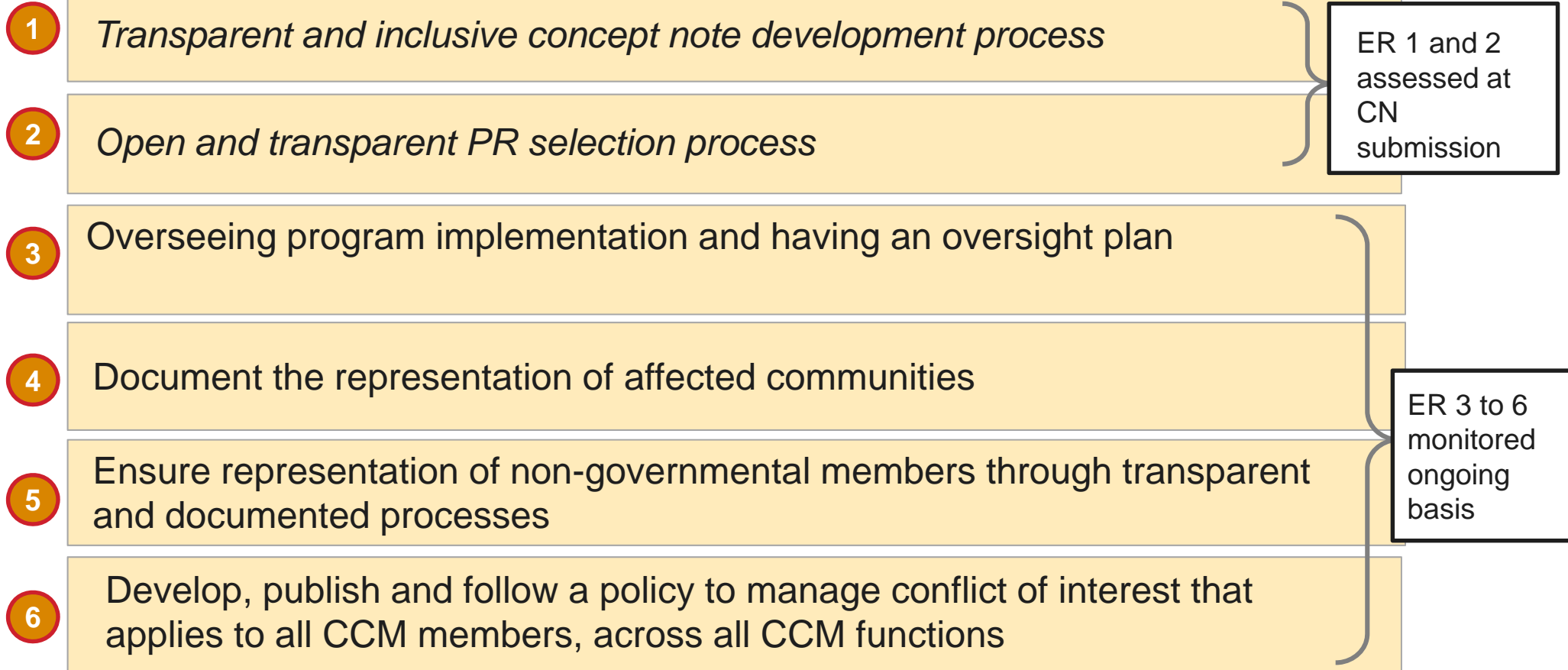
Implement the action plan to meet the minimum standards

January 1, 2015

Minimum Standards enforced at grant signing as of January 1, 2015

Review CCM against minimum standards

Minimum requirements for CCM eligibility



Assess PR against minimum standards*

- ✓ **Minimum Standards** express the Global Fund's expectations of PR performance
- ✓ **Minimum Standards** form the basis of implementer assessments carried out by the Global Fund

<p>1</p> <p>PR demonstrates effective management structures and planning</p>	<p>2</p> <p>PR has the capacity & systems for effective management & oversight of SRs</p>	<p>3</p> <p>No conflict-of-interest for the selection of the PR(s) & SRs</p>	<p>4</p> <p>Program implementation plan provided in the funding request is sound</p>
<p>5</p> <p>Internal control system of PR is effective to prevent & detect misuse or fraud</p>	<p>6</p> <p>The financial management system of the PR is effective & accurate</p>	<p>7</p> <p>Central & regional warehousing have capacity, & aligned with good storage practices</p>	<p>8</p> <p>Distribution systems & transportation arrangements are efficient to ensure secure and continued supply</p>
<p>9</p> <p>Data-collection capacity and tools are in place to monitor program performance</p>	<p>10</p> <p>Functional routine reporting system with reasonable coverage to report program performance</p>	<p>11</p> <p>CCM actively oversees the implementation of the grant, & intervenes where appropriate</p>	<p>12</p> <p>Implementers have capacity to comply with quality requirements & monitor product quality throughout the in-country supply chain</p>

* Please refer to Appendix 4 of the Transition Manual for full text and descriptions of the Global Fund's Minimum Standards for Implementers

Roles of the country, partners, and Global Fund

Global Fund supports countries in identifying needs and accessing TA through partners

Country (CCM/PR/SR) requests TA support

Partners provide TA support

- Bilateral partners:
 - US Government 5% TA funding: <http://www.gmsproject.org/how/applications.cfm>
 - GIZ BACKUP: <http://www.giz.de/Themen/en/4397.htm>
 - French 5% Initiative <http://www.fei.gouv.fr/en/our-projects/focus-on-/initiative-5.html>
 - JICA, DFID, ...
- Multilateral partners: WHO, UNAIDS, RBM, STOP TB
 - TBTEAM: <http://www.stoptb.org/countries/tbteam/>
 - GLC http://www.wpro.who.int/tb/glc_westernpacific/en/
- International NGOs (many)
- CSOs <http://www.csathubs.org/?hub=55>
- Private sector (many)

Conclusion: prepare now for the new funding model

<p>1 Plan ahead</p>	<ul style="list-style-type: none"> • Identify when funds are needed for each disease • Estimate how long the application process will take • Plan key milestones, like program review, over coming months
<p>2 Strengthen national strategies</p>	<ul style="list-style-type: none"> • Conduct national program reviews/assessments to determine strengths and weaknesses • Prioritize programmatic gaps for which Global Fund funding will be requested • Ensure costed and prioritized national strategic plan (NSP) or extension is valid through expected Global Fund grant implementation period
<p>3 Involve key constituencies</p>	<ul style="list-style-type: none"> • Develop an engagement plan, including how to involve Key Affected Populations (KAPs) and civil society • Work with technical assistance funders/ providers to strengthen KAP and civil society capacity • Involve other donors and implementers in discussions to ensure harmonization of funding and activities
<p>4 Improve data</p>	<ul style="list-style-type: none"> • Align on country disease burden data with UNAIDS and WHO as this is the basis of the funding allocation and eligibility • Provide the Global Fund with data on impact and performance, and counterpart financing • Strengthen epidemiological information, especially at subnational level and for key affected populations, to better target limited resources for impact
<p>5 Ensure CCM and PR capacity</p>	<ul style="list-style-type: none"> • Assess PRs against minimum standards and take steps to address implementation risks • Ensure compliance with CCM Eligibility Requirements and minimum standards

Your questions...