

## Case Study: HIV Portfolio Optimization / Reprogramming

- a. Learning objectives are to understand the:
  - i. Multidimensional/multidisciplinary considerations when reviewing implementation;
  - ii. Partnership, political and implementation environment;
  - iii. Roles of each LFA team member; and
  - iv. Importance of involving all LFA team members for tasks throughout the grant period.

b. Duration: preparation 45 minutes & discussion 30 min

c. Task:

The LFA Team leader (to be appointed in each group) is requested to convene his/her team, conduct a review of the information taken from the PR optimization/reprogramming submission and **present a recommendation to the plenary**. *Please note that there must be a recommendation on whether, or not, the Global Fund should support this request for additional funding; it is unacceptable to solely state “we would require more information”.*

During your review, please consider the following:

- i. What programmatic, governance, supply chain and financial considerations should be taken into account by the LFA team?
- ii. Identify any information gaps that would aid the LFA recommendation. How will the information gap be addressed by the LFA?
- iii. Identify any risk factors as part of the assessment.
- iv. Articulate the recommendation to the GF Country Team as LFA Team Leader.
- v. Include context on team composition, LoE and timeline.

### Context taken from the PR submission to the Global Fund:

Country X has an HIV prevalence of 13% among adults aged 15-49. Every year 180,000 adult and children are newly infected with HIV. HIV incidence per 1000 is 12 (6-12). At the time of funding request application and grant making, 1,849,689 adults and children were estimated to be living with HIV. 60% of people living with HIV were women.

The Global Fund has approved an allocation of USD 400 million for Country X with an HIV allocation of USD 150 million for a 3-year period from 1 January 2018 to 31 December 2020. In the previous allocation cycle, Country X had 70% of patients on ART, 68% retention at 12-months, and 95% in-country expenditure absorption (31 Dec. 2017).

During the recent grant negotiations (2017), bold new targets were agreed for ART coverage of 85% to be achieved by 2020; however, the allocation was insufficient to cover the NSP targets. The Unmet Quality Demand (UQD) was registered at the time of grant signing and has been periodically updated as the grant is being implemented.

Table 1: Up-dated ART program targets (as of 31 Dec. 2018)

National targets on number of patients to be covered by year				
Year	Adults	Children	Total	
2014	285'544	60'768	346'312	Actual
2015	438'386	64'273	502'659	Actual
2016	614'132	75'953	690'085	Actual
2017	738'119	87'039	825'158	Actual
2018	815'642	96'920	912'562	Baseline

<b>2019</b>	995'531	103'049	<b>1'098'580</b>	Targets
<b>2020</b>	1,274'559	118'333	<b>1'392'892</b>	Targets
<b>2021</b>	1,388'206	123'117	<b>1'511'323</b>	Targets
<b>2022</b>	1,494'915	138'234	<b>1'633'149</b>	Projected

There is strong support from international agencies for maintaining the targets, to drastically improve 12-month retention, moving from 3-month dispensing to 6-month dispensing (of ART for stable patients), despite the funding constraints. The revised WHO treatment guidelines (issued in 2018 and up-dated in July 2019) are in the process of being implemented (transition from NVP-based to DTG-based regimens) for adults and will be implemented for pediatrics in Q1 2020. Furthermore, manufacturing constraints (LPV/r granules) have impacted on the timelines for pediatric transition.

The country does not have robust patient level system such as point of care/case based to enable real time and reliable data on outcomes. ARV consumption data is considered more reliable than programmatic data and, historically, shows a difference of 20% lower ARVs being consumed than patients reported.

The grant procures its health products through PPM/wambo.org and 88% of the budget is allocated to health products and associated costs.

The HIV program has now submitted a *request to the GF Country Team for portfolio optimization<sup>1</sup> of USD 55.74 million* based on the below gap analysis and supporting 12-months of minimum stocks in the pipeline at the end of the grant (31 December 2020).

For the sake of simplicity, the funding gap has been consolidated under ARVs; all other HIV-related health products are fully funded.

Table 2: Financial Gap Analysis for ARV (US\$)

	ARV funding needs 2018-2021			
	2018	2019	2020	2021
	<b>32,211,769</b>	<b>76,728,193</b>	<b>128,260,684</b>	<b>142,922,148</b>
GF IP2 (2018 - 2020)	21,268,325	55,180,296	42,619,016	
Other funding sources	10,943,444	21,547,897	29,902,459	
<b>Expected gap</b>	<b>0</b>	<b>0</b>	<b>55,739,209</b>	<b>142,922,148</b>

The Global Fund Country Team (CT) has, therefore, requested the LFA Team to conduct a review of the submission and to make a recommendation. The recommendations will be used as part of the submission to the Grants Approval Committee (GAC). While the CT acknowledges that the PR submission is delayed, the CT has to submit its position to the GAC within 2 weeks; the LFA Team has 1 week to review the information and provide a recommendation to the CT.

<sup>1</sup> Portfolio Optimization process by which additional funding can be added to a grant, which has an intervention registered in the UQD (Unmet Quality Demand) Register. Quality demand is determined by the Technical Review Panel's assessment of a Prioritized Above Allocation Request (PAAR)

**1a. Key Programmatic target results from the most recent LFA reviewed PUDR for Country X**

	Outcome Indicators		
	Baseline (2017)	Target (2018)	Result (2018)
HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	68%	75%	70%
HIV O-12: Percentage of people living with HIV and on ART who are virologically suppressed (among all those currently on treatment who received a VL measurement regardless of when they started ART)	40%	65%	47.4%
	Coverage Indicators		
	Baseline	Target July-December 2018	Results July-December 2018
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	800,085/ 1,849,689 (43.2%)	1,125,692/ 1,855,696(60.7%)	1,000,692/1,955,600 (51.2%)
PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy	90,993/100,963 (90.1%)	102127/106629 (95.8%)	105,562/106629 (99%)

**Annex 1b. Issues from PUDR, Status of Management Actions and Grant Requirements (December 2018)**

	<b>Status</b>
<b>Strengthening of financial system at State levels</b>	The PR was requested to deliver to the Global Fund evidence of monitoring and control arrangements for the reinforcement of financial capacity at state level, only two assessments reports for two states have been submitted. However, more comprehensive analysis and further evidence is needed to guide the Global Fund decision to start disbursing to state.
<b>Policy and Implementation on patient data system</b>	Despite funding in the grant, no progress has been made in development of policy and implementation plan for electronic patient recording and tracking systems (EPTS). The available funds in the grant for improvement of EPTS systems is USD3,606,000. Considering the short period from now until the end of this grant, the PR needs to take immediate action to formulate plan, containing clear strategies, activities and a realistic timeframe to the use of the mentioned funds.

<b>Counterpart financing</b>	In accordance with the Global Fund Board Decision Point GF/B28/DP4, the PR agreed that the commitment and disbursement by the Global Fund of 15% of Country X's aggregate allocation for the 2017-2020 allocation period - is subject to the country's compliance with the Global Fund's policies relating to counterpart financing.
<b>Other Issues:</b>	
<b>Changes in program implementation</b>	Major changes in the program will have important implications to the grant, namely (i) the scaling up of strategy of dispensing of 3/6 months of ART for patients and (ii) the update of the eligibility criteria of people to enrol in ARV therapy. Both changes lead to a greater need for stock and pipeline planning
<b>Health Development Partnership</b>	During the last CCM, it was mentioned that there is an ongoing negotiation between GoX and one of the partners i.e. New agreement and funding scope. Details on the scope of support were not provided.