The Global Fund

LFA Training 2019/2020: Day 2 - Portfolio Optimization case study - conclusions

Overall Decision:

Additional funding up to $40 million was recommended, by the CT to the GAC, for approval.

This was based on:

i. the increased "funding need" for the country to achieve 85% coverage by 2020 as a consequence of the increased "estimated people living with HIV" arising from the 2017 census data;
ii. the outputs of the national quantification exercise which was supported by in-country partners and which considered a downward adjustment to account for the consumption data;
iii. a complete view of the ARV supply pipeline up to 31 December 2020, taking into account all funding sources;
iv. a comprehensive review of implementation and expenditure to-date, identification of savings and reprioritization of interventions; and
v. the programmatic achievements over the past 36 months related to monthly enrollment and retention rate as well as what the programme has put in-place to achieve the ambitious targets.

1. What programmatic, governance, supply chain and financial considerations should be taken into account by the LFA team?

- Coverage/Changing need: what is the underlying cause for increase in denominator?
- Retention and outcome: Since the retention is going down, how does this affect the gap and unfunded quality demand?
- Capacity for expansion: Is the information on net enrollment rate available?
- Governance & Policy: Has the program already developed policies/guidelines for dispensing of 3/6 months of ART for patients? What is the transition plan for new DTG based regimen? Will this affect financial gap?
- Funding gap: expenditure to-date (actuals vs planned); identification of savings and/or reprioritization of activities into key areas; other contributions
- 12-months of pipeline at the end of the grant; ways to manage any reduction in this e.g. pre-financing or risk of supply chain interruptions with any reduction
- Disproportionate increase in ARV budget compared to increase in patient numbers; what are the possible reasons e.g. pediatric medicine prices
- Political context / pressure to accelerate to transition, scale-up treatment, and improve LTFU
- Link between enrollment, retention, program targets & reporting, and consumption data

2. Identify any information gaps that would aid the LFA recommendation. How will the information gap be addressed by the LFA?

- Investment by other partners missing/its impact on the unfunded quality demand
- Underlying factor for inconsistent data (see (i) above.
- Require more information to enable complete a full ART gap analysis table. E.g. support from other external partners and Government.

- LFA to obtain the information from PR to update gap table for ART to guide current and later investments

3. Identify any risk factors as part of the assessment.

- Program Quality: Low outcome – low retention
- Data quality: Program data is unreliable (challenges of patient level data) and limited capacity to address these challenges i.e. underutilization of resources for data strengthening
- Performance/risk of not meeting the targets, this can lead to expiries (in view of high attrition rate)

4. Articulate the recommendation to the GF Country Team as LFA Team Leader (Other).

- Data Quality: The PR has resources already in the grant for system strengthening. The PR has not utilized these resources. The PR should address the implementation bottleneck I.e. capacity/TA support should be identified if necessary.
- Immediate term recommendation to utilize consumption data for reporting
- Short term to medium term recommendations to establish HMIS (plus data quality audit by PR) to improve quality of data.
- Funding should be addressed toward identified bottlenecks/ challenges identified as well as medicines.

5. Include context on team composition, LoE and timeline.