



Progress towards operationalization of the 2023-25 Catalytic Investments

48th Board Meeting

For Information

GF/B48/15

15-17 November 2022 Geneva, Switzerland

Executive Summary

Context

1. As committed during the 47th Board meeting, the Secretariat will provide the Strategy Committee (SC) bi-annual updates on operationalization of Catalytic Investments (CI)
2. As of October, operationalization has progressed since July's SC update, including the launch of the SC-endorsed performance approach (the 'what') and preliminary data review on geographic prioritization (the 'where').
3. As replenishment outcomes evolve and will determine funding amounts, working with partners will be critical in finalizing CI modalities for Allocation Letter inclusion as relevant, informing totality of investment.

Questions addressed in this slide deck

1. How has the endorsed CI performance approach been applied? *With specific examples*
2. How is the geographic prioritization process going to leverage data, technical partner input, and the broader investment landscape to ensure additive and catalytic impact?
3. How can we collectively ensure transparency and partnership throughout the CI approval and reporting process?

Conclusions – Operationalization is progressing, partner consultation will be key to achieve objectives. The SC reinforced the critical nature of the catalytic priorities, unlocking the broader totality of investments as demonstrated in the two examples provided during the session on HIV Prevention and Human Rights.

Recall the core elements of CI operationalization

As *committed* during the May Board meeting, per GF/B47/DP06

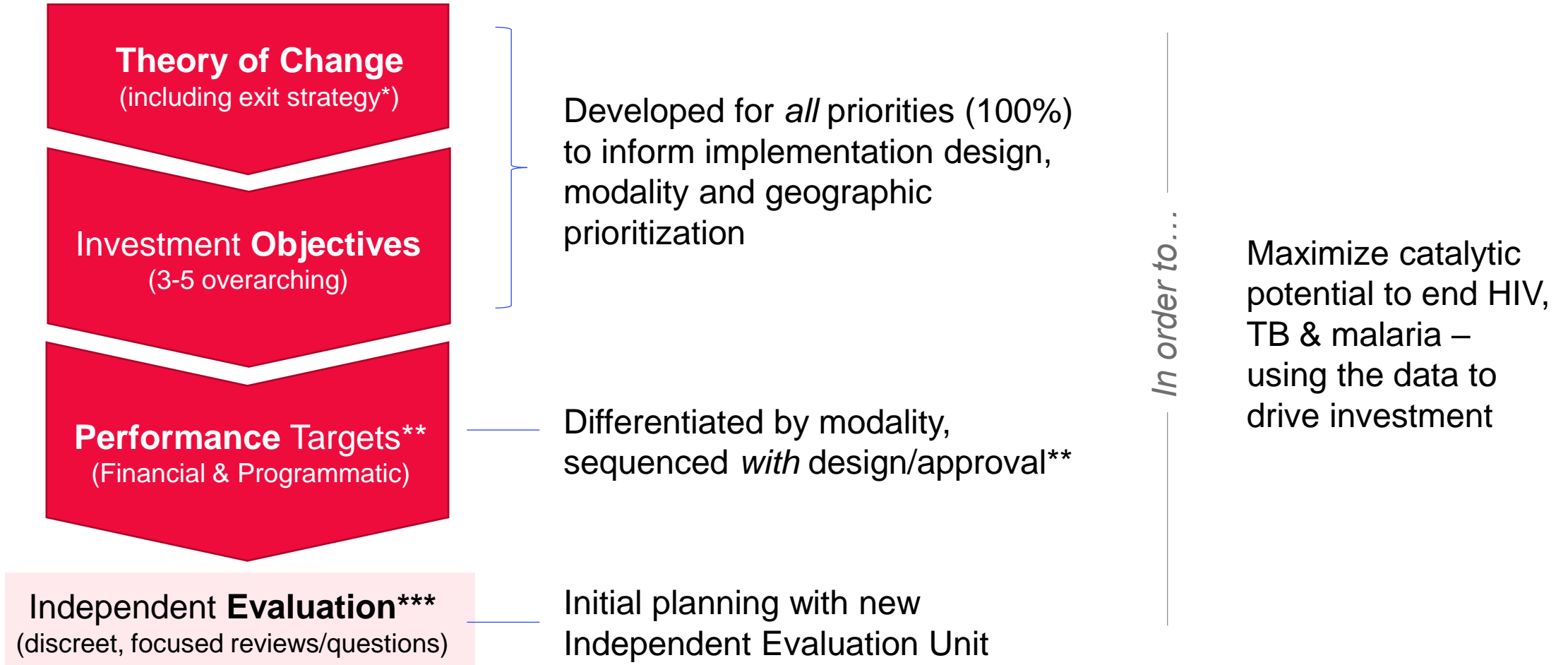
Approves that the Secretariat will:

- i. operationalize Catalytic Investments, considering TRP and TERG recommendations as well as available program and financial performance data from ongoing catalytic investments, and work with partners to ensure that Catalytic Investments have clear objectives, expected outcomes and impact and transparency in the investment decisions on geographic prioritization and country selection;
- ii. update the Strategy Committee, at its July 2022 meeting, on the status of such operationalization and planned next steps, and report, bi-annually, to the Strategy Committee and Board thereafter on further operationalization;

- 1 **Performance approach** to monitoring & data use *endorsed at July SC*
- 2 **Geographic prioritization** across CIs *starting post replenishment*
- 3 **Semi-annual reporting** to the SC and Board on CIs *underway*

Endorsed CI Performance Approach *launched*

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*While exit planning is a consistent TOC element, timelines are highly dependent on the specific investment/area **Differentiated by modality: SIs report semesterly to SC; MCs/MFs integrated into grant reporting (Performance Frameworks) with reporting frequency dependent on portfolio; MFs contribute to grant performance. ***TERG evaluations of SIs and MC in 2021 provided foundational steer with recommendations informing current and future cycles; many SIs include evaluations (mid- and end- term), further evaluation anticipated in 2024 to consider current cycle learnings and prospective recommendations

What this *looks like* – Human Rights

Catalytic Priority: *Scaling up programs to remove human rights and gender barriers*

	Matching Fund	Strategic Initiative
Theory of Change (including exit strategy*)	Strengthen implementation capacity and functional coordination and oversight mechanisms, fostering greater country ownership	Catalyze impact of the matching fund by providing TA and mentorship, and fostering south-to-south learning, communication, & partnership building
	<i>Exit strategy:</i> Increase ownership & commitment in countries to fund elements of these programs from within their allocation and/or domestic resources	
Investment Objectives (3-5 overarching)	<ul style="list-style-type: none"> ✓ Strengthen commitment to and country ownership of evidence-based, comprehensive programming to remove barriers ✓ Increase scale of programming to remove barriers from baseline ✓ Ultimately, increase impact of GF investments 	<ul style="list-style-type: none"> ✓ Scale up quality, evidence-based programs to remove human rights-related barriers ✓ Reduce HIV and TB-related stigma and discrimination ✓ Remove criminal laws and other harmful laws
Performance	<i>Proposed new human rights KPI aligned with MF cohort, to allow for annual progress tracking</i>	<i>SI performance targets will be defined through detailed investment plan in 2023</i>

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What this *looks like* – HIV Prevention

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Catalytic Priority: *Prevention for key populations, AGYW and sexual partners (KP/AGYW/SP)*



Matching Fund

Catalyze HIV prevention program innovations and incentives for clearer HIV prevention outcomes for a greater number of KPs and their sexual partners in all locations, and for AGYW and male sexual partners in high incidence settings, to reduce HIV incidence.

Exit strategy: Improve sustainability of HIV prevention by emphasizing HIV prevention program outcomes (impact and effectiveness including cost effectiveness) delivered at a wider range of service delivery platforms, leading to more people centered services provided at a greater scale.

- ✓ Improve HIV prevention outcomes for KPs, AGYW and their sexual partners
- ✓ Expand access to and use of new (and existing) HIV prevention options for KPs/AGYW/SP
- ✓ Reduce barriers to HIV prevention programs/options and integrate human rights interventions
- ✓ Improve quality and scale of community-based and community-led HIV prevention programs for KPs/AGYW/SP

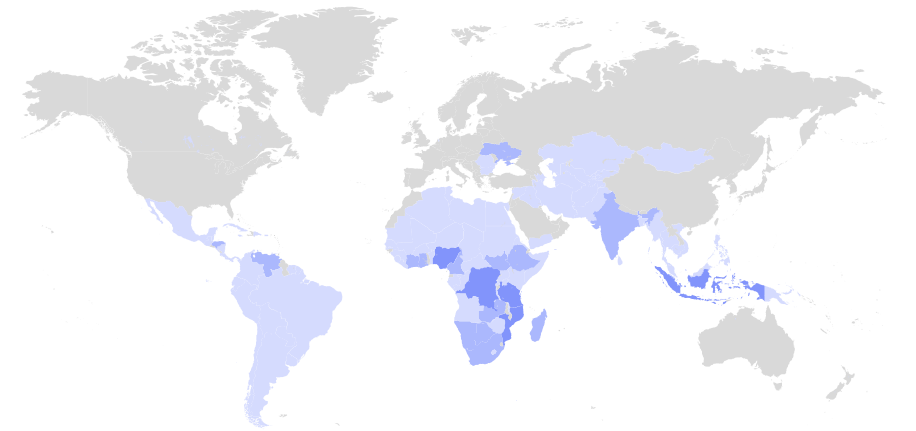
Matching Funds will be integrated into grant reporting (Performance Frameworks)

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Geographic Prioritization is key to ensure ② catalytic effect of these investments against HTM

Driving principles & sequencing

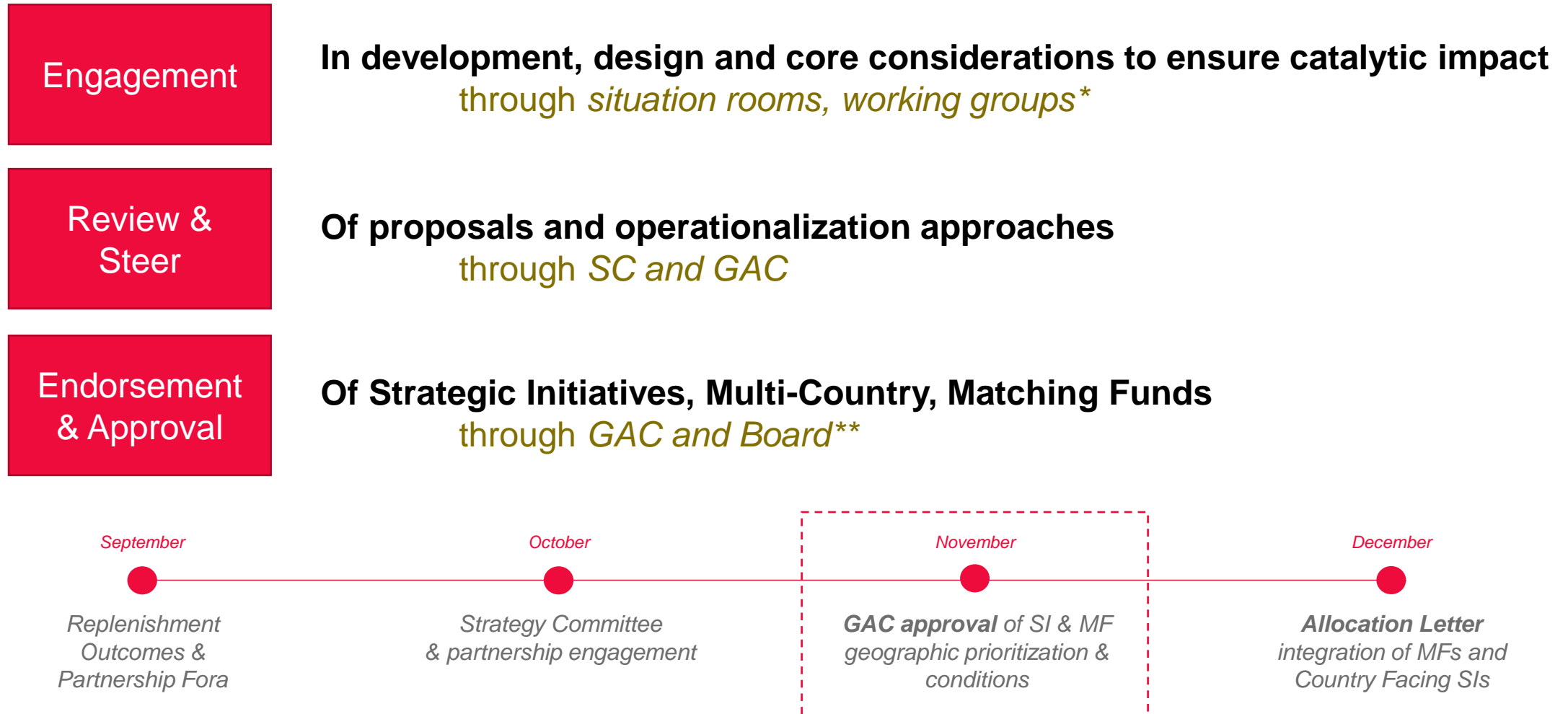
- Developing & refining the **catalytic theory of change and objectives** ('the what') serve as the foundation of geographic prioritization ('the where')
- Analyzing a **diversity of data** for review and consultation with partners (*post replenishment outcomes) to invest the right interventions in the right places at the right time
- **Reviewing the *totality* of investment** in a country to avoid over-saturation of resources serves as a critical factor in the final determination of catalytic investment



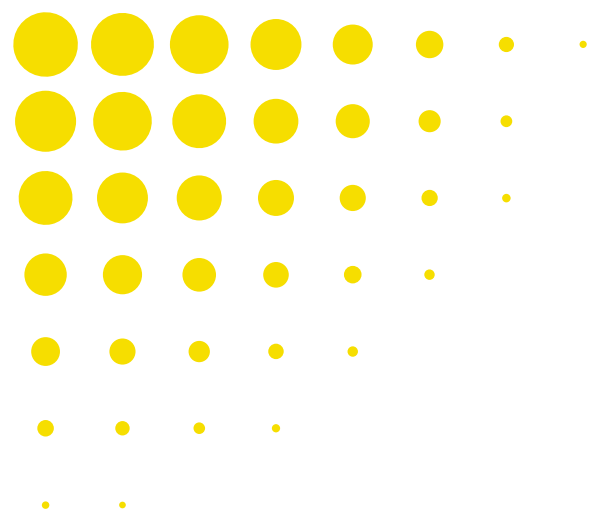
Illustrative | To be populated with CI investments (MF, SI, MC) for totality of portfolio as approved by GAC (MC grants approved on differentiated timeline)

Partnership will be critical throughout the accelerated timeline

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*See expanded entry points and partnership fora in Annex 2. **MCs and MFs only



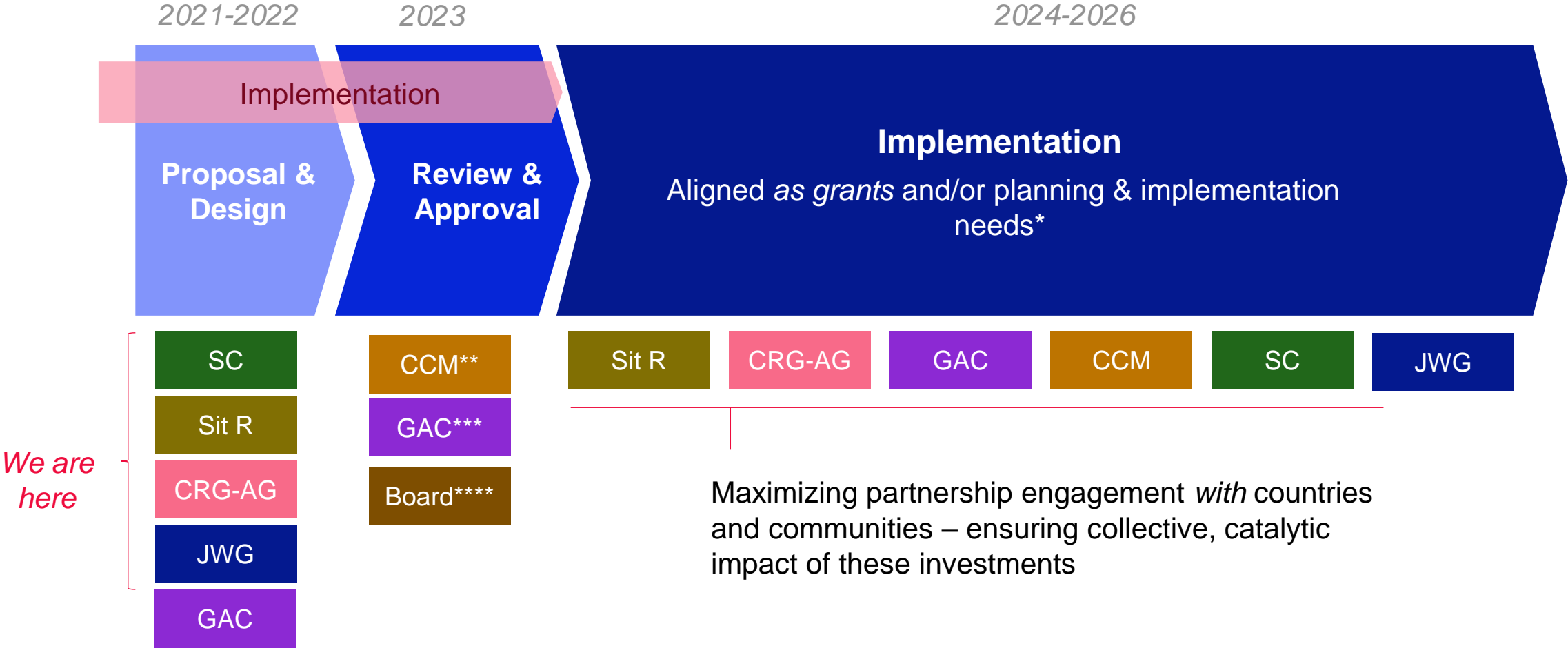
Annex:

1. 2023-25 Priorities
2. Partnership Engagement by Design/Approval
3. CI Modality Definitions

Annex 1 | Catalytic Priorities: 2023-2025

Strategy Goal or Objective	Priority	Indicative Modality	US\$16b +	US\$15-16b	US\$14-15b	US\$13-14b	US\$12-13b
End AIDS	Prevention for key populations, AGYW and sexual partners	MF	\$107	\$87	\$78	\$73	\$24
	Implementation support for innovation, precision and scale in HIV prevention	SI	\$12	\$10	\$9	\$0	\$0
	Key populations sustainability and impact	MC	\$41	\$34	\$30	\$28	\$0
	HIV Incidence Reduction Total		\$160	\$131	\$117	\$101	\$24
End TB	Find and successfully treat the missing people with DS-TB and DR-TB	MF	\$179	\$161	\$152	\$123	\$82
	Scale up TB prevention	MF	\$54	\$48	\$45	\$37	\$0
	Country readiness for innovation and quality TB programming	MF	\$18	\$16	\$15	\$12	\$0
	Technical support to the TB matching funds	SI	\$16	\$13	\$12	\$11	\$0
	End TB: Accelerate progress to End TB by 2030 Total		\$267	\$238	\$224	\$183	\$82
End Malaria	Biologic threats in malaria case management in Africa	SI	\$20	\$16	\$14	\$13	\$0
	E2030: Drive towards elimination and facilitate prevention of reestablishment	SI	\$7	\$6	\$5	\$0	\$0
	Malaria Elimination in Southern Africa	MC, MF	\$13	\$11	\$10	\$10	\$0
	Resistance to Artemisinin Initiative (RAI)	MC	\$110	\$100	\$100	\$80	\$50
	Regional Coordination and targeted Technical Assistance (RCTA)	SI	\$9	\$7	\$7	\$0	\$0
	Addressing vector control threats and opportunities: supporting country readiness for an expanding toolbox	SI	\$16	\$13	\$12	\$11	\$0
	Malaria Total		\$175	\$153	\$148	\$114	\$50
Maximizing People-centered Integrated Systems for Health	Empowering regional reference laboratories and national diagnostic networks	SI, MC	\$33	\$27	\$24	\$0	\$0
	Data	SI	\$29	\$24	\$21	\$0	\$0
	Equitable access to quality health products through innovation, partnership, and promoting sustainable sourcing and supply chains at global, national and community levels (NextGen Market Shaping)	SI, MF	\$140	\$85	\$49	\$23	\$0
	Incentivizing RSSH quality and scale	MF	\$60	\$40	\$30	\$20	\$0
	Effective community systems & responses (CS&R) contributing to improved health outcomes, equitable access to integrated people-centered quality services	MF, SI	\$90	\$74	\$66	\$61	\$0
Maximizing Health Equity, Gender Equality and Human Rights	Community engagement	SI	\$20	\$18	\$18	\$15	\$14
	Scaling up programs to remove human rights and gender related barriers	MF, SI	\$49	\$40	\$36	\$33	\$20
Mobilizing Increased Resources	Health Financing	SI	\$37	\$30	\$27	\$20	\$0
End AIDS, TB, Malaria	Emergency Fund	SI	\$40	\$40	\$40	\$30	\$10
	RSSH / Cross-Cutting Total		\$498	\$378	\$311	\$202	\$44
Amounts in US\$m	TOTAL		\$1,100	\$900	\$800	\$600	\$200

Annex 2 | Transparency & partnership at all, often concurrent, CI stages



*SIs have diverse implementation arrangements with highest levels of effort varying by theory of change & objectives; MCs run as grants on different implementation periods; MFs are integrated into grants. **CCMs endorse a funding request that could include programming toward Matching Funds and is designed with consideration of the SIs for which the country is eligible (with country facing SIs shared in the Allocation Letters). CCMs also endorse MC submissions by a regional body before GAC approval (differentiated timeline for MC). ***GAC recommends MCs, not approves ****MFs and MCs only

Annex 3 | Catalytic Investment Modality Definitions

Matching funds	Multi-country	Strategic initiatives
<p>Designed to incentivize the use of country allocations for strategic priorities in line with the Global Fund and partner disease strategies.</p>	<p>Designed to target key, strategic multi-country (regional) priorities deemed as critical to meet the aims of the Global Fund Strategy and in line with global disease priorities and that cannot be achieved through national allocations.</p>	<p>Designed to provide limited funding for centrally managed approaches that cannot be addressed through country allocations alone due to their cross-cutting or off-cycle nature but are critical to ensure that country allocations deliver against the Global Fund Strategy.</p>