

36th Board Meeting

Catalytic Investments for the 2017-2019 Allocation Period

GF/B36/04 – Revision 2

16-17 November 2016, Montreux, Switzerland

Board Decision

Purpose of the paper: to present the Board with the Strategy Committee's recommended catalytic investment priorities and associated costs for the 2017-2019 allocation period. This paper also sets out additional detail relating to the operationalization of catalytic investments, for Board information.

Part 1: Decision Point

Board Decision Point GF/B36/DP06: Catalytic Investments for the 2017 – 2019 Allocation Period

- 1. The Board notes that up to USD 800 million is available for catalytic investments, subject to the amount of sources of funds for allocation, in accordance with the allocation methodology approved in April 2016 under decision point GF/B35/DP10 and set forth in Annex 1 to GF/B35/05 – Revision 1.***
- 2. Based on the recommendation of the Strategy Committee (the “SC”) and the amount of sources of funds for allocation recommended by the Audit and Finance Committee (the “AFC”) in GF/B36/03, the Board decides USD 800 million will be available for catalytic investments over the 2017 – 2019 allocation period for the priorities and associated costs presented in Table 1 of GF/B36/04 – Revision 2, of which no portion will be moved to further balance scale up, impact and paced reductions through country allocations.***
- 3. The Board notes the Secretariat will have flexibility to operationalize catalytic investments, update the SC and Board on such operationalization, and present any reallocations of the associated costs among the approved priorities for the SC’s approval.***
- 4. The Board asks the Secretariat to provide the SC with a scope of effort and expected outcomes at the start of all strategic initiatives and to seek SC approval during implementation if there is a substantial change to the relevant strategic initiative’s scope.***

Budgetary implications not applicable

Part 2 - Relevant Past Decisions

Relevant past Decision Point	Summary and Impact
GF/SC02/DP06: Recommendation on Catalytic Investments for the 2017 – 2019 Allocation Period (October 2016)	The Strategy Committee endorsed the Secretariat’s recommendation to request the Board to approve USD 800 million for catalytic investments as well as the recommended priorities and associated costs to be financed as catalytic investments for the 2017 – 2019 allocation period, as set forth in Table 1 of GF/SC02/13 – Revision 2. In making its decision, the Strategy Committee recognized the Secretariat’s flexibility with respect to operationalizing catalytic investments. It supported the Secretariat’s flexibility to further assess and determine the modalities that would be most appropriate to operationalize each of the recommended priorities, noting also that the

Relevant past Decision Point	Summary and Impact
	<p>Secretariat will report to the Board and the Strategy Committee on operationalization of catalytic investments. The Committee also expressed encouragement with respect to potential reallocation of associated costs among the approved priorities, noting that the Secretariat would present such cases to the Strategy Committee for approval in accordance with the delegations of authority contained in the refined allocation methodology approved by the Board in April 2016. Accordingly, the decision point presented in Part 1 above presents the Board with the Strategy Committee’s recommendation on catalytic investment priorities and associated costs for the 2017 – 2019 allocation period.</p>
<p>GF/B35/DP10: Allocation Methodology 2017 – 2019 (April 2016)¹</p>	<p>The Board approved a refined allocation methodology, as set forth in Annex 1 to GF/B35/05 – Revision 1, which provided that 15-percent of the sources of funds for allocation would be available according to the following parameters: (a) no more than USD 800 million for catalytic investments through multi-country approaches, strategic initiatives and to incentivize use of country allocations for strategic priorities, including for key and vulnerable populations, in line with the Global Fund and partner disease strategies, according to stipulated set of principles; (b) no more than USD 800 million will be available for country allocations to ensure scale up, impact and paced reductions; and c) flexibility to move funds for catalytic investments to provide further scale up, impact and paced reductions through country allocations. In its approval of the allocation methodology, the Board requested the Secretariat to present the priorities, activities or initiatives, including associated costs, to the Strategy Committee for review and recommendation to the Board. This paper presents the priorities and their associated costs, which are recommended as catalytic investments for the 2017 – 2019 allocation period. The recommendations follow the Secretariat’s initial presentation on catalytic investment at the Strategy Committee’s June 2016 meeting, and subsequent engagement with the Strategy Committee, technical partners and other stakeholders, including communities and civil society representatives.</p>

¹ <http://www.theglobalfund.org/Knowledge/Decisions/GF/B31/DP10/>

Part 3 - Action Required by the Board

1. The Board is requested to review and approve the proposed catalytic investment priorities (the “priorities”) and associated costs for the 2017-2019 allocation period.

Part 4 - Executive Summary

2. As part of the allocation methodology approved by the Board in April 2016, up to USD 800 million is available for catalytic investments to catalyze country allocations to ensure they deliver against the aims of the 2017-2022 Global Fund Strategy (“the Strategy”). In view of the total sources of funds for allocation recommended to the Board for use in the 2017-2019 allocation period, the Strategy Committee recommends that the full USD 800 million be made available for catalytic investments (GF/B36/03).
3. Within the proposed USD 800 million for catalytic investments, this paper sets out the recommended catalytic investment priorities and associated costs for the 2017-2019 allocation period for Board consideration and approval. These catalytic priorities and associated costs are recommended by the Strategy Committee on the basis of extensive work undertaken by the technical partners, Secretariat, communities, civil society and the Technical Review Panel (TRP) under the guidance of the Strategy Committee. Additionally, this paper outlines the Secretariat’s initial plan for operationalizing catalytic investments, for Board information. This paper should be read jointly with GF/B36/03, which presents to the Board the recommended sources and uses of funds for the 2017-2019 allocation period.

Part 5 - Background

4. In April 2016, the Global Fund Board adopted² a refined allocation methodology to increase the impact, simplicity, flexibility and predictability of its investments. Under the refined methodology, up to USD 800m³ is available for catalytic investments, with the remainder of the sources of funds for allocation available for country allocations. Catalytic investments serve the critical objective of catalyzing country allocations to ensure delivery against the 2017-2022 Global Fund Strategy⁴ (the “Strategy”). They aim to do so by investing in priorities that are unable to be addressed through country allocations alone, yet deemed crucial to ensure Global Fund investments are positioned to deliver against its strategic aims. Where possible, catalytic investments are intended to build on country allocations to underpin direct investments in recipient countries and to strengthen countries’ responses to fight the three epidemics.
5. In order to do this, the Global Fund’s Board set out that catalytic investments can be operationalized through three distinct modalities:

² GF/B35/DP10

³ As part of the allocation methodology approved under GF/B35/DP10, not more than US\$ 800m is reserved for catalytic investment and not more than US\$ 800m to enable scale up, impact and paced reductions in country allocations. In total, both these up to US\$ 800m are limited by 15% total sources funds for the allocation methodology.

⁴ GF/B35/DP04

- a) *Matching funds*: to incentivize the programming of allocations towards key strategic priorities, including for key and vulnerable populations, gender-based programs and contributing to resilient and sustainable systems for health, in line with the Strategy and partner disease strategies;
 - b) *Multi-country approaches*: to target a limited number of key, strategic multi-country priorities deemed critical to meet the aims of the Strategy and not able to be addressed through country allocations alone;
 - c) *Strategic initiatives*: to provide limited funding for centrally managed approaches that cannot be addressed through country allocations due to their cross-cutting or off-cycle nature, but critical to ensure country allocations deliver against the Strategy.
6. Prior to the commencement of the 2017-2019 allocation period, the AFC and SC considered and recommended to the Board the total sources of funds for allocations, of which up to USD 800 million can be made available for catalytic investments. Based on the total sources of funds for allocation recommended for the 2017-2019 allocation period, as set forth in GF/B36/03, the SC recommends that the full USD 800 million be used as the total sources of funds for catalytic investments for the 2017-2019 allocation period. This recommendation was made considering that, at the resulting level of sources of funds for country allocations, the amounts needed to support paced reductions from previous funding levels, beyond that achieved through the movement of USD 0.8 billion to balance scale-up, impact and paced reductions through the allocation formula itself, can be adequately addressed through the qualitative adjustment process approved by the SC in June 2016⁵. As such, the Strategy Committee does not recommend drawing funds from those available for catalytic investments for such purposes.⁶
 7. Based on the recommended USD 800 million for catalytic investments for the 2017-2019 allocation period, the Board is asked to review and approve the catalytic investment priorities and associated costs to be funded within this amount for the 2017-2019 allocation period. This paper sets out the catalytic investment priorities and associated costs for the 2017-2019 allocation period that are recommended by the Strategy Committee to the Board for approval at their 36th meeting in November 2016.
 8. These priorities were developed by technical partners in consultation with the Secretariat over an intensive period of work between the Board approval of the allocation methodology in April 2016 and the October 2016 Strategy Committee meeting. These priorities reflect critical needs that will assist in the delivery of the global plans⁷ for HIV, TB and malaria and the 2017-2022 Global Fund Strategy. Critical leadership in developing these priorities was provided by the WHO, Stop-TB, Roll Back Malaria and UNAIDS.
 9. From an operationalization point of view, the determination of the final operational modality and broader implementation aspects corresponding to each Board-approved catalytic priority will be carried out by the Secretariat, with regular reporting to the Strategy Committee throughout the

⁵ As set forth in Annex 1 to GF/SC01/13 and approved by the Strategy Committee in June 2016 under decision point GF/SC01/DP01.

⁶ The allocation methodology approved under GF/B35/DP10 provides flexibility to move funds from catalytic investments for the purpose of providing further scale up, impact and paced reductions through country allocations.

⁷ UNAIDS: Fast Track: Ending the AIDS Epidemic by 2030; UNAIDS Strategy 2016-2021; WHO: The Global Technical Strategy for Malaria 2016-2030; and Stop TB Partnership: The Global Plan to End TB 2016-2020, WHO: End TB Strategy.

2017-2019 allocation period⁸. This paper sets out initial thinking on the operationalization of catalytic investments for Board information.

10. Should there be a need to revisit the associated costs corresponding to the approved catalytic priorities during the allocation period, the Strategy Committee in consultation with the Audit and Finance Committee have the flexibility to reallocate funding between the approved priorities, as deemed appropriate. Where applicable to the catalytic investment priority (such as in the case of the Emergency Fund), the Secretariat will recover funding through country allocations or resultant grant funds so that these funds can be mobilized to further support catalytic investment priorities.

Part 6 – Discussion

Catalytic investment priorities and associated costs for 2017-2019

Process of determining proposed catalytic investments for 2017-2019

11. Following the Board's adoption of the refined allocation methodology for 2017-2019, the Strategy Committee reviewed an initial list of catalytic investment priorities at their 1st meeting in June 2016. This list had been put together based on an initial consultation with technical partners, and was accompanied by input from communities and civil society on overall principles to inform the development of catalytic investments and suggested refinements to the proposal, including the addition of a priority to strengthen community systems and responses.
12. At their June 2016 meeting, the Strategy Committee gave feedback on the initial proposal received and on the approach to finalize the 2017-2019 catalytic investment priorities and associated costs. The Strategy Committee requested that the Global Fund's technical partners work with communities, civil society and the TRP to put together a revised and prioritized list of catalytic investment priorities and associated costs of up to USD 800m. They requested that the list exclude any investments that can be sufficiently addressed through country allocations, note where proposed approaches can be funded in part by or leverage the funding of other external financiers, and indicate the anticipated impact of proposed priorities. In this regard, for the 2017 – 2019 allocation period emphasis will be placed on financing activities to facilitate capacity building and grant implementation through country allocations, where possible, rather than through funding that has been set aside for strategic initiatives. To facilitate timely financing of such needs, at their October 2016 meeting, the Audit and Finance Committee approved a mechanism⁹ to enable certain necessary advanced payments from country allocations prior to the start of a new grant.
13. At the beginning of September 2016, the technical partners submitted to the Strategy Committee a revised list of proposed catalytic investment priorities. The Secretariat reviewed the proposal and suggested amendments to reflect the Secretariat's experience and lessons learned in the management of its grant portfolio, special initiatives and regional programs over the 2014 – 2016 allocation period. The Strategy Committee gave feedback on this proposal on a call mid-September 2016, following which the technical partners and Secretariat worked together to arrive at a final proposal for catalytic investment priorities and associated costs, as set out in GF/SC02/13 – Revision 1, which the Strategy Committee reviewed at their 2nd meeting in October 2016.

⁸ GF/SC02/DP06

⁹ GF/AFC02/DP09 as set forth in GF/AFC02/04

14. At the 2nd Strategy Committee meeting in October 2016, there was broad overall support for the catalytic investment priorities and associated costs proposed under the categories of HIV, TB and Malaria, as well as those classified under “Broader Strategic Areas” (the Emergency Fund and TERG Prospective Country Evaluations). Discussions surrounding priorities categorized under RSSH (strengthening *Data Systems, PSM, CRG Responses, and Sustainability, Service Delivery and Health Workforce*) emphasized that these priorities are proposed because they are explicit areas in which Global Fund has comparative advantage in catalyzing impact through programming at country level, and where key barriers and bottlenecks to impact have been repeatedly identified, as highlighted in the Global Fund Strategy¹⁰, TERG thematic reviews¹¹, OIG agreed management actions¹², the risk reports and register¹³. In concluding the 2nd Strategy Committee meeting, the Committee recommended minor amendments to the categorization of the proposed priorities (as set out in GF/SC02/13 –Revision 2) and requested that the Secretariat further explore opportunities to operationalize RSSH investments through matching funds to build on country allocations, rather than through centrally-managed strategic initiatives. They also requested that the Secretariat explore opportunities to increase and better focus funding for RSSH, specifically on the areas of integration and workforce improvements.
15. With this guidance in mind, shortly after the Strategy Committee meeting in October 2016 the Secretariat proposed to the Committee minor additional revisions to the catalytic priorities and associated costs for adoption by electronic decision point (EDP). The refinements proposed that the TB investments be slightly redistributed to allow proportionally more funding through matching funds, and to further focus TB strategic initiative funds on tackling the critical barriers to finding missing TB cases and the development of community and innovative approaches to accelerate case-finding that cannot be funded through allocations. The revised RSSH proposal included adding USD 10m to a refocused *Sustainability, Service Delivery and Health Workforce* priority, by reducing the funds for the *Emergency Fund* by the same amount. Whilst it was challenging to propose a reduction of USD 10m to any of the priorities, the *Emergency Fund* was put forward considering that to date, USD 15.1m out of the USD 30m available had been disbursed and that the Secretariat would immediately request flexibility from the Strategy Committee if addition funds for emergency response were required¹⁴.
16. Although the votes cast by the Committee would have resulted in an adoption of this amendment had they been cast within the voting period, an insufficient number were received by the close of voting. As such, the amendments were not adopted. Accordingly, the Committee’s initial recommendation to the Board on catalytic investment priorities and associated costs reflected the conclusions of the in-person 2nd Strategy Committee meeting in October 2016. Nonetheless, the descriptions of the TB and RSSH: *Sustainability, Service Delivery and Health Workforce*

¹⁰ GF/B35/02 – Revision 1

¹¹ Such as those highlighted in the TERG Position Papers on HSS, NSP Review and Sustainability

¹² Such as those highlighted in GF/B34/07

¹³ Such as those highlighted in GF/EGC02/10

¹⁴ The total amount of funding disbursed from the Emergency Fund as at end October 2016 (shortly before the end of the first allocation period) is USD 15.1m out of the USD 30m originally approved. The revolving nature of this fund means that, where possible, emergency funding can be reimbursed to the fund through the reprogramming of country allocations once the emergency has subsided. This could provide a replenishment of the fund for other countries in emergencies, should additional resources be required. Should this not suffice, additional funds for this priority would be reprioritized from other catalytic investments and permission requested immediately from the Strategy Committee to do so.

priorities set out in Annex 1 benefit from the more recent refocusing of the proposed investments, and retain the suggestion that within the *Sustainability, Service Delivery and Health Workforce* priority, funds to strengthen the integration of service delivery and health workforce improvements should be operationalized through matching funds rather than a strategic initiative.

17. Finally, prior to the start of the 36th Board meeting, at a convening of present Strategy Committee members and those participants with delegated authority to represent members absent at the Board meeting, the Strategy Committee updated their recommendation to the Board. This updated recommendation adopts the refinements that were proposed in the EDP put forward following the October 2016 Strategy Committee meeting, which would have passed had all cast votes been received by the close of voting. Specifically, these final revisions to the Board recommendation propose that the TB investments be slightly redistributed to allow proportionally more funding through matching funds, and to distinctly focus TB strategic initiative funds on 1) addressing specific barriers to finding missing TB cases, especially in key populations and vulnerable groups, and 2) the development of community and innovative approaches to accelerate case-finding that cannot be funded through allocations. The revised RSSH proposal adds USD 10m to a refocused *Sustainability, Service Delivery and Health Workforce* priority, by reducing the funds for the *Emergency Fund* by the same amount. Indeed, whilst it was challenging to finally recommend a reduction of USD 10m to the *Emergency Fund*, in doing so the Strategy Committee explicitly requested the Secretariat to come back to the Committee for approval to move catalytic investment funding from other approved priorities into the *Emergency Fund* well in advance of a shortfall being foreseen. The final recommended catalytic priorities and associated costs are presented in Table 1 below and further described in Annex 1,

Proposed catalytic investment priorities and associated costs for 2017-2019 allocation period

18. Based on the recommended amount of USD 800m for catalytic investments for the 2017-2019 allocation period set out in GF/B36/03, the final catalytic investments priorities and associated costs recommended by the Strategy Committee to the Board for approval for the 2017-2019 allocation period are set out in Table 1 below.
19. The modalities that correspond to each of the catalytic priorities outlined in Table 1 reflect an illustrative approach to operationalization, which is subject to further consideration and refinement by the Secretariat factoring in input from the Strategy Committee and Board. Further illustrative details on each of the priorities, and their aims, anticipated impact, applicable epidemiological context, potential modality of operationalization, possible implementers, relationship to other external funding approaches and the 2017-2019 strategic objectives they will support¹⁵ are given in Annex 1 to this paper.

¹⁵ GF/B35/DP04

Table 1: Proposed catalytic investment priorities and associated costs for 2017-2019 allocation period

Priority	Illustrative Modality	Associated Cost (\$m)	Aggregate Total (\$m)
HIV			200
1.1 Key Populations Sustainability and Continuity	Multi-Country	50	
1.2 Key Populations Impact	Matching Funds	50	
2. Human Rights	Matching Funds	45	
3. Adolescent Girls and Young Women	Matching Funds	55	
TB			190
1.1. Incentivising Programming of Allocations to find missing TB Cases	Matching Funds	115	
1.2. Addressing Specific Barriers to Finding Missing TB cases, Especially in Key Populations and Vulnerable Groups	Strategic Initiative	7	
1.3 Development of Community and Innovative Approaches to Accelerate Case Finding	Strategic Initiative	3	
1.4. TB Multi-country Responses	Multi-Country	65	
Malaria			202
1.1. Malaria Elimination: Cross-cutting Support in 21 Low Burden Countries	Strategic Initiative	7	
1.2. Malaria Elimination: Southern Africa	Multi-Country	20	
1.3. Malaria Elimination: Mesoamerica	Multi-Country	6	
2. Greater Mekong Sub-region	Multi-Country	119	
3. Catalyzing Market Entry of New LLINs	Matching Funds	33	
	Strategic Initiative	2	
4. Piloting Introduction of the RTS,S Malaria Vaccine	Strategic Initiative	15	
RSSH			166
<u>Sustainability, Service Delivery and Health Workforce</u>			
1.1. Sustainability, Transition and Efficiency	Strategic Initiative	15	
1.2. Integration of Service Delivery & Health Workforce Improvements	Matching Funds	18	
1.3. Technical Support, South-to-South Collaboration, Peer Review and Learning	Strategic Initiative	14	
<u>Data</u>			
1. Data - Data systems, data generation and use for programmatic action and quality improvement	Matching Funds	40	
	Strategic Initiative	10	
1.1. Data - National Strategic Planning for Data Systems			
1.2. Data - District Data Systems for Quality Improvement			
1.3. Data - Disaggregated Data Generation, Analysis and Use			
1.4. Data - Impact and Epidemiological Measurement, Reviews and Evaluations			
<u>PSM</u>			
1.1 PSM - Diagnosis and Planning	Strategic Initiative	20	
1.2 PSM - Innovation Challenge Fund	Strategic Initiative	10	
1.3 PSM - Developing Local Resources	Multi-Country	12	
1.4 PSM - Pre-qualification of Medicines and IVDs	Strategic Initiative	12	
<u>CRG</u>	Strategic Initiative	15	
Broader Strategic Areas			42
<u>Evaluations</u>			
TERG Prospective Evaluations*	Strategic Initiative	22	
<u>Emergency Fund</u>			
	Strategic Initiative	20	
Total		800	800

Table 1 sets out the catalytic investment priorities and associated costs for the 2017-2019 allocation period that are presented to the Board for approval. It also presents the anticipated modalities for delivering each of the

proposed priorities for illustrative purposes, which are subject to further refinement and determination by the Secretariat as it operationalizes catalytic investments.

20. The breakdown in catalytic investment funding by indicative modality arising from this list of catalytic investment priorities is given below:

Table 2: Breakdown of proposed catalytic investments by indicative modality

Modality	Total Funding (US\$ m)	Proportion of Funding
Matching Funds	356	44.5%
Strategic Initiatives	172	21.5%
Multi-County Proposals	272	34.0%
Total	800	

For Board information: Additional details on operationalization of catalytic investments

21. At its first meeting in June 2016, the Strategy Committee reviewed and commented on the proposed approaches to operationalizing catalytic investments, which built on the Secretariat's experience and lessons learned from grant portfolio management and implementation, regional programs and special initiatives from the 2014-2016 allocation period. Further detail on the operational aspects of catalytic investments were then discussed with the Strategy Committee on a call in July 2016 and then during its in-person meeting in October 2016. On the basis of the feedback provided, the following section sets out further details on how the three modalities could be operationalized, for the Board information.

Matching Funds

22. Upon Board approval of the catalytic investment priorities and associated costs recommended by the Strategy Committee, the Secretariat will work to map the specific disease programs and identify the applicable countries based on the epidemiological contexts that have been outlined in Annex 1. The total funds available for each matching fund catalytic investment priority could initially be divided between applicable country components in proportion to their underlying allocation amounts. The matching funds for each applicable country will subsequently be determined by the Grant Approvals Committee (GAC) taking into consideration absorptive capacity, feasibility of utilizing funds additional to country allocations, and potential for impact of investing in the catalytic investment priority given what can be achieved through country allocations alone. This will give an amount notionally available to each applicable country component that can be used to reward the programming of allocations in line with a specific catalytic investment priority. The approach ensures that eligible countries know upfront whether catalytic funding is applicable to them, reduces burdens related to the application process to focus countries' efforts on programming of main allocation while positioning catalytic priorities for maximum impact.
23. *Information to applicants.* As an integral part of communicating the allocation amount, countries will be informed of the opportunities for additional pre-determined investments designated to incentivize use of country allocations for strategic priorities through matching funds. Building on lessons learned from the operationalization of incentive funding during the 2014 – 2016 allocation period, the Secretariat will ensure:
- timely dissemination of information on strategic priorities approved by the Board, as well as principles and purpose of catalytic investments approach;
 - that based on technical partner inputs, interventions likely to be considered as catalytic are known by the applicant prior to application to enable effective positioning of their funding request;

- application process for accessing catalytic funding is clearly and consistently communicated to countries and key stakeholders at country level including key and vulnerable populations networks; and
 - that relevant preconditions and parameters for stronger leverage of funding commitments from countries are highlighted in line with the Sustainability, Transition and Co-financing Policy requirements.
24. *Application process.* During development of the allocation funding request, applicable countries will be encouraged to submit ambitious evidence-based prioritized and costed above allocation requests (PAAR) with programmatic elements covering more than the amount available for matching funds. Applicants will be requested to ensure that country allocations are programmed towards the catalytic priorities in line with the epidemiological context and maximize opportunities for programming matching funds, present the applicant's view of how the proposed approaches will in fact be catalytic, outline the expected outcomes and potential impact within the grant period, as well as the relationship to other stakeholder funding approaches, as appropriate. Ambitious evidence-based prioritized and costed above allocation funding request is the modality for investing matching funds, and will also be used to facilitate reprogramming of savings or efficiencies found during grant making and for registering remaining unfunded catalytic priorities on the register unfunded quality demand ("UQD"). A prioritization framework will be presented to the Strategy Committee for approval in the first quarter of 2017 to guide the investment of sources of funds that may become available during an allocation period, in accordance with the amended and restated Comprehensive Funding Policy, as set forth in Annex 1 to GF/B36/02 – Revision 1 and the allocation methodology approved by the Board in April 2016.
25. *Review and approval.* The Technical Review Panel (TRP) will review the allocation funding request and the prioritized and costed above allocation request for strategic focus, technical soundness and potential for impact, and further assess whether the proposed approach is considered catalytic. As part of its review, the TRP will also evaluate whether the allocation amount has been appropriately programmed towards the catalytic investment priority area before recommending catalytic investment funding to such country component. The TRP will provide technical recommendations and strategic guidance to the applicant for consideration during grant-making, as appropriate, to maximize programming of the allocation as well as investments to catalytic priorities, achieve highest coverage and sustainable impact. Following Board approval of the 2017-2019 catalytic investments priorities and associated costs, the TRP will also develop a process and methodology for reviewing and prioritizing above allocation requests including catalytic priorities, in accordance with the prioritization framework to be approved by the Strategy Committee in the first quarter of 2017, to direct the investment of available funds that can be used to optimize the grant portfolio originating from the 2017 – 2019 allocation period as available funds are identified.
26. The award of matching funds is to be determined by the Grant Approvals Committee (GAC), based on the review and recommendations of the TRP, in accordance with the prioritization framework to be approved by the Strategy Committee. GAC award of funds is conditional upon assessment of whether the approach taken by the applicant is considered catalytic, impactful, and whether it can instead be funded through savings or efficiencies achieved during grant making. Remaining funds, not awarded to applicants by the GAC, will be reassigned to other applicable countries with respect to the catalytic investment priority.
27. Based on lessons learned from incentive funding during the 2014 – 2016 allocation period, additional considerations for the award of matching funds by the GAC would include the country demonstrating sustained domestic financing and political commitments, as appropriate. In addition, it is expected that the GAC will further articulate the conditions around matching funds for different countries, taking into account allocation amounts, strategic portfolio considerations as relevant, country contexts, absorptive capacity and performance, among others. Ultimately, a funding recommendation for matching funds is to be subject to the Board for approval.

Multi-country approaches

28. Multi-country approaches¹⁶ include funding for programs that take place across a number of countries. Catalytic funding for a multi-country approach may be the only source of funding for the program, or may be provided in addition to funding provided from the country allocations of constituent country components. Certain multi-country programs may also be comprised fully of the combined allocations of constituent country components.
29. Three operational categories are proposed under multi-country approaches: 1) pre-shaping existing programs within the scope of a catalytic investment priority that should be continued or refocused, 2) pre-shaping new multi-country programs within the scope of a catalytic investment priority and where no existing program can be continued, and 3) conducting a limited call for Request for Proposals (RFP) within the scope of a catalytic priority, where requirements do not sufficiently position the approach to be proactively shaped. Pre-shaping a multi-country approach is aimed at defining the broad characteristics of a program response required to address a catalytic priority within a pre-defined funding envelope, in collaboration with relevant technical partners and country-level stakeholders, while taking into account lessons learned from existing regional programs within the scope of catalytic priorities.
30. *Assessment of existing programs to determine suitability for investment in the 2017-2019 allocation period.* The Secretariat will define a set of criteria to inform the process of determining which existing multi-country programs are continued, refocused or discontinued; as well as which new multi-country grants are identified for pre-shaping. These pre-defined criteria will be based on the recommendations from the TERG review of regional and multi-country programs, and the lessons from the TRP review of existing rounds-based regional programs, regional expressions of interest and regional concept notes during the 2014-2016 allocation period. At the start of the 2017-2019 allocation period, the Secretariat will conduct a rapid assessment of the existing multi-country portfolio based on the defined criteria to determine the multi-country programs that meet the minimum requirements to be continued or refocused. Existing multi-country programs that do not fall into these categories will be supported to actively reprogram their grants to ensure strategic focus for more sustainable impact during the remainder of their grant term, as well as smooth and effective transitioning from Global Fund financing.
31. *Criteria recommended by the TERG.* In its thematic review of regional programs¹⁷, the TERG recommended the following value-added elements as a starting point for defining the criteria against which proposed multi-country grants should be considered, whether they are new or extensions of existing grants:
- a) Responding to regional issues and problems,
 - b) Generating and utilizing strategic information,
 - c) Having a major focus on advocacy for policy change,
 - d) Promoting cross-country learning,
 - e) Providing a safe space in which to innovate,
 - f) Realizing economies of scale, and
 - g) Providing incentives and/or mechanisms for regional coordination and collaboration.
32. *Lessons from the TRP review of regional programs during the 2014-2016 allocation period.* The TRP has evaluated regional and multi-country programs according to the following four criteria: (i) strategic focus and potential for impact, (ii) strategic investment priority based on regional and Global Fund portfolio considerations, (iii) regional value-added, and (iv) whether the request addresses key and vulnerable populations issues for highest impact. At the Expression of Interest (EOI) stage, operational considerations pertaining to the implementing entity have included implementation capacity, past performance, expected outcomes, sustainability and foreseen risks.

¹⁶ Multi-country is used as an umbrella term to capture approaches previously categorized for the 2014-2016 allocation period as multi-country and regional programs

¹⁷ TERG Position Paper: Review of Regional and Multi-country grants. GF/SC01/ERO1

The Secretariat will continue to work with the TRP to build on the Regional Applications Lessons Learned 2015 paper¹⁸, as well as the lessons from the review of existing regional programs during the 2014-2016 allocation period, to define the criteria against which existing and new multi-country programs will be considered and inform the approach for pre-shaping effective programs for the 2017-2019 allocation period.

33. *Application for pre-shaped new and existing multi-country programs.* Existing multi-country applicants selected for continuation and strategic refocusing of investments, as well as newly identified multi-country programs, will submit to the Global Fund Secretariat a funding request in addition to their prioritized and costed above allocation request (PAAR). Where applicable, the funding request should specify the amounts of constituent country allocations that will be included, along with the constituent countries' CCM endorsements. All funding requests from multi-country applicants will need to include a strong evaluation framework to assess progress against milestones and continued relevance of strategic focus and impact, as well as upfront transition planning to underpin sustainability of investments.
34. *Request for Proposal for remaining priorities.* For remaining strategic priorities where requirements do not sufficiently position the approach to be proactively shaped, the Secretariat will conduct a call for proposal, limiting the strategic focus and geographic scope of multi-country programs that would be implemented in line with the identified strategic priority. Multi-country programs applying through the RFP will also be expected to submit a prioritized and costed above allocation request, in addition to the evaluation framework, transition planning and funding request to the Global Fund Secretariat. Based on lessons learned from the 2014-2016 allocation period, the proposed approach of limiting the number and type of multi-country approaches maintains strategic focus on catalytic priorities with highest potential for impact as recommended by the Strategy Committee and approved by the Board, while also reducing complexity, transaction costs for applicants, as well as operational costs for managing the regional portfolio.
35. *Review and approval.* The Technical Review Panel (TRP) will review the funding request and the PAAR for strategic focus, technical soundness and potential for impact. The TRP will also provide recommendations and guidance to the applicant for consideration during grant-making so as to maximize impact of the catalytic investment and regional value-added. The GAC will review and confirm investments in multi-country approaches based on TRP review and recommendations. Following the grant-making process, the GAC will make recommendations to the Board for continuing existing programs where impact can be maximized in line with the catalytic priority, and for new programs that have been pre-determined and pre-shaped to ensure approaches are synergistic with national or other regional responses.

Strategic Initiatives

36. The Secretariat will undertake a robust process to determine the final recipients of strategic initiative funding, consulting with partners where appropriate, to ensure they are optimally positioned to undertake the priorities and associated activities that have been set out. In the operationalization of strategic initiatives, strong consideration will be paid to the coordination of specific activities with those being undertaken by other partners and donors to ensure they are complementary and build on each other. Regarding the award of these funds, this will be overseen by the Secretariat's Executive Grant Management Committee, to ensure consistency of approach and oversight. Prospective evaluations are to be planned for each strategic initiative, for evaluation of impact and to inform future approaches.
37. Primary responsibility for management of each strategic initiative will be placed with a team within the Secretariat, while work under the strategic initiatives may be undertaken either by the

¹⁸ The Technical Review Panel's Consolidated Observations on the 2014-2016 Allocation-Based Funding Model. GF/B35/13, April 2016; and Technical Review Panel Regional Applications Lessons Learned, September 2015 – available at this [link](#).

Secretariat or selected partner organizations. Where relevant, oversight of Strategic Initiatives will be undertaken within advisory or other external governance structures.

Part 8 - Recommendation

38. In view of the aims of catalytic investments, recommended funding available for catalytic investments for the 2017-2019 allocation period as set out in GF/B36/03, and recommendations of the Strategy Committee, the Board is requested to review and approve the proposed catalytic investment priorities and associated costs for the 2017-2019 allocation period, as set out in Table 1.

Annex 1. Technical Partner Detailed Descriptions of Proposed Catalytic Investment Priorities

In the following sections the technical partners have set out further details on the proposed catalytic investment priorities listed in Table 1 in the main section of this paper. These proposals are supported by the Secretariat. Whilst only the specific catalytic investment priorities and associated costs are the subject of the Strategy Committee's recommendation to the Board, the additional details provided in this Annex are indicative rather than binding, and will be taken into consideration on a case by case basis when operationalizing the priorities, should they be adopted.

HIV

General observations

- The HIV Technical Partners recommend a public health approach to catalytic investments, the aim of which should be to increase impact and drive down mortality and new infections.
- The principle of country ownership and leveraging allocation funding is key to ensuring sustainable programming that is integrated into systems for health, reflected by modalities put forward for several priorities here. Also recognizing the importance of community engagement and role in reaching key populations in challenging political and social environments, provision is made for direct funding to communities/civil society organizations to ensure essential services can be delivered
- Important elements to catalyze an effective HIV response are included in cross-cutting proposals, including improved data on key populations to inform programming and stronger supply chain management. These are necessary for the HIV proposals to work.
- To ensure the catalytic investments are well aligned with technical knowledge and field experience, implementation of these funds will be governed by Health and Disease partners with the Global Fund
- Finally, UNAIDS and WHO acknowledge that the consultation process on HIV priorities has been limited by various constraints and short timelines beyond our control, and we look forward to further engagement with civil society, communities and other stakeholders.

Priority 1 – Key Populations

- In the Global Fund context, the large unmet needs for key populations should be funded primarily through country allocations. The focus of application requirements of the new Sustainability, Transition and Co-financing policy, together with the efforts of country stakeholders, partners and the Secretariat, will help ensure that the needs of key populations are addressed through country allocations. In addition, HIV Technical Partners have prioritized support for targeting catalytic resources to key populations through two specific modalities described below
- Of note, services for key populations are inclusive of HIV and TB services and supporting systems for key populations in line with international guidance.

Priority 1.1 – Sustainability of services for key populations

Aims:

- Strategic support for development, innovative delivery of services and sustainability of community-led service delivery and monitoring, and support for regional advocacy, address legal barriers, also laying the groundwork for continuity of these services as part of a transition process.

Applicable epidemiological context:

- In countries with challenging social, legal and political environments for key populations, directing funds to serve key populations through official channels guided by the CCMs has not been effective in getting access to prevention, treatment and support services. Regional advocacy, legal and human rights support are key areas of investments to improve services for key populations.
- For this reason, the proposed applicable epidemiological context is:
- MICs with barriers to scale up of key services for key populations and/or insufficient resources for transition (E. Europe, SE Asia, LAC)

Anticipated impact within 3 year timeframe:

- Improved continuity and transition of key population services and delivery of innovative approaches to policy and service delivery, which can be incorporated in country policy. The practice of community monitoring of services for quality and effectiveness will be in place.

Cost of priority, what this will buy, and specific activities to be conducted:

- USD 50 million

Modality:

- Multi-country grants to civil society and community-based organizations.
- Matching funds are not proposed for this priority as it would apply to contexts where there are existing political barriers to services for key populations and/or to community responses will make it difficult to include these in the country allocation at the needed scope and scale.

Recommended recipient of funds:

- Civil society and community-based organizations

Specific operational details:

- These multi-country grants would build on existing multi-country grants for key populations. Specific recipients could be identified based on an analysis of the impact of existing grants. In addition, the ability to build sustainable capacity to deliver services to key populations would need to be taken into account.
- Interaction with catalytic priority 2 on human rights. These priorities leverage each other by focusing on policy barriers and delivery of services in difficult contexts

Relationship to other external funding approaches

- The funding would aim to leverage other partner initiatives for example by PEPFAR on key populations

2017-2022 Strategy Strategic Objective supported

- SO1: Maximize Impact against HIV, TB and malaria

Priority 1.2 – Scale up of services for key populations towards impact

Aims:

- Countries that have large unmet needs for key populations should be encouraged to optimally invest allocation funds to address these to achieve impact, in the face of many competing priorities. Some of these countries may benefit from new support now being configured by PEPFAR, and there is opportunity for synergies in bringing key population programs to scale for impact. There has been a significant gap to achieve saturation and high coverage in these components of grants, yet there is now a major opportunity.
- In this context, the aim is to incentivize country programming for key populations as part of the national response, also laying the groundwork for continuity of these services as part of a transition process where appropriate. This includes scaling-up essential services and high impact approaches for key populations, including through community-led service delivery and engagement.

Applicable epidemiological context:

- Contexts with high HIV burden among key populations.

Anticipated impact within 3 year timeframe:

- High coverage and impact in key populations where this may not be achieved through the allocation

Cost of priority, what this will buy, and specific activities to be conducted:

- USD 50 million

Modality:

- Matching funds to achieve high coverage and impact

Recommended recipient of funds:

- Country PRs nominated by the CCM

Specific operational details:

- Potential for interaction with catalytic priority 2 on human rights. Optimize evidence-based prevention, care and treatment strategies within country plans submitted for funding

Relationship to other external funding approaches

- Ensure complementarity with PEPFAR funding for key populations (USD 100 million) in countries also receiving catalytic funding.

2017-2022 Strategy Strategic Objective supported

- SO1: Maximize Impact against HIV, TB and malaria

Priority 2 – Human Rights

Aims:

- Human rights barriers directly impact and limit access to prevention, treatment, care and support services. As with key populations, the focus of application requirements of the new STC policy, together with the efforts of country stakeholders, partners and the Secretariat, will help ensure that human rights are addressed through country allocations for all countries.
- Catalytic investments are proposed for a subset of countries to catalyze scale-up of comprehensive human rights programming and in doing so intensify, mainstream and build the evidence base for improved health outcomes as the result of investing in human rights programs. Addressing gender-related stigma, discrimination and legal matters are included.

Applicable epidemiological context:

- 10-15 priority countries considering country demand and link with the Global Fund KPI 9, as appropriate.

Anticipated impact within 3 year timeframe:

- The aim will be to mainstream human rights concerns into the portfolio and thereby improve the delivery of services to those most affected.

Cost of priority, what this will buy, and specific activities to be conducted:

- \$45m
- The scope of activities that should be supported through this initiative are grounded in the 7 key human rights interventions according to UNAIDS published guidance
 - Stigma and discrimination reduction
 - HIV-related legal services
 - Monitoring and reforming laws, regulations and policies relating to HIV
 - Legal Literacy (“know your rights”)
 - Sensitization of law-makers and law enforcement agents
 - Training for health care providers on human rights and medical ethics related to HIV
 - Reducing discrimination against women in the context of HIV.

Modality:

- Matching Fund

Recommended recipient of funds:

- Country PRs nominated by the CCM

Specific operational details:

- This proposed catalytic investment fits in a broader approach developed by the Secretariat to support scale up of human rights programming in country grants in line with the new GF strategy
- A focused initiative now being developed by the Global Fund Secretariat will direct resources to a group of 20 countries to scale up human rights programming and document the impact of this on access to services and health outcomes. The HIV Technical Partners are supportive of directing \$45 million to incentivize and match country investments in human rights programs using the country allocation, in line with the proposed actions of the CRG/Secretariat. Building the evidence base will be a high value output.
- Country demand will need to be a key element to determine the specific countries that will be eligible for matching funds for human rights.
- This area of work is a high priority for HIV technical partners, but is increasingly cross-cutting and will clearly benefit TB and malaria as well. Additional investment, e.g. from malaria and TB allocations defined as part of in-country dialogue, merits consideration
- Interaction with other catalytic priority: priority 1.1 on key populations and priority 3 for Young women and adolescent girls.

Relationship to other external funding approaches:

- The approach will coordinate with other investments in human rights and service delivery components of grants. At present these have however been a significant gap.

2017-2022 Strategy Strategic Objective supported:

- SO3: Promote and Protect Human Rights and Gender Equality; SO4: Mobilize Increased Resources (delete as applicable)

Priority 3 – Adolescent Girls and Young Women

Aims:

- Catalyzing the scale up of comprehensive, quality programming to reduce HIV risk and incidence amongst AGYW.

Activity 3.1 Incentivize comprehensive, health, community and multi-sectoral targeted programs at-scale for AGYW in 13 priority countries, including differentiated care and comprehensive SRMNCAH services. This includes rights-based approaches addressing gender inequalities, and in collaboration with partners facilitating integration of HIV/ SRHR services, including

- HIV prevention and care, contraception, quality ANC, and HPV screening
- childbirth and postnatal care
- addressing GBV
- with a particular focus on socially marginalized adolescents including LGBTI

Activity 3.2: Support comprehensive innovative integrated health, community and multi-sectoral approaches, including adolescent self-testing, PrEP, differentiated care and community-based patient reporting and adherence models

Applicable epidemiological context:

- 13 countries in Southern and East Africa with highest HIV incidence and prevalence in women 15-24

Anticipated impact within 3 year timeframe:

- Reduced HIV incidence in girls 15-24 years old over a 3-5 year period.

Cost of priority, what this will buy, and specific activities to be conducted:

- USD 55 million (anticipated leverage additional \$25m from private sector donors, to achieve \$80m total matching fund, with \$2m in additional support is included in the *Technical support, south to south collaboration, peer review and learning* HSS priority)
- Interventions will be grouped into three broad approaches and a linkage mechanism established to ensure that interventions from all three approaches are implemented jointly to achieve a synergistic impact.
 - Integrated health systems platforms that offer comprehensive rights-based services appropriately configured for the SRH
 - Multi-sectoral approaches that address gender and other socio-economic inequalities
 - Community level interventions to create safe and enabling environments and addressing unequal gender norms and harmful practices

Modality:

- \$55m Matching Fund

Recommended recipient of funds:

- Country PRs nominated by the CCM for matching funds

Specific operational details:

- The issues are cross cutting and multi-sectoral in nature and need to be delivered through integrated platforms and multi-sectoral approaches to ensure efficiency and sustainability. Their implementation is linked to and will strengthen the delivery of disease specific interventions in an integrated manner and improve their impact. They are focused on the integration of proven priority HIV, tuberculosis (TB), malaria and health systems strengthening (HSS) interventions into programming for RMNCAH, and through integration of gender equality and human rights in service delivery and community level programs
- Interaction with other catalytic priority: priority 2 on human rights

Relationship to other external funding approaches:

- Complementarity with PEPFAR DREAMS and other projects with investments in adolescent and young girls. There have been gaps in Global Fund linkages, and this grant would ensure complementarities and the filling of gaps to most benefit from core funding.
- Potential matching funding of USD 25 m from private sector donors

2017-2022 Strategy Strategic Objective supported:

- SO3: Promote and Protect Human Rights and Gender Equality; SO2: Build Resilient and Sustainable Systems for Health

TB

Theme: Finding the Missed People with TB

1. Background

TB is the leading cause of death by infectious disease, killing 1.4 million each year. Each year, more than 3.6 million people suffering from TB remain missing- beyond the reach of detection and unable to access life-saving treatment. The missing people with TB remain a major global health challenge and an important reason for the slow decline in TB incidence. Identification of individuals with tuberculosis and prompt initiation of effective treatment to rapidly render them non-infectious is crucial to saving millions of lives and rapidly reducing the global TB incidence. The missing people include men, women and children having different forms of TB, including drug resistant TB. The missing people tend to concentrate in underserved communities and key populations.

To end the TB epidemic the End TB Strategy has set ambitious milestones and the Global Plan to end TB 2016-2020 calls for a paradigm shift to achieve these milestones. Global targets for TB now include a 95% reduction in TB deaths and less than 10 TB cases per 100,000 population by 2035. In addition, target 3.3 of the sustainable development goal 3 (SDG 3) calls for ending the epidemic of tuberculosis (AIDS and malaria) by 2030. Such targets will not be met without scaled up comprehensive strategies to prevent, diagnose and treat people with TB. The Global Plan's 90-(90)-90 targets requires countries to scale up the coverage of TB care to reach, diagnose and treat at least 90% of all people requiring treatment for drug sensitive, drug resistant and preventive treatment.

Providing a comprehensive package of care in collaboration with affected communities in high burden countries will ensure rapid progress is made in the fight against TB, by bringing innovative approaches to scale and covering programmatic gaps to catalyse impact.

Urgent action is required to address the amplification effect of TB and MDR-TB transmission. Due to the amplification of missed cases over the years, the longer the delay in finding the missed cases, the longer it will take to reach global targets. Catalytic funds will be critical in reducing the trend of missing cases both now and in the future.

TB remains one of the best 'value for money' interventions in global development, providing cost-effective treatment despite severe underfunding. For every dollar spent on TB there is a resulting economic benefit of US\$43.¹⁹ The return on investment for the standard investment scenario in the Global Plan to Stop TB would be US\$27 for each dollar invested, and rises to US\$85 return on investment in the accelerated investment scenario.

Process:

The catalytic funding proposal for TB was developed through extensive consultations conducted with key partners including Stop TB, USAID, WHO, Global Fund Secretariat, CSOs and other stakeholders through the TB Situation Room and Stop TB Core Group. All Stakeholders strongly supported the theme of missed people with TB.

2. Activities and rationale

To reach the missing people with TB catalytic funding will be required for implementing a comprehensive package of services with unprecedented scale and coverage levels to make an impact. Such a comprehensive package will vary according to the setting but will have the basic principles of searching, finding and diagnosing, treating all forms of TB in adults and

¹⁹ "The Economics of Optimism." The Economist. The Economist Newspaper, 24 Jan. 2015. Web. 22 July 2016.

children, and preventing TB. A few key interventions and activities are essential to reach the people with TB that are missing:

- *Systematic screening for active TB/Active case finding:* To reach the missed people with TB systematic screening need to be implemented in selected risk groups, using the most sensitive and specific screening and diagnostic algorithms. These approaches are to be tailored to the local context. Systematic screening of people attending health services is a priority in high burden settings, while diagnostic services are further strengthened, including radiography. Key populations at high risk of TB who are underserved and marginalized will require special models for screening and care delivery.
- *Scale up of GeneXpert:* The use of GeneXpert tests need to be scaled up by changing policy to allow testing of all people with symptoms of TB. Use of GeneXpert as an upfront and initial TB diagnostic test will improve the number of people diagnosed with bacteriologically positive drug sensitive TB as well as drug resistant TB. Specimen transportation systems and mHealth based results reporting will be part of this activity.
- *DR-TB case finding and treatment:* Only about a quarter of the estimated MDR-TB cases are detected and notified. Treatment coverage of drug-resistant TB is also extremely low with only 1 in 4 put on treatment and only 50% of those starting treatment having a successful outcome. Drug susceptibility testing needs to be scaled up to reach universal coverage levels and treatment needs to be scaled up. Countries need to scale up the shorter treatment regimen along with the accompanying new molecular test and also scale up the use of new anti-DRTB drugs.
- *Private sector TB care:* In sub-Saharan Africa and South Asia, respectively, 49% and 81% of all patients present initially to private or informal (non-qualified) providers. Many of those patients have TB symptoms and TB disease, but studies show substantial diagnostic delays, and high patient costs, associated with seeing multiple private providers. Drug sales data in a number of countries shows substantial amounts being bought by patients from the private sector. Private sector health care providers need to be engaged for improving notification, quality of care and affordability. Different models of engagement are available and need to be scaled up.
- *TB-HIV:* To find the missing people with TB among PLHIV the interventions of Intensified Case Finding, Infection Control and Preventive Treatment are important (to be funded through HIV).
- *TB infection:* Active case-finding would also allow for detection of latent infection and make a contribution and have a longer-term impact on the future TB incidence and prevalence. Therefore, programmatic management of *Mtb* infection among child contacts, people living with HIV and other high-risk groups will to be implemented.

Data Related Activities

- *TB prevalence surveys:* TB prevalence surveys have been very useful in highlighting the true burden of TB and providing useful information on the reasons for undetected TB which are useful in programme planning. Going forward TB prevalence surveys need to be conducted using faster and new approaches and in large countries sub-national surveys will be required.
- *Key Populations:* The Global Plan has highlighted the need to identify and reach at least 90% of the Key Populations in TB. This is a new area of work in TB that will require a framework to identify Key Populations at country level, estimate their size and burden of TB, identify barrier to access care, and develop different approaches to reach them with TB prevention and care services. This is complementary to cross-cutting efforts (i.e. CRG work).
- *Measurement of TB burden and trends:* TB epi reviews, sub-national data analysis and use for programme planning, strengthening of country data systems and measurement of trends in disease burden/impact.

- *Costs faced by TB household:* Measurement of costs to the patients is needed to measure progress against the new target of zero catastrophic expenses. This activity will also be coordinated with prevalence surveys
- Data disaggregation and subnational level analysis is needed to drive local action. Real time monitoring and crowd sourcing of information is needed to improve the quality and reach of services.

Communities, Rights and Gender (CRG)

- See above on Key populations (under the data related activities)
- Communities need to be involved in the planning, monitoring and implementation of services to find the missing people with TB
- At least two multi-country initiatives on TB will be supported through the catalytic investments – mining affected population in Southern Africa and Mobile Populations (migrants) in at least one region.
- Technical assistance support for CRG at country level – enabling communities, networks TB survivors and civil society to advocate for policy changes, scale up and access to services.

Scope: In order to maximize impact it is proposed that the catalytic funding will cover the high burden and high impact countries. In large countries in order not to dilute efforts sub-national areas such as selected states, districts and cities could be considered.

Component 1.1 - Find missing TB cases in selected countries

Description: Incentivizing country allocations to find missing TB cases through innovative approaches: Early and active case finding; scale up of GeneXpert and new rapid technologies and tools; DR-TB; care through private sector; community based service delivery; missing TB amongst PLHIV (entry point HIV programming), among people with diabetes, management of latent TB infection

Rationale: To reach the missing people with TB catalytic funding will be required for implementing a comprehensive package of services with unprecedented scale and coverage levels to make an impact. Such a comprehensive package will vary according to the setting but will have the basic principles of searching, finding and diagnosing, treating all forms of TB in adults and children, and preventing TB. The funding will also be used to ensure that key stakeholders at country level, including communities, civil society and the private sector, are actively engaged and partner with NTPs to promote the sustainability of efforts.

Countries will need additional funding to implement innovative new activities and approaches that are needed to reach the missing people with TB.

Epidemiological context: 5- 10 countries* with 70-80% missed cases of TB and MDR-TB
*India, Indonesia, Nigeria, Pakistan, South Africa, Bangladesh, DRC, Tanzania, Ukraine, Myanmar, the Philippines.

Within these countries additional strategic focus needs to be defined, e.g. cities, congregate settings, hot spots, etc.

Potential modality: Matching grants

Budget: US\$115m

Components 1.2 & 1.3: Strategic Initiatives to Address Specific Barriers to Finding Missing TB cases, Especially in Key Populations and Vulnerable Groups and to Develop Community and Innovative Approaches to Accelerate Case Finding

Description: Two critical strategic initiatives are proposed to support the success of the TB matching funds by providing support for CRG efforts to address specific barriers to finding missing TB cases, as well as by supporting the development of innovative approaches that are critical to accelerate case finding globally. Tackling these specific barriers through community engagement, capacity building and strengthening of networks of TB activists and survivors, as well as engaging the global community in the development of the necessary innovative approaches, tools and practices will best position country allocations, catalytic matching funds and domestic resources to be successful in finding missing TB cases. The funding amounts proposed are the minimum amount needed, and can and should be complemented with technical assistance and learning strategic initiative described in RSSH objectives 1.2 and 1.3.

These catalytic global initiatives are made up of two distinct components:

Component 1.2: Addressing Specific Barriers to Finding Missing TB Cases, Especially in Key and Vulnerable Groups, and

Component 1.3: Development of Community and Innovative Approaches to Accelerate Case-Finding

Rationale: The numbers of people with TB missed have not decreased over the last few years despite efforts by countries. It is clear that countries need to rigorously apply new approaches, activities and tools to find the missing people and put them on treatment. At global level work is needed to develop and iterate policy based new and innovative approaches, provide a platform to share experiences, build capacity and strengthen communities. This initiative is complementary to component 1.1 of this proposal. Components 1.1, 1.2 and 1.3 of this proposal mutually reinforce each other and one is not possible without the other.

Epidemiological context: Globally 3.6 million people with TB are missed each year, including drug sensitive and drug resistant TB, and are either not treated at all or receive treatment of unknown quality. This global initiative will help countries to address this unacceptable gap. This will complement “component 1.1” of this proposal by focusing on the 5-10 countries* with 70-80% missed cases of TB and MDR-TB, with additional global impact.

*India, Indonesia, Nigeria, Pakistan, South Africa, Bangladesh, DRC, Tanzania, Ukraine, Myanmar, the Philippines.

Potential modality: Strategic Initiatives

Budget: US\$10m - US\$7m for Component 1.2 and US\$3m for Component 1.3

Component 1.2: Addressing Specific Barriers to Finding Missing TB Cases, Especially in Key and Vulnerable Groups

This proposal will build on the nascent, yet solid work in the current funding cycle that was done for the CRG area of work, supported via the Stop TB Partnership. This proposal will continue to mobilize action on supporting key populations and vulnerable groups, based on human rights, gender equity and community engagement in order to find and treat the missing cases. Furthermore, the CRG component will aim to strengthen the integration of community-based TB activities into the work of existing NGOs and other CSOs working in TB-relevant sectors, including the WHO-recommended ENGAGE-TB approach.

A majority of the missed TB cases may belong to vulnerable groups and key population who are facing numerous bottlenecks to access services – including stigma, gender and human rights related barriers. Experience of the Global Fund and partners has demonstrated that community and patient-centred approaches to TB are essential to ending the TB epidemic. Experience has also shown that CRG related support to countries is needed but is often not demanded by the countries for a variety of reasons, including the sensitivity around issues that relate to human rights, gender equity and key populations, and that experience in these

fields, as they relate to TB is relatively limited. It is therefore important to have a strategic initiative on CRG in TB. This initiative is expected to create demand among communities, enhance community engagement, strengthen community systems and responses, improve access and promote good quality of services for the general population and key and vulnerable populations.

This proposal is the only available mechanism to continue and – hopefully – further support the initial steps done to address these barriers under the previous CRG work. It will build on the principles of community system strengthening, programming based on human rights and gender equity, accountability to communities, and an equitable role for communities in all aspects of program planning, as well as the core components of CSS (namely; enabling environment and advocacy; community linkages, partnerships and coordination; resources and capacity building; community activities and service delivery; organizational leadership and strengthening; and monitoring and evaluation¹):

1. Strengthening global, regional, national, and local level networks / organizations of civil society, key populations, people affected by TB in TB, to enhance their effective engagement in all aspects of Global Fund grant processes – including national programming, concept note, grant planning, implementation, advocacy and monitoring.
2. Improvement and roll out of the new gender, human rights and stigma measurement tools. The analysis of these data collected will inform and identify the interventions required to address the commonly observed community, rights and gender (CRG) related barriers in country grants and national TB responses.
3. Technical support to countries, (using the Stop TB South-to-South approach) to roll out the CRG and stigma measurement tools as well as the enhancement of community engagement in Global Fund processes.
4. Technical support to countries to roll out the key population framework (currently under development) and scale-up the ENGAGE-TB approach.
5. Development and implementation of a Community based Monitoring and accountability mechanisms of TB responses and Global Fund grants, to inform national, regional and global advocacy focussing on access and quality of services from the patient and community perspective (using tools to be developed under the data section of the catalytic funding).

Recommended recipient of funds:

Open competition focused on:

- a. Regional networks of key and vulnerable populations – including – but not limited to: TB People, PLHIV, miners; and
- b. Global providers of relevant tools, frameworks and mechanisms, which may include Stop TB Partnership, existing CRG initiatives, platforms, networks and TA mechanisms, and WHO Global TB Programme

Relationship to other external funding approaches:

Previous Global Fund support for community-focused TA for TB was among the few mechanisms that funded work to support human rights, gender as well as strengthening communities and key populations engagement in TB programming. Stop TB Partnership is discussing with potential donors to see if any additional funding for future CRG work can be raised. ENGAGE-TB efforts in some pathfinding countries was supported by WHO with financing from Bristol Myers Squibb Foundation that has now concluded. This catalytic funding can help build the capacity of more countries to adapt and adopt lessons learned, and apply recommended WHO policies.

Component 1.3: Development of Innovative Approaches to Accelerate Case-Finding

This component of the overall TB proposal on finding and effectively treating the missed cases complements 1.1 and is focused on ensuring that effective new innovations and approaches and tools (developed under Global Fund grants, TB REACH grants, other global or bilateral initiatives and country-led innovations) are prepared for large-scale operationalization.

It consists of 3 main work areas:

1. Development of innovative approaches, tools and practices to accelerate progress towards finding the missed TB cases through the engagement of all stakeholders.

This will catalyse country level work to find missed cases through effective innovative approaches including: early and active case finding; scale up of GeneXpert and new rapid technologies and tools; DR-TB case finding and treatment; TB care delivery through private sector; community based service delivery; specific approaches for case-finding amongst PLHIV and among people with diabetes; and, scaled-up support for management of latent TB infection.

2. Policy development and advocacy for effective innovative approaches including, for example, early and active case finding including case finding among key populations, intensified case finding within health services, novel means to effectively engage the private sector, application of technologies enabling universal access to DST, and community-driven approaches.

It will incorporate global support for policy development and adaptation; strategic support for the operationalization of policies and advocacy for national scale-up of documented effective innovative approaches implemented through the past and present local and global initiatives, such as TB REACH

3. Dissemination and application of effective innovative operational approaches and implementation experiences for improving TB detection and treatment

Policy guidance and associated synthetic innovative operational guidance for implementers will be supplemented by further how-to documentation of best practices in management and service delivery. This catalytic work will support adaptation and operationalization of policies by documenting, synthesizing and disseminating successful innovation practices. This will include The objective will be to ensure that country investment plans include prioritized impactful activities that appropriate to the setting, are well-managed and scale-able.

Recommended recipient of funds:

- Global providers of relevant innovative approaches, tools, practices and advocacy, as well as WHO Global TB Programme, Stop TB Partnership and other partners on policy development and dissemination and application of innovative approaches.

Relationship to other external funding approaches:

This initiative builds on and complements the investments in innovative case finding approaches and technological support of other mechanisms, including the Canadian-funded TB-REACH of the Stop TB Partnership, UNITAID, USAID-supported Challenge TB, Canadian-supported WHO case finding models, and previous Global Fund grants. This catalytic funding will enable further scale-up and/or replication of innovative approaches and complement RSSH catalytic funding.

Component 1.4: TB – Multi-country Responses

Description: Multi-country responses for

- i) TB & mining
- ii) Migrant and mobile populations
- iii) regional laboratory initiatives
- iv) MDR-TB introduction of policies

Rationale: Multi-country responses in TB are few and have started recently. There are issues and challenges that cut-across country boundaries and require a coordinated, multicountry effort. These grants will be closely coordinated with country grants to ensure they are building upon each other. This will also help to enhance sustainability. Multi-country responses in TB are few and have started recently.

There are issues and challenges that cut-across country boundaries and require a coordinated, multicountry effort. Regional responses will address regional gaps through a strategic, evidence-based approach, aligned with existing regional priorities and mechanisms. These regional approaches will generate and utilize strategic information, promote cross-country learning, provide opportunities to explore innovation, realize economies of scale, and provide mechanisms for regional coordination and collaboration. These will also be closely coordinated with country grants.

Epidemiological context:

Existing initiatives

- i) SADC Mining
- ii) S&E Africa Supra-National Labs
- iii) Mobile population Horn of Africa – TB and HIV (IGAD)
- iv) Europe MDR-TB policy
- v) Europe cities project just starting (HIV with small component of TB)

New initiatives

- i) Mobile population Central Asia (new), Thailand & neighbours
- ii) W Africa Supra-National Labs
- iii) Asia & W Pacific MDR-TB policy

Budget: US\$65m

Other TB priorities that appear in cross-cutting proposals

i) RSSH – Data & Evaluations

Description: Initiatives for the optimization of data systems and promotion of data generation, innovative analysis and use of data for action: innovative designs of empirical measurements to improve TB infection and disease burden estimation (e.g. prevalence surveys); TB epidemiological and impact reviews (including projections); transitioning to case-based data systems; measurement of trends in burden; measurement of costs incurred by patients and households; regional analysis workshops; geographical mapping, burden and barriers of Key Populations (KPs) and CRG aspects (data on mining, migrants; and explore whether overlap of KP with other diseases); real time monitoring tools, digital technologies; through comprehensive package of activities.

Rationale:

- Improved, disaggregated, quantitative as well as qualitative data are required to guide action at national and sub-national levels to find the missing people with TB.
- An excellent understanding of the national TB surveillance and care delivery systems and the data they produce, as well as robust estimates of burden, are the cornerstone of effective and impactful funding allocation to countries, and within those sub-populations, that are most in need.
- To strengthen surveillance systems, is to know where the gaps and missing cases are, and identify which are the actions that need to be taken in order to reach them.
- Innovative initiatives, multiple data sources, community engagement and approaches are required to address the much increased data needs that also include disaggregation (e.g. by geography, age, sex, KPs, hot spots, equity and inequality quantiles).
- Innovative digital technologies to enhance data exploitation in support of adherence measures and clinical decision making.

Epidemiological context:

- Linked with all countries listed under theme 1. In addition, output from this theme will benefit many other countries (e.g. global and regional capacity to conduct TB epi reviews, approaches to generate, use and analyze subnational and disaggregated data).
- A key focus of this theme will be to generate and promote the use of not only national but also disaggregated sub-national data for policy, planning, funding and programmatic action. Disaggregation will include, but will not be limited to, geography, age, sex, KPs, hot spots, equity and inequality quantiles.

Potential modality: Matching grants & Strategic initiative

ii) PSM information systems for Impact

Description:

This Catalytic Funding proposal is developed by partners including Stop TB/GDF, USAID, WHO, RBM and UNAIDS who are key PSM actors with established relationships with countries. This proposal outlines four initiatives based on the catalytic principles, which address strategic areas in strengthening procurement and supply capacity in countries, with priority within TB given to roll-out of the promising GDF/Stop TB PSM information system for evidence based decision making for TB. This is a dynamic interactive Early Warning System that integrates the use of locally generated standard datasets for case finding, drug stock, and supply management, with quarterly reporting to a visual dashboard supporting integrated planning, forecasting, quantification and introduction of new regimens and phasing out of old ones. This system will feed into the four cross cutting initiatives:

Diagnosis and strategic planning of procurement and supply chains: a comprehensive planning intervention encompassing development of assessment tools for countries to use to evaluate current systems and map supply chains, to analysis and creation of transformational plans to

improve PSM processes with a focus on improved harmonization, sustainability, and reduction of inefficiencies.

Strengthening countries supply chain systems and capacity for the introduction of new TB products (medicines and regimens): Support country development of effective strategies and empower countries to adapt guidance and best practices to their national context. Build national and regional capacity, and promote south-south collaboration and information sharing to increase responsiveness and facilitate innovation.

Strengthening quality assurance systems and capacity in countries: Support country development of legislative and regulatory frameworks promoting harmonization with clear enforcement mechanisms. Ensure quality assurance systems are in place to maintain and quality, safety and efficiency of the PSM systems.

Global public good and innovation: Development of new tools and guidance for performance management and assessment alternative supply chain models. Promoting use of modern technologies to facilitate information collection and improve communication and responsiveness within PSM processes.

Rationale:

Global Fund Strategy 2017-2022 Strategic Objective 2 affirmed a commitment to build resilient and Sustainable Systems for Health. Developing robust procurement and supply management (PSM) systems is an essential part of the health system. Expected impacts of this catalytic funding programme include improved country capacity, development of robust and harmonized PSM processes which will contribute to timely availability of existing and new medicines and regimes, and reduction in shortages and waste. These impacts will all contribute to improving equitable access to essential medicines for TB

Epidemiological context:

The TB early warning system will be implemented in selected priority countries high volume of TB with gaps and weaknesses in supply and procurement systems of drugs and diagnostics. The catalytic funding will leverage other funding which would benefit from a regional approach e.g. Western and Central Africa.

Potential modality: Strategic initiative

Budget: US\$15m over three years. These activities are expected to leverage further funding from Global Fund country grant allocations which will be directed to continuing efforts to strengthen pharmaceutical PSM systems.

Note:

1. This proposal includes minimum investment that is required for impact.
2. It is recommended that the governance and oversight mechanism should include existing systems such as the TB Situation Room.

MALARIA

1. Malaria Elimination in low burden countries

Aims:

- Support Global Technical Strategy goal of eliminating malaria in at least 35 countries by 2030

Applicable epidemiological context:

Low burden malaria countries:

- 1.1. 48 countries, including 21 with greatest prospects of elimination by 2020, 16 in elimination regional initiatives (RAI/GMS, EMMIE, E8) and 11 preventing malaria re-establishment (Figure 1). Two-thirds (31) of the 48 countries are eligible for GF support.
- 1.2. E8 countries in southern Africa: South Africa, Botswana and Swaziland, Namibia (1st line), Angola, Mozambique, Zambia and Zimbabwe (2nd line).
- 1.3. Nine countries in Mesoamerica: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Dominican Republic, and Haiti,

Anticipated impact within 3 year timeframe:

- Malaria elimination of malaria in at least 21 countries by 2020

Cost of priority, what this will buy, and specific activities to be conducted:

- US\$33 million. US\$7 million allocated to the 21 low-burden countries (3.2.1), US\$20 million to sustain the scale of GF investments to address malaria elimination in southern Africa (3.2.2) and US\$ 6 m to sustain the scale required to eliminate malaria in Mesoamerica (3.2.3).
- Resources to be used for: regional policy harmonization, quality assurance systems, proactive provision of technical support, identification and resolution of bottlenecks, regional training, cross-border regional collaboration, monitoring of progress and information sharing through online reporting with high temporal and spatial resolution, targeted interventions to reduce cross-border transmission, identifying determinants of continued transmission, external verification of target achievement, certification of malaria-free status and technical support to prevent reestablishment in countries free of malaria, facilitation of elimination in countries ineligible for country allocations, and identifying ways to ensure long-term sustainable financing

Modality: Strategic Initiative (1.1) and multi-country approaches (1.2 and 1.3).

Recommended recipient of funds:

- WHO to receive US\$7 million for the 21 low-burden countries “malaria elimination situation room” as a strategic initiative
- E8 and Mesoamerica - eligible countries, each with regional co-ordination modalities.

Specific operational details:

- Existing GF supported multi-country programs in Southern Africa and Mesoamerica.
- Strategic initiative will be operationalized by WHO. Annual joint evaluation by WHO and GF Secretariat and external evaluation at the end of the initiative.

Relationship to other external funding approaches:

- The catalytic initiative complements country allocations (TBC), country domestic resource contributions, and resources from key bilateral partners including US PMI (Mozambique, Angola, Zambia and Zimbabwe) BMGF resources to key regional partners in southern Africa and Mesoamerica through CHAI, UCSF and others.

2017-2022 Strategy Strategic Objective supported: SO1: Maximize Impact against HIV, TB and malaria

2. Greater Mekong: Elimination to address multi-drug resistance

Aims:

- Support to eliminate malaria drug resistance.

Applicable epidemiological context:

- Six countries in the GMS affected by multi-drug resistance, including artemisinin resistance, of which 5 are eligible for GF support (Myanmar, Thailand, Laos, Cambodia and Vietnam)
- Region characterized by high geographical heterogeneity across and within countries, with high transmission along borders, in development project areas and in forests and forest fringes. High population movement due to economic activities within each country and across countries

Anticipated impact within 3 year timeframe:

- Burden of malaria in all high-transmission areas reduced to less than 1 case per population at risk by 2020.
- Resumption of malaria transmission prevented in areas where it has been eliminated and imported malaria managed effectively

Cost of priority, what this will buy, and specific activities to be conducted:

- US\$119 million. Funding will sustain the scale of GF investment in the region, with the majority of the resources directed to country level.
- Resources will contribute to enhancing country and regional surveillance and response systems, enhancing access to diagnostic testing and treatment, village health workers, and specific initiatives for mobile and migrant populations, including cross border initiatives

Modality: Multi-country approach

Recommended recipient of funds:

- Countries with regional co-ordination; WHO for surveillance component

Specific operational details:

- The investment builds on the existing multi-country grant on “Regional Artemisinin Initiative” at US\$100 million that is being governed by the Regional Steering Committee. It is also designed to leverage national and other regional resources to fully eliminate malaria.

Relationship to other external funding approaches:

- The key activities to be implemented will be in line with the Regional Strategy for elimination of Malaria in the Greater Mekong Sub-region and the malaria national strategic plan of each country that are being supported by other external funding sources. Harmonization and avoidance of duplication will be ensured through the Regional Steering Committee that has representation from key donors and Ministries of Health.

2017-2022 Strategy Strategic Objective supported: SO1: Maximize Impact against HIV, TB and malaria

3. Market Entry of New LLINs to Mitigate the Threat of Insecticide Resistance

Aims:

- To introduce new LLIN technologies in Africa to counter the threat of insecticide resistance

Applicable epidemiological context:

- In the face of growing insecticide resistance, new vector control tools are absolutely critical to sustain these gains and achieve future progress
- New LLIN technologies will be applied in African countries identified by WHO as being at particular risk of insecticide resistance in the first instance

Anticipated impact within 3 year timeframe:

- accelerated introduction of new LLIN technologies to combat insecticide resistance
- impact of vector control interventions sustained

Cost of priority, what this will buy, and specific activities to be conducted:

- Total GF investment = US\$35 million.
- GF country allocations will cover the cost equivalent of “standard LLINs” in areas considered eligible for an upgrade to a resistance-breaking tool. UNITAID and GF catalytic funding would then provide a co-payment to cover the price difference for new, higher-cost LLINs.
- GF country allocations will pay for ongoing routine country-level M&E including insecticide resistance monitoring and entomological capacity building in support of GPIRM implementation. The catalytic investment will support additional investigations into insecticide resistance to determine eligibility of countries for the pilot deployment of new vector control tools

Modality: US \$35million total - Matching Fund (US\$33 million); Strategic Initiative (US\$2 million)

Recommended recipient of funds:

- Countries through matching funds
- Strategic investments funds of US\$2 million to enable the oversight of country selection, appropriate targeting, evaluation design, partner coordination (including leverage of UNITAID co-financing) and translation of findings into the normative pathway – potentially managed through GF Secretariat.

Specific operational details:

- The support would work to pay the additional cost of new LLIN resistance commodities and evaluation.

Relationship to other external funding approaches:

- The minimum budget required to offset the cost of higher-priced LLINs and cover the costs of additional evaluation, is US \$70M, with US\$35 m contributed through GF catalytic funding. A total of US\$70m would support the rapid deployment of approximately 30 million next generation LLINs. This is the scale required to strengthen the evidence base and facilitate market entry of new LLIN technologies. Discussions are ongoing with UNITAID regarding co-funding opportunities. These discussions follow a decision by the UNITAID Executive Board in November 2015 to endorse an Area for Intervention (AfI), or strategic area of focus, on accelerating the adoption of innovative vector control tools.

2017-2022 Strategy Strategic Objective supported: SO1: Maximize Impact against HIV, TB and malaria

4. Malaria vaccine (RTS,S) in the context of other cost-effective interventions

Aims:

To evaluate policy questions related to safety, impact and the feasibility of RTS,S/ASo1 implementation under routine conditions. Applicable epidemiological context:

- moderate to high transmission areas of sub-Saharan Africa
- The pilot will be implemented in Brong-Ahafo and Northern Province in Ghana, Nyanza in Kenya, and Southern Province in Malawi.

Anticipated impact within 3 year timeframe:

- Critical evidence generated to enable decision-making about the potential wider scale use of this vaccine in 3-5 years' time. Based on evidence, guidance and technical opinion on safety, impact and feasibility of RTS,S/ASo1 implementation under routine conditions would be formulated.

Cost of priority, what this will buy, and specific activities to be conducted:

- Total GF investment = US\$15 million. This will be part of investments amounting to US\$ 76 million for pilot implementation of RTS,S/ASo1 to generate evidence on safety, impact and the feasibility of RTS,S/ASo1 implementation under routine conditions.

Key activities to be supported will:

- community mobilization and behavior change communication
- strengthening malaria reporting via electronic data platforms (DHS2) to central
- cluster sample household surveys per country targeting ~ 6000 households each (at baseline, 18 months and 30 months after vaccine introduction)
- strengthening quality control for microscopy and RDT for confirmatory malaria diagnosis linked to the surveillance system
- training and supervision of health care providers
- monitoring of adverse events

Modality: Strategic initiative and leveraging fund from other partners

Recommended recipient of funds:

Recipient countries and WHO

Specific operational details:

- Recipient countries have been identified.

Relationship to other external funding approaches:

- The total amount requested for the pilot implementations in three countries is US\$76,164,716 with direct financial and in-kind contribution of approximately \$24.7 million provided by WHO and the Bill & Melinda Gates Foundation. Additional in-kind contributions will be provided by Ministries of Health in pilot countries (for health workers, supply chains, supervision and information systems) as well as by GSK through provision of vaccine doses and support to the regulatory processes.
- The GAVI Board approved in principle up to \$27.5M for Phase I of the pilot program (equivalent to 50% of the funding request), with a range of contingencies including other funders contributing an equivalent amount to cover the pilot costs, and requesting 10% budget reduction. GAVI constituted a budget committee which indicated that while the budget was in general appropriate, savings of up to 10% could be found without compromising the pilots. The UNITAID Board endorsed the strategic fit of the RTS,S pilot implementation program, enabling consideration of

potential co-funding of the proposal. In July 2016 the UNITAID Board approved \$9.6M for Phase 1 of the pilot program.

- If WHO reduces the budget by 10% - the suggested maximum that would allow the pilots to proceed with integrity - the total funding required will be \$50 million for the first 4 years. Given the UNITAID commitment, there is a critical shortfall of \$15.4 million to make a total of \$25 million in funds that will be matched 1:1 by GAVI. Any funds committed by The Global Fund will be matched/doubled by the GAVI pledge.

2017-2022 Strategy Strategic Objective supported: SO1: Maximize Impact against HIV, TB and malaria

RSSH

Sustainability, Service Delivery and Health Workforce

Aims: The Sustainability, Service Delivery and Health Workforce catalytic priority aims to deliver marked improvements in resilient and sustainable systems for health, and underpin effective HIV, TB and malaria programming in priority countries at key stages of the development continuum. To deliver against these aims, the proposed catalytic investment consists of three complementary sub-components. A special initiative will support sustainability and transition activities in countries preparing to transition from Global Fund financing, as well as in key countries with high burden of disease but insufficient and ineffective domestic investments in health. Matching funding will be used to catalyze the design and implementation of integrated service provision and health workforce planning and implementation in key high burden countries facing barriers to impact due to fragmentation of service delivery and inefficient health workforce arrangements. Finally, to support improvements in health systems and more effective HIV, TB and malaria programming, a special initiative will support south-to-south collaboration and sharing of best practices by peers, as well as technical support by global and regional providers to ensure investments are underpinned by the guidance and knowledge base required to deliver the necessary impact. More detail on each of these three sub-components is found below.

1.1. Sustainability, Transition and Efficiency (Strategic Initiative, US\$15 million):

In order to support sustainability and effective health programming in high burden countries with low domestic or inefficient investments in health, as well as to underpin responsible transition from Global Fund financing, investments would be made in key applicable countries across the development continuum, including in the following three areas:

Transition

- Support for Transition Readiness Assessments and Workplans;
- Cross-programmatic efficiency frameworks/ technical efficiency analyses;
- Fiscal analysis to prepare for multi-donor transitions;
- Support for social contracting.

Sustainability

- Support for development of health financing strategies;
- Support for regional networks for health accounts and Ministries of Finance;
- Support for national health accounts and disease-specific expenditure tracking;
- Support for public financial management reform to use public funds for priority services;
- Support for civil society engagement in budget processes and domestic resource mobilization;
- Support for joint disease and health system planning, including costing of health services and health plans;

Efficiency

- Support for allocative efficiency analyses and dialogue within disease programs;

- Cross-programmatic efficiency analyses and dialogue across disease programs;
- Support for program quality/efficiency, including through service delivery integration, key to lowering unit costs to achieve sustainability.
- Development of tools and guidance to support integration of service delivery and health workforce improvements, to underpin success of matching funds 1.2 below

1.2. Integration of Service Delivery and Health Workforce Improvements (Matching Funding, US\$18 million)

This sub-component aims to use matching funding to improve the impact of investments by incentivizing the programming of allocations and use of domestic resources to: a) identify, challenge and improve integrated service provision to reduce fragmentation and find efficiencies, and; b) improve health workforce planning and implementation in order to improve production, quality, retention and distribution of human resources to ensure adequate provision and scale-up of integrated services.

a) Integrated service delivery: The matching funds to catalyze integrated service delivery will be awarded to incentivize and reward the programming of allocations for undertaking innovative, pioneering and strategic approaches to unify service provision to increase the impact of health programming. Illustrative approaches that may be rewarded through the matching fund may include:

- Joint planning, including joint program reviews, joint funding applications (ATM plus RSSH), support for integration of national disease strategic plans into national health sector strategies, with the aim to include disease interventions (including PMTCT, EID and pediatric TB) into integrated service delivery platforms including ANC, post-natal care and iCCM;
- Program quality initiatives to improve quality of care, including diagnostic assessments; identification of opportunities to introduce/strengthen program quality within a country's program cascade; use of tools for quality audits and improvements to service delivery based on findings.

b) Health workforce improvements: The matching funds to incentivize improved health workforce planning and implementation will be awarded to incentivize and reward the programming of allocations and use of domestic resources to undertake strategic, innovative approaches to increase the impact of investments in human resources for health (HRH), improving production, quality, retention and distribution. Illustrative approaches that may be rewarded through the matching fund may include:

- Comprehensive, country-level HRH assessments and labor market analyses to inform disease strategic plans and identify bottlenecks to service provision;
- Community-based health workforce policy development and implementation, including geospatial mapping, remuneration policies and integrated service delivery mechanisms;
- HRH information systems and linkages to HMIS systems, complementing the catalytic initiative on HMIS.

1.3. Technical support, south to south collaboration, peer review and learning (Strategic Initiative, indicatively US\$14 million)

In order to support health systems and effective HIV, TB and malaria programming, funding will be provided to support south-to-south collaboration, sharing of best practice by peers, as well as technical support by global and regional providers to ensure investments are underpinned by the guidance and knowledge-base requisite to deliver the necessary impact at country level. Investments will focus on catalyzing strategic and technical support and can include:

- Capacity-building through regional and country-to-country peer exchange and learning, including for regional mock-TRPs;
- Quality assurance throughout the grant cycle, and effective regional and country-level coordination mechanisms;
- Inclusion of community rights and gender aspects from application through to implementation, including inclusion of these issues and communities in relevant health policies and dialogues.

Applicable epidemiological contexts:

1. *Sustainability, Transition and Efficiency*: countries in transition and high burden countries with low domestic financing or inefficient health investments.
2. *Integration of Service Delivery and Health Workforce Improvements*: high burden countries with fragmented systems of services, poor quality and continuity of care, and where ATM outcomes are particularly poor, and those with health workforce issues who are struggling with ambitious ATM scale-up plans and/or with community level approaches.
3. *Technical support, south-to-south collaboration, peer review and learning*: globally and regionally, as applicable.

Anticipated impact within 3 year timeframe:

Component	Expected Outcomes
Sustainability, transition and efficiency	<p>Transition readiness assessment in majority of transitioning countries/components</p> <p>Health financing strategies include HIV, TB and malaria interventions in low spending/high impact countries; Comprehensive approach to resource tracking in almost all high impact countries and 50% of transitioning countries.</p> <p>Improved capacity to undertake participatory planning and budgeting; functioning systems of National Health Accounts; domestic financing leveraged, social contracting in place.</p> <p>Sustainability activities promoted in broader range of countries, including those mentioned above, plus more strategic purchasing, including performance-based financing; better program quality and efficiency; functioning communities of practice.</p>

<p>Integration of Service Delivery and Health Workforce Improvements</p>	<p>Structured and coordinated partnership approach developed at country level to support integrating planning, programming and budgeting. Integration assessment tool developed for assessing integration readiness of health systems.</p> <p>Integrated service delivery platforms scaled-up; improvements in delivery of essential services including HIV/TB, PMTCT, pediatric TB and malaria diagnoses and case management.</p> <p>Country-level HRH strategies developed, based on relevant assessments, and implemented to ensure adequate provision of essential services that include HIV, TB, malaria and related RMNCAH services.</p>
<p>Technical support, south to south collaboration</p>	<p>Improved quality of funding applications, quality of grant implementation, absorption levels and grant results</p>

Cost of priority, and modality:

Total: US\$ 47 million, of which:

- Strategic initiative - Sustainability, Transition and Efficiency (US\$ 15 m)
- Matching funds - Integration of Service Delivery and Health Workforce Improvements (US\$ 18 m)
- Strategic initiative – Technical support, south-to-south collaboration, peer review and learning (US\$ 14 m)

Recommended recipient of funds:

- For 1.1 - to be determined, as appropriate
- For 1.2 - countries through matching funds
- For 1.3. - relevant global providers, which may include WHO, Stop TB, RBM

Relationship to other external funding approaches:

- Complementary to the EU-Luxembourg-WHO “UHC partnership”: a collaborative agreement among WHO, the European Union (EU) and Luxembourg (LUX) to support policy dialogue on national health policies, strategies, and plans (NHPSP) including financing strategies towards Universal Health Coverage (UHC) in 28 countries.
- Complements Gates funding of the Primary Health Care Performance Initiative run by WHO, in partnership with the World Bank, Ariadne Labs and Results for Development to spur improvement of primary health care systems through better measurement, knowledge sharing and advocacy.
- Builds on French support for the Muskoka initiative in West Africa, which contributes to the Global Strategy on Women’s, Children’s and Adolescent’s Health.
- Complements Gates/other funding for the iCCM Financing Task Force, and related work on community case management, and costing tools for community health plans.
- Leverages PEPFAR/USAID financing which is focused on supporting HRH needs assessment in 3-5 countries in 2017.

- The UHC 2030 agenda and its various working groups funded under the multi-donors International Health Partnership (IHP+)
- Complements WHO support to the GAVI HSS window.

2017-2022 Strategy Strategic Objective supported:

- SO2: Build Resilient and Sustainable Systems for Health; SO4: Mobilize increased resources.

RSSH: Data

1. Development of innovative tools, guidance, capacity for data systems, data generation and use for programmatic action and quality improvement (\$50m)

Aims:

- To develop innovative tools, guidance, capacity and ensure quality for data systems, data generation and use for policy, planning, funding and programmatic action.
- To deliver activities in an aligned approach in order to strengthen overall national health information systems and the data they produce for effective disease programme management, improved programme quality and health outcomes.

Applicable epidemiological context:

- The focus will be on 15-20 high impact and priority countries, as identified in collaboration between the GF Secretariat, health and disease partners.
- Evaluation of programme performance and impact will be conducted in GF Focused Countries as an assurance mechanism for programme quality and performance.
- Tools, methods, guidance and capacity developed under the strategic initiative part of this priority will be made available for roll-out in all eligible countries for GF funding.

Anticipated impact within 3-year timeframe:

- Innovative tools and new quality data will ensure optimisation of country grants, strengthened programme quality and efficiency of programme implementation in priority and focused countries, with a potential for global spin-off.

Cost of priority, what this will buy, and specific activities to be conducted:

- The total suggested cost is US\$50million.
- There are four work-streams suggested:
 - **1.1 National strategic planning for data systems:** technically sound, quality-reviewed, aligned M&E components of program & health plans, through harmonized tools, guidance, methods.
 - **1.2 District data systems for quality improvement:** tools & approaches for strengthening and integrating case, patient, LMIS, and community monitoring and reporting (interface with DHIS, contracts with service providers) // individual cascade analysis and data on quality of services // strengthening cause of death and in-patient mortality reporting.
 - **1.3 Disaggregated data generation, analysis and use:** generate disaggregated data by location, age, sex, key populations and other groups, and promote use for program quality improvement, planning, programmatic purposes (through harmonized tools, methods, capacity) // develop national and sub-national analytical capacity.
 - **1.4 Impact and epidemiological measurement, reviews and evaluations:** epidemiological and impact reviews and evaluations (guidance, capacity, methods, direct analytical support) // innovative measurement of burden and its trends (guidance, methods) // disaggregated burden estimates by location, age, sex, key populations and other groups (guidance, methods). Evaluations of programme performance and impact in focused countries.
- Modality: Matching Fund (US\$40m) & Strategic Initiative (US\$10m)

Recommended recipient of funds:

- The implementers will be those best suited to deliver high quality deliverables, open to global (e.g. WHO, Partnerships) and in-country partners, networks of technical expertise (e.g. academia), as well as individual consultants. Support agreements will be consolidated as much as possible, to manage transaction costs and ensure strategic support across countries.

Specific operational details:

- The multi-country investment for work stream 1.2 builds on work in West and Central Africa on DHIS2.
- The strategic initiative component of this proposal will be co-governed between the GF Secretariat and health and disease partners in collaboration with the Health Data Collaborative. Annual joint evaluation by governing committee and external evaluation at the end of the initiative.

Relationship to other external funding approaches:

- None that are known.

2017-2022 Strategy Strategic Objective supported: SO1: Maximize Impact against HIV, TB and malaria; SO2: Build Resilient and Sustainable Systems for Health; SO3: Promote and Protect Human Rights and Gender Equality; SO4: Mobilize Increased Resources.

RSSH: Cross-Cutting Procurement and supply chain management: \$54 million

The Global Fund Strategy 2017-2022, Strategic Objective 2, affirmed a commitment to build resilient and sustainable systems for health. Developing robust procurement and supply chain (PSM) systems is an essential part of the health system of countries. Reliable and efficient PSM systems are vital to ensure the sustainable supply of quality, safe, effective and affordable medicines. Global concerted efforts are working on improving PSM, however there remains a need for renewed strategic efforts which enhance and promote advances in supply of medicines to improve universal access.

The proposal for strengthening supply chains outlines four objectives based on the catalytic principles, which address strategic areas for strengthening procurement and supply systems and capacity in countries:

1.1 - Diagnosis and Planning for the development of strategies for improving in-country SC systems.

Aims:

- Development and implementation of an in-country PSM diagnostic and planning approach that would be aligned with or leveraged by other organizations.
- Strengthen countries' diagnosis and planning for the development of national procurement and supply chains strategies and programs and for improving PSM systems in countries.
- Support countries in the efficient and sustainable use of robust methodologies and tools for assessing procurement and supply chain systems and their performance.
- Support countries in the analysis of data and assessment reports and the subsequent creation of transformational plans to develop coordinated, sustainable and efficient PSM systems in countries and to achieve uninterrupted supply of medicines and health products in particular for HIV, TB and malaria.

Applicable epidemiological context:

This work will be targeted to ~20 countries with high burden of diseases for HIV, TB and malaria which will be agreed in a consultative process with the secretariat and key stakeholders.

Anticipated impact within 3 year timeframe:

Improved countries diagnosis and plans for development of national procurement and supply chains strategies and programs. Improved availability of medicines and health products, reduction of stock outs, improved transparency of procurement and supply chain.

Cost of priority, what this will buy, and specific activities to be conducted:

Cost of priority: USD 20 million

What this will buy: technical expertise and convening of expert consultations: for review and development of robust methodology and tools for diagnosis; for supporting countries in carrying out diagnosis and transformational plans for improved PSM systems. Publication, dissemination of information, plans and strategies; advocacy on best practices carried out.

Specific Activities:

- Review of existing PSM assessment tools, including from international partners; Optimization and alignment of PSM assessment tools, including for mapping supply streams in countries;
- Development of diagnostics approach and tools as necessary;
- Technical expertise provided to countries to carry out robust diagnostics of PSM systems and their performance (including preparation and alignment with other agencies prior to country visit);
- Technical expertise provided to countries for analysis and development of Supply Chain transformation plans to address bottlenecks assessed across the supply chain and for improving

national PSM systems from forecasting to last mile distribution, including information management, human resources and applicable policies.

- Technical expertise to conduct detailed analysis such as network modelling to inform the PSM transformation plans.
- Implementation of Supply Chain transformation action plan (where funding is not available)
- Technical expertise provided to promote advocacy and policy dialogue involving government stakeholders along with civil society and the private sector.
- Publication and dissemination of information, plans and strategies; advocacy on best practices to health professionals and the public.

Modality: Strategic Initiative

Recommended recipient of funds: Technical experts will be engaged by Global Fund SC Team leveraging current procurement practices.

Specific operational details:

- How would funding be governed?: the initiative would be jointly managed and steered by the Secretariat and technical partners ;.
- How would the initiative be evaluated?: progress and outcome indicators will be defined and assessed annually; governance for implementation of the PSM component will also be evaluated; an independent end of project evaluation will be carried out;
- Does this interact with another catalytic priority set out here?

It interacts with HIV, TB and malaria streams/catalytic priorities. Catalytic priority on PSM is cross cutting and specific PSM issues related to HIV, TB and malaria will be addressed through the SC cross cutting work. Meanwhile, the HIV, TB and malaria streams/catalytic priorities will benefit from the strengthening of PSM systems carried out through this strategic initiative.

Relationship to other external funding approaches:

- This funding would complement BMGF (ARC), USAID (NSCA) & WHO|UNICEF (EVM) assessment tool/approach development. Additionally, it compliments WHO program for improving access to medicines in 15 countries in Africa for which funding will end in 2017. This program has been instrumental for establishing a network of WHO medicines advisers in countries Africa. Such medicines advisers are also present in China, India, Philippines, Sudan, Bangladesh. This network could be very important to facilitate implementation of the PSM catalytic initiative and build on previous WHO and other partners PSM work.

2017-2022 Strategy Strategic Objective supported: SO2: Build Resilient and Sustainable Systems for Health

1.2. Innovation – incentivize testing of new approaches and their evaluation

Aims:

- Support research, development and testing of innovative, efficient, cost-effective and well-structured SC systems models, including public-private partnership models, to ensure uninterrupted supply of medicines and health products and prevent stock outs.
- Support development of new tools across the supply chain (ie new delivery mechanisms) and guidance for evaluating efficiency, transparency and cost-effectiveness of SC systems. Promote the adoption of modern supply chain technologies to improve service delivery, facilitate information collection and improve communication and responsiveness within SC systems.

Applicable epidemiological context:

- This work will be targeted to ~20 countries with high burden of diseases for HIV, TB and malaria which will be agreed in a consultative process with the secretariat and key stakeholders.

Anticipated impact within 3-year timeframe:

- New innovative SC models developed and tested and availability of medicines and health products improved, stock-outs reduced, transparency across the supply chain improved.
- New supply chain technology adopted resulting in improved service delivery. New tools for guidance for evaluating availability of medicines and health products and PSM systems efficiency, transparency and cost-effectiveness, using modern technologies, developed and tested.

Cost of priority, what this will buy, and specific activities to be conducted:

Cost of priority: 10 US\$

What this will buy: technical expertise and convening expert consultations for review and development of new, efficient and cost effective SC models and tools for evaluation of SC, using modern technologies; technical expertise for supporting countries for testing new innovative SC models and tools for evaluation of SC in countries. Publication, dissemination of information and findings and advocacy on best practices carried out.

Specific Activities

- Research and development of new models and tools for more efficient and cost effective SC systems
- Identification and piloting of new supply chain technologies and tools that could be leveraged to improve quality and availability of commodities and/or improving visibility and transparency across the SC.
- Development of new tools for assessing performance of new SC models, including for availability of medicines and health products, transparency and governance, Logistics Management Information System, early warning systems for preventing stock-outs and systems which have close tracking and limit possibility of entry of counterfeit products in the supply.
- Testing in countries of new PSM models and new assessment tools for measuring efficiency, cost-benefit, transparency and governance of new supply chain models
- Publication and dissemination of information on new PSM models and tools and documented best practices; advocacy to health professionals and the public and to other countries.

Modality: Strategic Initiative

Recommended recipient of funds: Technical experts will be engaged by Global Fund SC Team leveraging current procurement practices or via a challenge fund.

Specific operational details:

- How would funding be governed?: the initiative would be jointly managed and steered by the Secretariat and technical partners ;.
- How would the initiative be evaluated?: progress and outcome indicators will be defined and assessed annually; governance for implementation of the PSM component will also be evaluated; an independent end of project evaluation will be carried out;
- Does this interact with another catalytic priority set out here?

Yes, it interacts with HIV, TB and malaria streams/catalytic priorities submitted by WHO. Catalytic priority on PSM is cross cutting and specific PSM issues related to HIV, TB and malaria will be addressed through the PSM cross cutting work. Meanwhile, the HIV, TB and malaria streams/catalytic priorities will benefit from the strengthening of PSM systems carried out through this strategic initiative.

Relationship to other external funding approaches:

- This aligns with BMGF and GAVI funding and support for innovative solutions e.g. informed push models, VAN, drones. While also aligning with WHO programme for improving access to medicines in 15 countries in Africa for which funding will end in 2017. This programme has been instrumental for establishing a network of WHO medicines advisers in countries in Africa. Such medicines advisers are also present in China, India, Philippines, Sudan, Bangladesh. This network could be very important to facilitate implementation of the PSM catalytic initiative and build on PSM work achieved so far.

2017-2022 Strategy Strategic Objective supported: SO2: Build Resilient and Sustainable Systems for Health

1.3 Developing local resources for countries – local and regional expertise to support implementation of procurement and supply chain strategies and generation of best practices

Aims:

- Support capacity building in countries for the development and implementation of national strategic guidance and best practices in procurement and supply chain management. Support inter-country collaboration for sharing of information and experience and promote south-south collaboration.
- Support inter-country collaboration through new or existing regional mechanisms that facilitate collaboration among countries for implementing regional initiatives to address country PSM challenges and building a pool of regional and global experts in PSM.

Applicable epidemiological context:

- This work will be targeted to ~20 countries with high burden of diseases for HIV, TB and malaria which will be agreed in a consultative process with the secretariat and key stakeholders.

Anticipated impact within 3 year timeframe:

- Increased PSM capacity in countries and increased pool of national and regional experts; increased training opportunities on national and regional levels.

Cost of priority, what this will buy, and specific activities to be conducted:

Cost of priority: USD 12 million

What this will buy: technical expertise and convening expert consultations for review and development of multifaceted capacity building program, leveraging private sector expertise, mentoring programs, academic engagement and on the job training. Technical expertise for facilitating sharing of information and expertise among countries and establishing inter-country and regional mechanisms for development of national and regional pools of experts. Publication, dissemination of information and experiences and advocacy on best practices.

Specific activities:

- Mapping of human resources in PSM in countries and identify gaps; development of countries action plan for addressing PSM human resources gaps
- Development and support for innovative multifaceted capacity building activities leveraging the private sector, academia and industry associations
- Review of existing and development of new of training packages and programs for universities and on the job training
- Development of mechanisms for inter-country sharing of information and knowledge on PSM good practices; develop and maintain a pool of national and regional procurement and supply chain experts
- Support development and expansion of regional centers of excellence in procurement and supply chain management to promote south-south collaboration and sharing of information and experience.

Modality: Multi country approach

Recommended recipient of funds: Technical experts will be engaged by Global Fund SC Team leveraging current procurement practices.

Specific operational details:

- How would funding be governed?: these multi-country approach(es) would be jointly overseen by the Secretariat and technical partners .

- How would the initiative be evaluated?: progress and outcome indicators will be defined and assessed annually; governance for implementation of the initiative will also be evaluated; an independent end of project evaluation will be carried out;
- Does this interact with another catalytic priority set out here?: Yes, it interacts with HIV, TB and malaria streams/catalytic priorities. Catalytic priority on PSM is cross cutting and specific PSM issues related to HIV, TB and malaria programmes will be addressed. Meanwhile HIV, TB and malaria streams of work will benefit from PSM capacity building work and programmes on countries and regional levels.

Relationship to other external funding approaches:

- BMGF funded African resource center is focused on SC capacity building of people and markets and facilitation of various actors promoting south to south learnings. ARC centers have already been set up in South Africa, West Africa, Nigeria and supported in Rwanda for East Africa. People That Deliver (PtD) is a sector wide donor supported initiative focused on the professionalization of SC Managers and International Association of Public Health Logisticians (IAPHL) is a USAID funded industry forum promoting south to south learning. WHO is implementing a programme for improving access to medicines in 15 countries in Africa for which funding will end in 2017. This programme has been instrumental for establishing a network of WHO medicines advisers in countries in Africa. Such medicines advisers are also present in China, India, Philippines, Sudan, Bangladesh. This network could be very important to facilitate implementation of the PSM catalytic initiative and build on WHO PSM work carried out so far.

2017-2022 Strategy Strategic Objective supported: SO2: Build Resilient and Sustainable Systems for Health

1.4. Pre-qualification of medicines, in vitro diagnostics and other relevant health products

Aims:

The Prequalification (PQ) of in vitro diagnostics (IVDs), and finished pharmaceutical products (FPP) and of medicines quality control laboratories (QCLs), assists Global Fund in ensuring that products procured with its funds meet and continue to meet international quality, safety and performance standards. The PQ program aims to ensure that at international level, risk management and safety monitoring for new and priority essential medicines and IVDs is adequately carried out.

Applicable epidemiological context:

Medicines and IVDs for HIV, TB and malaria will be assessed as part of the WHO pre-qualification program.

Anticipated impact within 3-year timeframe:

Medicines and IVDs procured by The Global Fund will be pre-qualified

Cost of priority, what this will buy, and specific activities to be conducted:

Cost of priority: 12 US\$

What this will buy: WHO technical expertise for carrying out medicines and IVD dossiers evaluations, manufacturing site inspections and post marketing surveillance of pre-qualified medicines and IVDs.

Specific activities to be conducted:

- Assessment of dossiers for IVDs and finished pharmaceutical products (FPP) carried out by in-house and external assessors/inspectors
- Inspection of IVDs and FPP manufacturing sites
- Performance evaluation of priority IVDs
- Post-PQ activities for IVDs and medicines, re-inspection, handling of market complaints and other post-market surveillance activities
- Surveys of medicines quality (usually in one therapeutic area in key recipient countries)
- Hands-on training for regulators and for medicines QCL staff in countries
- training for and technical assistance to manufacturers to improve manufacturing quality and to medicines QCLs to improve capacity for quality testing
- training for in-house assessors and inspectors to maintain a high level of expertise

Modality: Strategic Initiative

How would funding be governed?: WHO will be the fund holder and funds will be managed in accordance with WHO rules and in line with agreed GFTAM and WHO reporting mechanisms.

How would the initiative be evaluated?: progress and outcome indicators will be defined and assessed annually.

Does this interact with another catalytic priority set out here? If so how do they leverage each other?:

Yes, it interacts with HIV, TB and malaria catalytic priorities. The WHO prequalification programme will address medicines and IVDs for HIV, TB and malaria in priority and will contribute to increasing availability of quality assured medicines and IVDs procured by The Global Fund.

Relationship to other external funding approaches:

- as appropriate, outline how this approach would complement other external financing of this topic or leverage additional investments? Or domestic?: To date, IVD and medicines PQ has been largely dependent on donor funding to carry out its activities, with only a minimal amount of funding raised through levying of fees for services.

2017-2022 Strategy Strategic Objective supported: SO2: Build Resilient and Sustainable Systems for Health

RSSH: Community, Rights and Gender Special Initiative

Aims:

- To build upon progress made in strengthening engagement of civil society and communities most affected by the three diseases in Global Fund processes, based on lessons learnt through the first CRG Special Initiative for 2014-2016.

Applicable epidemiological context:

- All contexts, where appropriate, with specific focus on:
 - Transition planning, and
 - Where key and vulnerable population engagement remains particularly challenging.

Anticipated impact within 3 year timeframe:

- Strengthened meaningful engagement of community and civil society in GF processes across all stages in the grant cycle.
- Better reflection of civil society and community priorities in concept notes, transition planning and related national strategies.
- Greater emphasis on evidence informed and rights-based programming demonstrated in Global Fund grants.
- TA needs of community and civil society identified and communicated to key stakeholders.
- Strengthened community and civil society capacity to design and deliver quality technical support.

Cost of priority, what this will buy, and specific activities to be conducted:

- US\$15m:
 - \$5 million for capacity-building of KP networks on GF processes;
 - \$6 million for TA Program;
 - \$4 million for Regional Civil Society and Community Communication and Coordination Platforms.

Modality: Strategic Initiative

Recommended recipient of funds:

- TA Providers providing south-to-south peer-led, short-term technical assistance throughout the grant cycle.
- Funds Global and regional HIV Key Population networks, and TB and Malaria community networks
- Regional Communications and Coordination Platforms

Specific operational details:

- Governance of strategic initiative: As with the current initiative, the strategic initiative would be guided by a Coordination Mechanism made up of key internal (GMD, CCM Hub, TAP) and external (UNAIDS, Stop TB, WHO Malaria, Communities Delegation, OGAC/PEPFAR, Expertise France and GiZ Backup Health) stakeholders.
- Evaluation of the strategic initiative: A bid for an independent, external evaluation will be released during year two of the initiative.

Relationship to other external funding approaches:

- Through alignment and pre-planning, the program will leverage a strengthened focus with OGAC on community participation in COP (Country Operational Plan) processes as well as investments made via other funding platforms and bi-lateral programs (Bridging the Gap, Robert Carr Civil Society Networks Fund, LINKAGES, Key Populations Incentive Fund, etc.). While these programs differ in overall aim, a renewed CRG SI would be designed to maximize opportunities for coordination and complementarity in funding.

2017-2022 Strategy Strategic Objective supported: SO1: Maximize Impact against HIV, TB and malaria; SO2: Build Resilient and Sustainable Systems for Health; SO3: Promote and Protect Human Rights and Gender Equality

BROADER STRATEGIC AREAS

Broader Strategic Areas: Evaluations

TERG Prospective Country Evaluations (PCE)

Aims:

- To independently assess ongoing program implementation and impact to generate evidence to inform stakeholders and accelerate progress towards the Strategic Objectives of the Global Fund by:
 - Examining and analyzing the pathways between Global Fund investment and impacts at country level in the context of country and other development partner investments;
 - Facilitating continuous improvement of program implementation and quality and testing innovative solutions; and
 - Learning lessons that can improve the Global Fund model.

Applicable epidemiological context:

- 8 countries, mostly high impact

Anticipated impact within 3 year timeframe:

- The PCE will establish country evaluation platforms that support dynamic, continuous monitoring and evaluation, learning, and problem solving, with the objectives of:
 - 1) Examining and analyzing progress towards Global Fund strategic objectives with a particular focus on whether and how:
 - Global Fund investments, policies and practices as applied at country level facilitate, or impede, impact towards ending the epidemics;
 - Global Fund investments in systems for health in countries focus on boosting resilience and ensure sustainability, including in countries approaching transition;
 - Human rights and gender equality receive explicit attention and adequate investment in Global Fund-supported programs; and
 - Global Fund policy and engagement has facilitated a sustainable increase in domestic resources towards ending the epidemics.
 - 2) Identifying outstanding challenges that impede program performance, and opportunities that would strengthen programmatic outcome, in order to inform and improve program quality and Global Fund grant implementation for impact, effectiveness, and value-for-money.
 - 3) Strengthening country monitoring and evaluation systems that contribute to robust measurement of outcomes and impact and improving Global Fund approaches to improved monitoring and evaluation systems.
 - 4) Identifying and disseminating best practices that can improve the Global Fund model.

Cost of priority, what this will buy, and specific activities to be conducted:

- US\$22m as strategic initiative, with additional US\$11m from country allocations to bring the total funding for PCE to US\$33m. The funds from the country allocations are anticipated to include regular data collection tools, e.g., health facility and household surveys and resource tracking.
- It is anticipated that the PCE would lead to:
 - Timely use of better quality data including detailed mapping;

- Identification of issues; development, follow-through and assessment of potential solutions;
- Continuous program quality improvement, testing of innovations;
- National capacity building in M&E and program implementation – sustainability;
- Building partnerships;
- Beyond the selected countries involved in the PCE:
 - Lessons learned for application more broadly across the portfolio;
 - Refinement of evaluation approaches;
 - Independent assurance of strategy (all SOs) and business model effectiveness.

Modality: Strategic Initiative (US\$22m)

Recommended recipient of funds:

- The TERG will oversee expenditure of the funds by the TERG Secretariat predominantly through RFPs to identify international and national evaluation partners to carry out the PCE.
- The TERG will work with the Global Fund Secretariat to identify countries to take part in the PCE.
- The TERG Secretariat will manage contracts with PCE evaluation teams.
- The TERG will receive regular reports from PCE evaluation teams and provide periodic update to the Strategy Committee.

Relationship to other external funding approaches:

- TERG has started to work with GAVI and its Evaluation Advisory Committee to jumpstart PCE efficiently and effectively and find synergies. TERG is also exploring other possible global mechanisms to collaborate, e.g., GFF, as well as relevant in-country partners.

2017-2022 Strategy Strategic Objective supported: SO1: Maximize Impact against HIV, TB and malaria; SO2: Build Resilient and Sustainable Systems for Health; SO3: Promote and Protect Human Rights and Gender Equality; SO4: Mobilize Increased Resources

Broader Strategic Areas: Emergency Fund

Aim:

- The aim of the Emergency Fund is to prevent disruptions to the continuity of essential prevention and treatment and services by supporting activities that, during an emergency situation, cannot be funded simply through the reprogramming of existing grants.

Applicable epidemiological context:

- In order to access funding from the Emergency Fund, the country must be facing a Level 2 or 3 emergency, as classified by the Inter-Agency Standing Committee (IASC)²⁰ or a WHO classified Grade 2 or 3 emergency²¹.
- The epidemiological context is taken into consideration when developing the funding application to the Emergency Fund to justify the funding request and ensure the funding gap in any of the 3 diseases is covered through the Emergency Fund request.

Anticipated impact within 3 year timeframe:

- Continuity of essential services for eligible populations that were initially receiving services under existing grants and where there's a risk of disruption due to an emergency situation; rapid access to funds to countries in need for additional funding to address emerging needs and respond to the situation; and contribution to containment of disease outbreaks.

Cost of priority, what this will buy, and specific activities to be conducted:

- US\$ 20m, accounting for both the conclusion of the TERG-commissioned Independent Thematic Review of the Emergency Fund²², which noted that the use of the Emergency Fund to date has been effective in achieving its objective, as well as the need to ensure sufficient funding for RSSH catalytic investments. The revolving nature of this fund means that, where possible, emergency funding can be reimbursed to the fund through the reprogramming of country allocations once the emergency has subsided. Should this not suffice, the Strategy Committee explicitly requested the Secretariat to come back to the Committee for approval to move catalytic investment funding from other approved priorities into the *Emergency Fund* well in advance of a shortfall being foreseen.
- The services funded by the Emergency Fund may include, but are not limited to: ensuring continuity of ART and tuberculosis treatment among the displaced and affected populations; supporting preventive measures, especially indoor residual spraying and long-lasting insecticidal nets (LLINs) among the displaced, and those affected in malaria endemic/epidemic areas; supporting risk and situation assessments of the 3 diseases and related health systems functionality; supporting costs of procurement and distribution of health products, and limited operational costs of service delivery and staffing requirements during emergency situations, within reasonable ranges.

Modality: Strategic Initiative

Specific operational details:

- The Emergency Fund operationalization process is simple, flexible and rapid to deploy. It can be channeled either as (i) additional incremental funding to an existing grant, or (ii) a new grant. The decision on which channel to use is guided by the quickest and most efficient approach for

²⁰ The UN uses the Inter-Agency Standing Committee (IASC) emergency classifications.

²¹ The grading is announced officially throughout WHO from the Regional Director in Grade 2 and the Director General in Grade 3. This grading relates to the health impact of the emergency situation.

²² [TERG Position Paper: Review of the Global Fund's Emergency Fund](#); GF/SC01/06 14-15 June 2016, Geneva, Switzerland.

responding to the emergency situation. There are 15 pre-qualified implementers that can be rapidly mobilized to respond during emergency situations²³.

Relationship to other external funding approaches:

- The Emergency Fund Special Initiative for 2014-2016 helped secure an additional €2.5 million to the Global Fund from the Dutch Postcode Lottery to support the fight against tuberculosis among Syrian refugees in Lebanon, Jordan and Iraq, which has been funded by the Emergency Fund since January 2015 till December 2016 with an amount of US\$ 6.55 million. It is hoped that the Emergency Fund will continue to leverage additional resources to respond to emergency needs.

2017-2022 Strategy Strategic Objective supported: SO1: Maximize Impact against HIV, TB and malaria; SO3: Promote and Protect Human Rights and Gender Equality; SO4: Mobilize Increased Resources

²³ IOM; WFP; UNICEF; World Vision; GIZ; International Rescue Committee; Save the Children; Plan International; Catholic Relief Services; IFRC; PSI; International Medical Corps