

Funding Request Case Studies

2017-2019 Funding Cycle

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Striving to break down human rights and gender barriers

Program: Lesotho HIV/TB

Application: Program continuation

Lesotho, one of the smallest countries in Africa, is burdened by disproportionately severe and overlapping TB and HIV incidences. With amongst the highest TB burdens worldwide and an HIV prevalence of 22.3 percent for 15-49 year-olds, the country faces numerous challenges to responding to these diseases.

The challenges stem from a number of factors: remote communities with limited access to prevention, testing and treatment services, as well as a workforce migrating to neighboring countries for extended periods, increasing behavioral and environmental risk factors, and diminishing access to health services. In addition, Lesotho faces extremely high HIV prevalence among key populations such as sex workers. However, the resolve of Lesotho's Country Coordinating Mechanism (CCM) to fight these epidemics has not diminished.

Following an inclusive dialogue process involving key and vulnerable populations, Lesotho's CCM recognized that critical to turning the tide on the HIV and TB epidemics was focused investment in human rights and gender-related interventions. Demonstrating commitment to this goal, Lesotho's program continuation request acknowledges a particular need to prioritize disproportionately affected key and vulnerable female populations.

Consequently, specific interventions were identified, including the need to address policy, legal, human rights and gender-related factors that heighten vulnerability and risk among such

populations. The proposal also outlines a strategy to address barriers hindering their access to services. Intervention areas include support for civil society to intensify community advocacy and increased awareness of related laws, measures to address discrimination, promotion and protection of human rights, capacity building and community systems strengthening.

As part of the process of preparing the program continuation request, the CCM reviewed implementation progress of its previous grant to identify areas for improvement. It found a need to bolster the capacity of TB ‘peer coordinators’ interacting with mineworkers, as well as opportunities to link these coordinators to other community coordination personnel such as community health workers. The CCM also proposed to scale up stigma and discrimination programming to sensitize health workers, law enforcement agencies, religious and traditional leaders.

Thinking global, acting local in Mongolia

Program: Mongolia HIV

Application: Program continuation

How does one facilitate an inclusive country dialogue and develop a robust program continuation request in a three-month timeframe? Mongolia’s solution was to ‘think global, act local’.

The CCM for Mongolia leveraged the support of Global Fund staff, technical assistance providers and local expertise to swiftly, but thoroughly, engage people living with HIV, as well as key and vulnerable populations and relevant government and non-governmental organizations in the development of their request.

The Fund Portfolio Manager for Mongolia, by working alongside the CCM and technical consultants from UNAIDS, was able to quickly put in motion an initial country dialogue in February 2017, which culminated in the identification of recommendations for strengthening Mongolia’s response to HIV. The outcomes of these initial meetings paved the way for wide-ranging consultations with key partners, national agencies for HIV, United Nations advisory groups (known as theme groups), organizations working for men who have sex with men and female sex workers, and people living with HIV groups.

The funding request demonstrates how a collaborative approach – bringing together the best of international know-how and local expertise – can support the timely development of a high quality program continuation request.

Innovating to find missing TB cases

Program: Timor-Leste TB

Application: Program continuation

Every year, 10.4 million people get sick with TB, an entirely preventable and curable disease. Of those individuals, 40 percent do not even receive care – they are “missed” by health systems after failing to be diagnosed, treated or reported. Finding these missing cases will require moving beyond ‘business as usual’ TB detection. Recognizing this, the funding request of Timor-Leste – which has one of the highest TB prevalence rates in South-East Asia – demonstrates how they came up with innovative approaches to finding and treating missing cases.

Through an inclusive country dialogue, the CCM identified traditional healers, known as Matan Do’oks, as key entry points for care among hard to reach populations. The funding request proposes to engage these traditional healers in TB identification and management.

Another innovative approach involves using mobile clinics – TB labs in off road vehicles – to screen in areas where cases are likely. Despite its small size, Timor-Leste’s mountainous terrain

makes access difficult. The trucks bring diagnostic testing to the country's most vulnerable populations, who are often unable to make the arduous journey to healthcare centers in urban areas.

The country dialogue process further identified TB in newborns and children as underdiagnosed, misdiagnosed or diagnosed late. To address this, the funding request proposes to further integrate TB screening and care into the country's maternal and new-born health services.

For Burkina Faso, less time applying means more time saving lives

Program: Burkina Faso HIV, TB, malaria

Application: Program continuation

Program continuation simplifies the funding request process to ensure well-performing programs with no significant changes can continue implementation with minimal distraction. Less time applying, more time saving lives.

When the CCM for Burkina Faso learned its TB program had been identified for program continuation, it immediately launched a process to ensure relevant groups were informed and engaged in the process to complete the application self-assessments. This included review workshops to discuss lessons learned from the previous funding cycle, which allowed for the development of a more efficient country dialogue, as well as roadmap to streamline the process from dialogue to grant-making.

A striking feature of Burkina Faso's TB grant is the efforts to address human rights and gender-related barriers to services, particularly amongst key and vulnerable populations. To ensure these interventions were still appropriate, the CCM led wide-ranging workshops with civil society and key and vulnerable populations. These workshops were held throughout the country, including in rural areas, to provide a platform for representatives of key populations as well as local leadership.

At the same time, the CCM engaged in an information campaign to ensure civil society groups were aware of the development of the program continuation request, and had an opportunity to give feedback. These steps resulted in a number of proposed changes to strengthen the TB program. These included improved access to care for children; the scaling up of screening for TB amongst prisoners; increased targeting of mining areas; and community-based stigma reduction programs.

Measures were also taken to correct shortfalls from the previous application cycle. For instance, the CCM avoided drawing out the process by maintaining well performing sub-recipients and sub-sub-recipients alike. The decision followed thorough evaluation of their success in the previous cycle. Burkina Faso's applications demonstrates how country dialogue, even during the shortened program continuation application approach, is critical for refining and strengthening a grant proposal.

Investing in health systems to tackle TB

Program: Côte d'Ivoire TB

Application: Program continuation

Côte d'Ivoire's Program Continuation TB funding request provides a case study in strong investments in resilient and sustainable systems to tackle the epidemic.

When the CCM for Côte d'Ivoire launched the process to develop their TB funding request, it became clear an urgent need existed for investments in their health system, which suffered during a decade long period of conflict and instability.

For, Cote d'Ivoire, proposed investments intended to construct more resilient and sustainable systems for health, critical to improving TB program outcomes, were geared towards improving healthcare infrastructure, improving the supply chain, and strengthening the health information system.

To address multidrug-resistant TB, the funding request seeks to improve the management of biomedical waste with the acquisition and installation of incinerators at key health facilities, as well as capacity building of TB NGOS and involvement of practitioners of traditional medicine in referral and tracking of patients, and the scaling up of training for health staff.

In addition, the grant seeks to implement a district-based system for the transport of biological samples, continuing the integration of TB care at the level of primary health care facilities and maternity wards, as well as integrating TB care into nutrition centers.

Seeking an end to TB in India by 2025

Program: India TB

Application: Tailored for National Strategic Plan-based pilots

In 2016, 10.4 million people fell ill from TB and 1.7 million people died from the disease. At the epicenter of this global epidemic was India – with close to half a million TB deaths and 2.7 million new cases. However, the government of India is committed to fighting the disease – as evidenced through its National Strategic Plan for Tuberculosis Elimination 2017-2025.

The plan, which has an ambitious goal of “achieving a rapid decline in burden of TB, morbidity and mortality while working towards elimination of TB by 2025,” calls for bold and innovative strategies. Recognizing the significance of India's national strategic plan for tackling the TB epidemic – which was produced in collaboration with national and state governments, development partners, civil society organizations, and the private sector – India's CCM was identified by the Global Fund for the “Tailored to National Strategy-based Pilots’ funding application approach.

This approach is intended to streamline the application process by using existing material to avoid unnecessarily duplicating information and effort. It is also designed to help applicants identify and prioritize funding gaps.

With an appreciation for lessons learned in the previous implementation cycle, India's CCM proposed key strategies to address TB gaps. In particular, the application proposed greater collaboration with the private sector, by working with Patient Provider Support Agencies contracted by three new Principal Recipients, to maximize the impact of targeted interventions.

Programs proposed in the funding request, in line with the national plan for TB, seek to build a collaborative and enabling environment that will capitalize on advances in technology. This will increase efficiency of case notification, while simultaneously improving the quality of diagnostic and treatment service provision. Such collaboration is expected to increase private sector case notification from 330,000 in 2016 to 1.1 million in 2020.

Another theme within the TB funding request was the strong government commitment to transition preparedness. While India is not currently considered a Global Fund ‘transitioning’ country, the application makes it clear that over the next nine years, intentional efforts will be made to shift from Global Fund support to full domestic ownership. The transition process will be further defined in a transition and sustainability plan, which is being finalized and will be submitted by the CCM.

The funding request highlights a notable increase in domestic resource commitment for TB from US\$252 million during the previous allocation period to US\$740 million for the new allocation period. This demonstrates how Global Fund support will complement domestically funded activities.

Building program sustainability to tackle HIV

Program: Kazakhstan HIV

Application: Tailored for material change

With Kazakhstan’s National HIV program primarily funded by a domestic budget, Global Fund’s support, now accounting for only five percent of program funding, has evolved to play an increasingly catalytic role in the country.

In light of the need to strengthen the national HIV response, Kazakhstan’s CCM recognized an innovative approach was required to optimize their HIV allocation in order ensure maximum efficiency and sustainability. This resulted in a funding request that harnessed the know-how of existing local systems. The proposal focused on improving social contracting mechanism – a process by which the government provides contracting and direct funding to civil society and community organizations for key affected populations services.

While such mechanism exists in the country, it is often riddled with legal and procedural shortcomings. Key to the proposal was the resolve to strengthen the link between community-based and facility-based systems that are crucial for accelerating progress towards the 90-90-90 targets¹. Creating synergy with technical and financial partners, such as the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), USAID, Centers for Disease Control and Prevention, UNAIDS and the UN Office on Drugs and Crime also helped avoid program overlap to optimize service delivery.

By focusing activities on strengthening legal frameworks, funding mechanisms and implementation arrangements for the delivery of HIV services, Kazakhstan’s CCM aims to ensure that the foundation is built for a sustainable HIV response.

Leading the way for countries in line for transition

Program: Cuba HIV

Application: Tailored for Transition

The Global Fund proactively supports countries in planning for the sustainability of programs and successful transitions from Global Fund support. This is in order to maintain and accelerate gains against the three diseases. A successful transition, however, takes preparation and time. Recognizing this, Cuba – the first country to submit a transition application aligned with both the differentiated application modality and Global Fund’s new Sustainability, Transition and Co-Financing Policy – began planning early in 2016.

Facing a number of unique political and economic challenges, Cuba’s CCM established a technical team to develop a robust transition work plan – an essential element of the transition funding

¹ By 2020, 90% of people who are HIV infected will be diagnosed, 90% of people who are diagnosed will be on antiretroviral treatment and 90% of those who receive antiretroviral treatments will be virally suppressed.

request. The technical team, in regular consultation with civil society leaders, initially conducted a self-assessment of Cuba's level of preparedness for shifting from Global Fund support. This assessment formed the basis for the creation of the transition work plan.

The findings also led to discussions around mitigating transition risks. During these discussions, members of the CCM and Ministry of Health were present, as well as representatives of the United Nations Development Programme (UNDP), UNAIDS and the Pan American Health Organization (PAHO). The involvement of industrial partners, such as medicine manufacturer FARMACUBA, was especially critical for contributing to the conversation on domestic absorption of antiretroviral (ARV) procurement.

Recognizing economic factors, such as the challenge of importing certain raw materials for the local production of ARVs, the Ministry of Health plans to sign on to a pooled procurement mechanism and will continue receiving PAHO technical assistance on navigating such shortcomings. Another positive step was recognition of the need for continuous monitoring and evaluation throughout the transition phase. To prepare for this, the CCM has harnessed the strength of a multi-team approach, enlisting the help of sustainability, finance and health product management specialists.

Cuba's case serves as an example for countries in line for transition. Promoting South-South cooperation, the CCM has already begun working with Dominican Republic to help them align their transition application with national strategies and priorities for effective transition.

Gender analysis paves way for prioritization of HIV services

Program: Viet Nam HIV

Application: Full review

With an HIV epidemic in decline since its peak in the early 2000s, Viet Nam is committed to building on previous successes to achieve the 90-90-90 targets. Through strategic prioritization of key populations, coupled with innovative and ambitious steps towards transition to domestic ownership, Viet Nam's funding request is designed to maximize impact in the fight against HIV.

Viet Nam's country dialogue process and thorough gender analysis were instrumental in uncovering gaps in HIV prevention and treatment, which in turn fed into prioritized intervention activities. For example, though the epidemic is heavily concentrated among people who inject drugs, men who have sex with men and female sex worker populations, the analysis uncovered a need to target services towards transgender women as a population separate from men who have sex with men.

Critical attention to lessons learned from the previous implementation period also revealed that unique challenges and barriers to services faced by women had not been fully taken into consideration. Subsequent interventions outlined in the funding request address this by highlighting the importance of involving women in decision-making and mobilizing women's networks of support to ensure their voices do not remain marginalized.

Additionally, the funding request outlined a clear commitment to progressing towards complete government ownership of the HIV response – for example, the government expects to have doubled its domestic HIV investments from US\$ 24.9 million in 2015 to a projected US\$ 64.6 million by 2020.

Further ambitious commitments include a transition to social health insurance funding for treatment, especially among the most vulnerable populations. Additionally Viet Nam is continuing to decentralize its preventative health system to district, commune and village level, applicable to both HIV testing and ART services. The lessons learned during this transition from external funding will be critical for Viet Nam and for other countries in the region.

The government's pledge to take over the procurement of methadone via public funding is another note-worthy element of Viet Nam's proposal. Buprenorphine, in tablet form and prescribed in weekly doses, is proposed as an alternative for those living in hard-to-reach places. This approach demonstrates an innovative attempt at maximizing impact through targeted intervention.

As of Q1 in 2018, such targeted and clear stakeholder commitment to reduction of disease burden has yielded, among other positive outcomes, a viral load testing coverage of 72 percent and a nationwide viral load suppression of 92 percent.

Scaling up government ownership of efforts to end HIV and TB

Program: TB/HIV

Application: Full review

A unique aspect of the 'access to funding' process is the flexibility for applicants to choose a different application approach than recommended by the Global Fund. Ukraine was initially invited to submit a program continuation application for its integrated TB/HIV program. However, after careful review, the CCM decided in favor of a full review application.

This decision was based on a number of factors, including enhanced government leadership since their previous application and corresponding opportunities for healthcare reform, as well as significantly increased domestic investments in TB and HIV programs.

As a consequence of advocacy through the Global Fund co-financing policy, Ukraine's government increased funding of HIV and TB programs by 140 percent. Additionally, as the CCM considered the sustainability of their programs and a move towards transition, it was determined a full application would strengthen governance and leadership functions in the public health sector.

The full review proposal incorporated the country's ambitious 20-50-80 transition plan². Consequently, roles and programs were restructured to emphasize greater government ownership. The country team also put TB and HIV issues high on the government agenda through a joint declaration by the Vice Prime Minister, CCM and partners – this resulted in a commitment by the government to maintain focus on the diseases as it addressed the challenges of health care reform.

Ukraine's CCM recognized their application and transition planning required a wide-ranging country dialogue, as it became clear significant programmatic changes were required to meet the needs of people living with and affected by HIV and TB. The engagement of key and vulnerable population through CCM membership and the country dialogue was ensured by Ukraine's country team throughout the funding request development process and was assessed as part of the CCM Eligibility and Performance Assessment.

Giving a larger platform to key and vulnerable populations revealed a deep-seated desire for greater commitment and accountability from the national government. Country dialogue was organized around a number of inclusive working groups and consultations with the civil societies and key and vulnerable populations.

This was viewed as critical, given the prominent role civil society organizations in Ukraine play in advocating for patients' rights, policy formulation and calling for increased state budget for TB and HIV programs. Despite the political and economic volatility in Ukraine, strong civil society organizations are one of the major reasons of successful implementation of TB and HIV programs.

² In this plan the government committed to taking over management and funding of 20 percent of prevention programs (supported by the Global Fund) in the first year of implementation, 50 percent in year two and 80 percent in year three.

The country dialogue also included consultations with a number of in-country development partners. A joint PEPFAR, USAID, UNAIDS and Global Fund planning event was organized in the country, aimed at harmonizing approaches and targets for antiretroviral therapy and HIV prevention. This important step allowed for common understanding and alignment of the national and agency specific frameworks, including 90-90-90 targets, the country operational plan for PEPFAR and universal health coverage supported by the World Health Organization (WHO). International partners, including WHO, UNAIDS, UNDP, USAID and the United Nations Children's Fund (UNICEF) were also instrumental in providing two rounds of comments to the application and refining its content.

Three months following the extensive country dialogue, the CCM was able to submit a funding request for full review. Ukraine's case is one that exemplifies the meaning of country ownership through impressive efforts to highlight the voices of those living with and affected by TB and HIV. It also shows that attention to lessons learned through previous application cycles, as well as an extremely collaborative and aligned application development process, can serve to produce a successful funding request.