Overall Decision:

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

This was based on:

i. the increased “funding need” for the country to achieve 85% coverage by 2020 as a consequence of the increased “estimated people living with HIV” arising from the 2017 census data;

ii. the outputs of the national quantification exercise which was supported by in-country partners and which considered a downward adjustment to account for the consumption data;

iii. a complete view of the ARV supply pipeline up to 31 December 2020, taking into account all funding sources;

iv. a comprehensive review of implementation and expenditure to-date, identification of savings and reprioritization of interventions; and

v. the programmatic achievements over the past 36 months related to monthly enrollment and retention rate as well as what the programme has put in-place to achieve the ambitious targets.

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

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

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

   - Investment by other partners missing/its impact on the unfunded quality demand
   - Underlying factor for inconsistent data (see (i) above.
   - Require more information to enable complete a full ART gap analysis table. E.g. support from other external partners and Government.
3. **Identify any risk factors as part of the assessment.**
   
   - Program Quality: Low outcome – low retention
   - Data quality: Program data is unreliable (challenges of patient level data) and limited capacity to address these challenges i.e. underutilization of resources for data strengthening
   - Performance/risk of not meeting the targets, this can lead to expiries (in view of high attrition rate)

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

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